

WHAT IS A RESPIRATORY THERAPIST?

- Respiratory therapists (RTs) collaborate with the primary care team to support the diagnosis and provide treatment and care of patients with airway, respiratory and cardiopulmonary disorders.

HOW ARE RTs EDUCATED & REGULATED?

- RTs are skilled professionals that must have obtained either a three-year diploma or four-year degree in Respiratory Therapy for entry to practice.
- RTs are not regulated under the [Health Professions Act](#).
- Certification as a “Registered Respiratory Therapist” requires successful completion of the Canadian Board of Respiratory Care (CBRC) National Certification Exam.
- In order to practice respiratory therapy within BC Health Authorities, RTs must be eligible for membership with the Canadian Society of Respiratory Therapists (CSRT) and/or the British Columbia Society of Respiratory Therapists (BCSRT).
- Each individual RT is professionally responsible and accountable to practice within their knowledge, skills and competencies, and employer defined role as part of the primary care team, to support safe, competent and ethical care for patients, families, and communities.

WHAT ARE THE KEY FUNCTIONS OF A RESPIRATORY THERAPIST?

RTs have skills to care for patients with critical, chronic, and complex respiratory and cardiopulmonary conditions through:

Assessment

- In collaboration with the primary care team, RTs use an evidence-informed and patient-centred approach to assess:
 - cardiorespiratory status by obtaining a comprehensive patient history; observing clinical manifestations; performing and reviewing diagnostic tests (e.g. electrocardiograms, pulmonary functions tests, spirometry, home oxygen assessments, and diagnostic tests related to sleep disorder breathing).
 - patient knowledge and management of respiratory conditions, education required to develop self-management skills, appropriateness of referral to community supports, and patient readiness to modify lifestyle habits to support treatment.

Treatment/Management

- Collaborates with patients, family members, and the primary care team to develop goals for optimizing respiratory functioning and contributing to treatment plans, such as:
 - guideline-based respiratory medications and types of delivery devices
 - action plans for Chronic Obstructive Pulmonary Disease (COPD) or asthma patients
 - therapy for pulmonary fibrosis, neuromuscular disease, end-stage respiratory disease, sleep disordered breathing and dyspnea management
 - artificial airway care
 - secretion clearing and lung recruitment techniques

Education/Advocacy

- Consult, educate and makes recommendations to patients and their families regarding:
 - chronic disease management and ways to increase self-efficacy, including respiratory medication management and pulmonary rehabilitation plans, review of inhaler technique, and advance care planning.
 - reliable sources to obtain further education to manage concerns (e.g. smoking cessation coaching, home oxygen education, sleep disorder breathing education).
 - availability and access of respiratory equipment used to treat and/or manage respiratory disease.

Referrals/Collaboration

- Provides recommendations and assists with completion of referrals to available community resources and programs (e.g. pulmonary rehabilitation, sleep disorder breathing clinics).
- Participates in team-based care by collaborating with the primary care team and community agencies to build care plans/coordinate referrals and seeks feedback from the patient and family.

CASE SCENARIO/EXAMPLE

Below is an example of the role that a RT may provide within a primary care team. It is recognized that team composition will vary due to population needs, team practice models, health human resources available and geography.

During the weekly primary care round, the team identifies a 67 year old widowed male with moderate depression, hypertension and history of smoking. The team is concerned that this patient lives alone and is unsure of the patient's ability to manage medications, obtain the nutrition he requires and manage his own finances. The team recommends the patient sees the RT for assessment.

Upon reviewing the patient's health records, the RT notes that the patient has visited the emergency department multiple times in the past year for shortness of breath. The RT completes a patient assessment, including a spirometry test, and suspects the patient may have an obstructive lung disease such as COPD.

The RT communicates findings to the Family Physician/Nurse Practitioner, who assesses the patient to confirm the COPD diagnosis. Based on the assessment and diagnosis, the RT recommends a treatment plan, including a COPD exacerbation action plan to address possible flare-ups based on best practice guidelines. Considering his medical history, finances and observed dexterity, the RT assesses which inhaler type would be best and provides education to the patient. The RT also refers the patient to a pulmonary rehabilitation program.

Concerned about the patient's ability to manage his medications, the RT then consults with the family and Social Worker to discuss the possibility of homecare support. A plan for obtaining the medication and any necessary equipment (e.g. a nebulizer) is collectively determined. The RT completes any necessary paperwork.

The RT adds this patient to the primary care round agenda to facilitate team-based communication and review the interprofessional care plan. The RT also works with the scheduling assistant to arrange routine follow ups to review the patient's well-being and ensure his previously mentioned concerns have been addressed.