



**The National Alliance of Respiratory
Therapy Regulatory Bodies**

Establishing Pan-Canadian Benchmarks for Language Requirements for Respiratory Therapy

Initially published - January 1, 2012

Première publication : 1 janvier 2012

Tests and test scores updated – November 14, 2024

Test et résultats mis à jour – 14 novembre 2024

Executive Summary

The project 'Establishing Pan-Canadian Benchmarks for Language Requirements for Respiratory Therapy' was initiated to establish a language proficiency standard in English and French for the profession of Respiratory Therapy in Canada.

The recommended Canadian Language Benchmark (CLB) English language proficiency requirements for the effective practice of Respiratory Therapy in Canada are as follows:

- Overall CLB: 8
- Listening CLB: 9
- Speaking CLB: 8
- Reading CLB: 8
- Writing CLB: 8

The recommended Niveaux de compétence linguistique canadiens (NCLC) French language proficiency requirements for the effective practice of Respiratory Therapy in Canada are as follows:

- La compétence générale NCLC: 8
- La compréhension orale NCLC : 9
- L'expression orale NCLC : 8
- La compréhension écrite NCLC : 8
- L'expression écrite NCLC: 8

[Immigration, Refugee and Citizenship Canada](#) requires organizations to accept (at a min.) the following English language tests:

	Overall	Listening	Speaking	Reading	Writing
IELTS-GT	7.0	7.0	7.0	7.0	7.0
CELP-IP-G	N/A	9	8	8	8
PTE Core	N/A	82	76	69	79

The following additional standardized tests can be used if a wider selection of tests is required:

	Overall	Listening	Speaking	Reading	Writing
CAEL	70	80	70	70	70
TOEFL iBT	90	24	24	22	20

[Immigration, Refugee and Citizenship Canada](#) requires organizations to accept (at a min.) the following French language tests:

	La compétence générale	La compréhension orale	L'expression orale	La compréhension écrite	L'expression écrite
OQLF*	reussi au niveau 'universitaire'	N/A	N/A	N/A	N/A
TEF	N/A	503-545	494-517	462-502	472-511
TCF	N/A	524-548	12-13	499-523	12-13

*Required in Quebec.

The following are additional recommendations as a result of this project:

- **Communication:** The English and French language proficiency requirements and profiles for Respiratory Therapy should be communicated in such a way to establish them as requirements for effective practice and success in the Canadian health care system, rather than as barriers to entry into the profession of Respiratory Therapy. Further, these language proficiency requirements and profiles should be communicated to all stakeholders in the profession including RTs, RT managers, RT training programs and other health care professions. Finally, information should be provided to immigrant serving agencies and government departments at the provincial and federal level to in turn be provided to prospective immigrants to Canada who are looking to practice Respiratory Therapy.
- **Online language proficiency self-assessment:** The methodology of the project yielded extensive language data that can be used to create an online occupation specific language proficiency self-assessment tool for prospective Respiratory Therapists whose first language is neither English nor French. The tool will allow users to better understand their English and/or French language gaps specific to the communication requirements of the Respiratory Therapy profession in Canada.
- **Online language training materials:** The same language data can be used to create online occupation specific language training materials that will allow users to improve their English and/or French communication for different Respiratory Therapy contexts in Canada. Possible users of these training materials include incoming internationally trained professionals, current students in Canadian Respiratory Therapy training programs whose first language is neither English nor French, and currently practicing Respiratory Therapists looking to improve their communication skills in either English or French.
- **Hiring and orientation practices:** The language data and additional qualitative data can be used to inform hiring and orientation practices of Respiratory Therapists whose first language is neither English nor French or who completed their training outside of Canada.

The project methodology consisted of the following steps in order to arrive at the English and French language proficiency requirements for the Respiratory Therapy profession:

1. An occupational language analysis.
2. An occupation specific language inventory through site visits to a variety of Respiratory Therapy health care contexts across Canada and through a review of the terminology and abbreviations used in Respiratory Therapy.

3. Surveys of existing English and French language proficiency assessment tools, existing language proficiency requirements for other health care professions and existing language proficiency requirements for entry into Canadian Respiratory Therapy training programs.

The results from the methodology allowed for the triangulation of the data, to ensure that the same language proficiency requirements were determined from multiple perspectives.

The methodology also allowed for the determination of contextual issues that increase the challenge of communication in the different health care settings in which Respiratory Therapists practice. These contextual issues included:

- The extensive background noise in some settings (other conversations, equipment).
- The use of facial masks which muffle speaking voices.
- The urgency of the communication in some settings (in life threatening situations).
- The rapid pace of communication in some settings.
- The frequent use of communication short cuts (abbreviations, truncated sentences, one word sentences) to speed up communication.
- The emotionality of some settings (emotional level of patients or family members, degree of trauma).
- The requirement to code switch (move between English and French) in bilingual settings (Ottawa, Montreal).

The above contextual issues were also factored into the recommended language proficiency requirements.

Résumé exécutif

Le projet intitulé « Création de normes pancanadiennes relatives aux exigences linguistiques en inhalothérapie/thérapie respiratoire » a été entrepris en vue d'établir une norme de compétence linguistique en français et en anglais pour la profession d'inhalothérapeute/thérapeute respiratoire au Canada.¹

Les exigences de compétence linguistique recommandées en anglais en vertu des Canadian Language Benchmarks (CLB) pour la pratique adéquate de l'inhalothérapie/ thérapie respiratoire au Canada sont les suivantes :

- Overall CLB : 8
- Listening CLB : 9
- Speaking CLB : 8
- Reading CLB : 8
- Writing CLB : 8

Les exigences de compétence linguistique recommandées en français en vertu des Niveaux de compétence linguistique canadiens (NCLC) pour la pratique adéquate de l'inhalothérapie/ thérapie respiratoire au Canada sont les suivantes :

- La compétence générale NCLC : 8
- La compréhension de l'oral NCLC : 9
- L'expression orale NCLC : 8
- La compréhension de l'écrit NCLC : 8
- L'expression écrite NCLC : 8

[Immigration, Réfugiés et Citoyenneté Canada](#) demande aux organisations d'accepter minimalement les tests d'anglais suivants :

	Overall	Listening	Speaking	Reading	Writing
IELTS-GT	7.0	7.0	7.0	7.0	7.0
CELP-IP-G	N/A	9	8	8	8
PTE Core	N/A	82	76	69	79

Si une gamme plus large de tests est requise, les tests normalisés supplémentaires énumérés ci-dessous peuvent servir :

	Overall	Listening	Speaking	Reading	Writing
CAEL	70	80	70	70	70
TOEFL iBT	90	24	24	22	20

¹ On utilise l'expression 'inhalothérapeute' au Québec et 'thérapeute respiratoire' dans les autres provinces. Il est donc nécessaire d'utiliser les deux titres professionnels dans ce rapport.

[Immigration, Réfugiés et Citoyenneté Canada](#) demande aux organisations d'accepter minimalement les tests de français suivants :

	La compétence générale	La compréhension orale	L'expression orale	La compréhension écrite	L'expression écrite
OQLF*	reussi au niveau 'universitaire'	N/A	N/A	N/A	N/A
TEF	N/A	503-545	494-517	462-502	472-511
TCF	N/A	524-548	12-13	499-523	12-13

*L'exigence au Quebec.

Voici quelques recommandations supplémentaires découlant de ce projet :

- Communication** : les exigences et les profils de compétence linguistique en anglais et en français relatives à l'inhalothérapie/ la thérapie respiratoire devraient être communiquées de manière à les présenter comme des exigences permettant d'avoir une pratique efficace et de réussir dans le système de santé canadien, plutôt que comme des obstacles à l'entrée dans la profession d'inhalothérapeute/thérapeute respiratoire. De plus, ces exigences et ces profils linguistiques devraient être communiquées à tous les intervenants dans la profession, ceci incluant les inhalothérapeutes/ thérapeutes respiratoires, les gestionnaires en inhalothérapie/thérapie respiratoire, les programmes de formation en inhalothérapie/thérapie respiratoire ainsi que les autres professions de la santé. Finalement, l'information devrait être fournie aux agences et ministères gouvernementaux qui desservent les immigrants, tant au niveau provincial que fédéral, de manière à ce que celle-ci puisse être transmise aux immigrants potentiels au Canada désirant pratiquer l'inhalothérapie/thérapie respiratoire.
- Autoévaluation en ligne des compétences linguistiques** : la méthodologie du projet a produit des données approfondies sur la langue. Celles-ci peuvent être utilisées pour créer un outil d'autoévaluation en ligne des compétences linguistiques spécifiques à une profession. Cet outil s'adresse en particulier aux futurs inhalothérapeutes/thérapeutes respiratoires dont la première langue n'est ni l'anglais ni le français. Il permettra aux utilisateurs de mieux comprendre leurs lacunes linguistiques en anglais et/ou en français par rapport aux exigences spécifiques de communication en inhalothérapie/thérapie respiratoire au Canada.
- Matériel de formation linguistique en ligne** : les mêmes données linguistiques peuvent être utilisées pour créer du matériel de formation linguistique spécifique à la profession et accessible en ligne. Ce matériel permettra aux utilisateurs d'améliorer leur capacité à communiquer en

anglais et/ou en français afin de s'adapter à différents contextes dans lesquels l'inhalothérapie/thérapie respiratoire est pratiquée au Canada. Les utilisateurs potentiels de ce matériel de formation comprennent les professionnels nouvellement arrivés au Canada qui ont été formés à l'étranger, les étudiants actuels des programmes canadiens de formation en inhalothérapie/thérapie respiratoire dont la première langue n'est ni l'anglais ni le français ainsi que les inhalothérapeutes/thérapeutes respiratoires qui pratiquent actuellement et qui souhaitent améliorer leur capacité à communiquer en français ou en anglais.

- **Pratiques en matière d'embauche et d'orientation** : les données linguistiques et d'autres données quantitatives peuvent être utilisées pour documenter les pratiques d'embauche et d'orientation pour les inhalothérapeutes/thérapeutes respiratoires dont la première langue n'est ni le français ni l'anglais ou qui ont fait leur formation à l'extérieur du Canada.

La méthodologie utilisée pour la réalisation du projet comprenait les étapes suivantes afin de déterminer les exigences linguistiques en français et en anglais en inhalothérapie/thérapie respiratoire :

1. Une analyse de la langue utilisée dans l'exercice de la profession.
2. Un inventaire de la langue spécifique utilisée dans la profession. Celui-ci a été constitué grâce à des visites faites sur les lieux dans divers contextes de soins de santé en inhalothérapie/thérapie respiratoire partout au Canada ainsi que par l'entremise d'une révision de la terminologie et des abréviations utilisées en inhalothérapie/thérapie respiratoire.
3. Des études portant sur les outils qui existent pour l'évaluation des compétences linguistiques en français et en anglais, les exigences linguistiques en vigueur dans d'autres professions du domaine de la santé ainsi que les exigences actuelles en matière de compétence linguistique qu'un étudiant doit remplir pour pouvoir être admis dans les programmes canadiens de formation en inhalothérapie/thérapie respiratoire.

Les résultats apportés par la méthodologie utilisée ont permis de valider les données, ceci permettant de s'assurer que, à partir de diverses perspectives, l'on détermine les mêmes exigences linguistiques.

La méthodologie choisie permettait également d'identifier les aspects contextuels qui augmentent le défi de la communication dans les différents contextes de soin dans lesquels les inhalothérapeutes/thérapeutes respiratoires pratiquent. Ces aspects contextuels comprennent :

- Le bruit de fond important dans certains contextes (autres conversations, équipement).
- L'utilisation de masques faciaux qui étouffent les voix.
- L'urgence de la communication dans certains contextes (dans des situations où la vie est en danger).
- Le rythme rapide de la communication dans certains contextes.
- L'utilisation fréquente de raccourcis de communication (abréviations, phrases tronquées, phrases composées d'un seul mot) pour accélérer la communication.
- Le caractère émotionnel de certains contextes (niveau émotionnel des patients ou des membres de la famille, degré de traumatisme).
- L'obligation de changer de code (passer de l'anglais au français et inversement) dans les contextes bilingues (Ottawa, Montréal).

Les aspects contextuels mentionnés ci-dessus ont également été pris en compte dans les exigences de compétence linguistiques recommandées.

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1.0 Introduction

1.1 Project Background

The project 'Establishing Pan-Canadian Benchmarks for Language Requirements for Respiratory Therapy' was initiated to establish a language proficiency standard in English and French for the profession of Respiratory Therapy in Canada. The established language benchmarks will be of relevance to all jurisdictions, regulated and unregulated.

The specific objectives of the project were:

- To evaluate English and French language demands for listening, speaking, reading and writing of the respiratory therapy profession within the range of practice settings in which respiratory therapists work.
- To determine the observed workplace language demands to the Canadian Language Benchmarks (CLB) and the Niveaux de compétence linguistique canadiens (NCLC) - or other equivalent French language benchmark.
- To determine the minimum required skill levels with scores on a variety of language tests (such as TOEFL, IELTS, CanTEST, TOEIC).
- To determine the minimum English and French language proficiency required for regulatory purposes within the respiratory therapy profession.

The desired outcomes for the project were:

- There would be a single, valid and defensible pan-Canadian language proficiency standard in English and in French, specific to the needs of the respiratory therapy profession, that would be accepted in principle by all jurisdictions in which respiratory therapy is regulated.
- Language proficiency standards in English and French would foster improved transparency of regulatory requirements while ensuring public safety and improved access for internationally-educated health professionals.
- Internationally educated health professionals who want to work in respiratory therapy would be aware of the expected language proficiency standard for the profession in Canada.

The **Saskatchewan College of Respiratory Therapists** received funding from the Saskatchewan Ministry of Advanced Education, Employment and Immigration (Immigrant Bridge to Licensing Program) to assist the Ministry in the establishment of language proficiency standards for the profession of respiratory therapy in Saskatchewan and in Canada. The Saskatchewan College of Respiratory Therapists partnered with the **National Alliance of Respiratory Therapy Regulatory Bodies** for the administration and implementation of the project.

The **National Alliance of Respiratory Therapy Regulatory Bodies** (NARTRB) consists of organizations that have the legislative authority in their province to regulate the practice of respiratory therapy. The Alliance also includes the Canadian Society of Respiratory Therapists (CSRT) representing the non-regulated provinces. There are currently seven regulatory bodies for respiratory therapy in Canada: the College and Association of Respiratory Therapists of Alberta (CARTA), the College of Respiratory Therapists of Ontario (CRTO), the Saskatchewan College for Respiratory Therapy (SCRT), the Manitoba Association of Registered Respiratory Therapists (MARRT), the New Brunswick Association of Respiratory Therapy (NBART), the Nova Scotia College of Respiratory Therapists (NSCRT) and l'Ordre

professionnel des inhalothérapeutes du Québec (OPIQ). The members of NARTRB share information and collaborate on regulatory matters and make decisions on a national level that affect the practice of Respiratory Therapy in the interest and safety of the Canadian public.

NARTRB also administers a project funded by Human Resources and Skills Development Canada (HRSDC) to establish national guidelines for the registration and integration of internationally educated health professionals who want to work in Canada as respiratory therapists. The development of language benchmarks is a recommendation emanating from the research done within the framework of this HRSDC project.

1.2 Steering Committee

A Steering Committee was formed to guide the project and offer input and insight to the consulting company. The Steering Committee had the following responsibilities:

- Monitoring the progress of the project activities within the established timelines.
- Approving reports defining project progress, problems, and solutions.
- Implementing and managing project changes and interventions and developing strategies to achieve project outputs.
- Managing the activities relative to project evaluation and assessment of results.
- Monitoring all project activities and making recommendations to improve process, timelines, and quality of activities.
- Ensuring the project deliverables meet the scope, time, and quality constraints set out for the project.
- Working with and overseeing the activities of the consultant.
- Coordinating regular communications with the members of the NARTRB Council.

The following people volunteered their time to be members of the project Steering Committee:

- Josée Prud'Homme, RRT, Directrice générale et Secrétaire de l'Ordre, *Ordre Professionnel des inhalothérapeutes du Québec*
- Bryan Buell, RRT, BGS, Registrar-Executive, Complaints Director, *College and Association of Respiratory Therapists of Alberta*
- Stephen Chard, RRT, Registrar, *Saskatchewan College of Respiratory Therapists*
- Shannon McDonald, RRT, Registrar, *Nova Scotia College of Respiratory Therapists*
- Christiane Ménard, Executive Director, *Canadian Society of Respiratory Therapists*
- Christine Robinson, Registrar, *College of Respiratory Therapists of Ontario*
- Tracy Simcoe, RRT, President, *Manitoba Association of Registered Respiratory Therapists*

Josée Prud'Homme took on the role of Chair of the Steering Committee and was responsible for the overall achievements of the project. Christiane Ménard took on the role of Project Administrator. She was responsible for:

- Coordinating all meetings and conference calls relative to the project.
- Providing administrative support to the Steering Committee and its members.
- Recording and distribution of minutes as required.
- Tracking project deliverables using appropriate tools.
- Assisting in the recruitment and contract development process for the consultants.

- Ensuring appropriate financial tracking and budget allocations as per agreement between the Saskatchewan College of Respiratory Therapists and the NARTRB.
- Facilitating the reimbursement of expenses.
- Coordinating and implementing the communication requirements for Steering Committee member.
- Developing and disseminating all reports as required under the contribution agreement.
- Developing and disseminating internal communications with members of the Steering Committees, consultants, NARTRB, and relevant stakeholders.
- Performing other related duties as requested by the Chair, Steering Committee members and the consultant.

1.3 Project Team

The project was run by Advance Consulting for Education, INC (ACE). Since 2001, ACE has specialized in providing solutions within the English language education sector across Canada and internationally. ACE clients include professional organizations and regulatory bodies, non-profit organizations, universities, colleges, school boards and private organizations. ACE completes work in determining language proficiency requirements, developing training courses for internationally trained professionals to help with licensing, curriculum development, and training delivery.

The project team consisted of the following ACE consultants across Canada:

- **Dianne Tyers, Project Manager, Mississauga, ON.** Dianne has a Masters of Applied Linguistics from the University of Queensland, Brisbane, Australia and an MBA from the Ivey School of Business, University of Western Ontario. She has worked in the language education sector for twenty years in six different countries as a teacher, teacher training, regional manager, operations manager, curriculum developer and consultant. She owns and operates Advance Consulting for Education, INC (ACE) a consulting company focusing on the language education sector. ACE is also Canada's leading provider of English language teacher training. Dianne completed all project planning, coordination and implementation as well as the data analysis and report writing.
- **Ruth Epstein, Occupational Language Analysis, Saskatoon, SK.** Ruth has a Masters of Arts in TESOL from the School for International Training in Brattleboro, Vermont. She is a trained Canadian Language Benchmarks assessor. She has worked as an English language teacher, teacher trainer and curriculum developer since 1984. She is one of Canada's leading experts in English as a Second Language with a lengthy history of publications, presentations and program development. Ruth completed the English Occupational Language Analysis for the project and consulted on the final language proficiency recommendations.
- **Karen Hammond, Occupational Language Analysis, Calgary, Alberta.** Karen has a Bachelors of Education, a Diploma of Education in Curriculum and Instruction specializing in English as a Second Language and a Master of Education in Educational Leadership, where her master's project focused on intercultural training. Karen completed the validation of the English Occupational Language Analysis.

- **Enid Dixon, Site Visit Data Collection and French Language Proficiency Test Research, Montreal, QC.** Enid has a Bachelors of Arts in English and Communication. She has worked as a researcher, facilitator, curriculum designer and program manager for intercultural communication training organizations for twelve years. She works fluently in both English and French. Enid completed the French Site Visits in Montreal and Ottawa as well as the French language proficiency test research.
- **Heather Perry, Site Visit Data Collection, Olds, AB.** Heather has a Masters of Educational Studies in TESOL from Providence College in Manitoba. She is a trained Canadian Language Benchmarks assessor. She has worked as an English language teacher, language assessor, curriculum developer and English language teacher trainer for the past ten years. She completed the English Site Visit to Regina, Saskatchewan and consulted on the final language proficiency recommendations.
- **Lori Smith, Site Visit Data Collection, Calgary, AB.** Lori has a Bachelor of Commerce from the University of Calgary and a Masters of Education from the University of British Columbia. She is a trained IELTS English language proficiency assessor, English language teacher, and training facilitator. Lori completed the English Site Visit to the Southern Alberta Institute of Technology (SAIT).
- **Alan Webb, Site Visit Data Collection, Ottawa, ON.** Alan has a Bachelors of Science and a Post Graduate Certificate in Education. He has worked as a researcher, facilitator, curriculum designer and program managers for intercultural communication training organizations for seventeen years. Alan completed the English Site Visits in Montreal and Ottawa.

The following organizations also participated in the project:

- **The Center for Canadian Language Benchmarks, Ottawa, ON** (www.language.ca) validated the English Occupational Language Analysis and completed the French Occupational Language Analysis.
- **On Target Multi-Tranz, Noelville, ON** (www.on-target.ca) and **InÉdit, Montreal, QC** (www.ineditassoc.ca) completed the English to French translation and French editing.

1.4 Project Funding

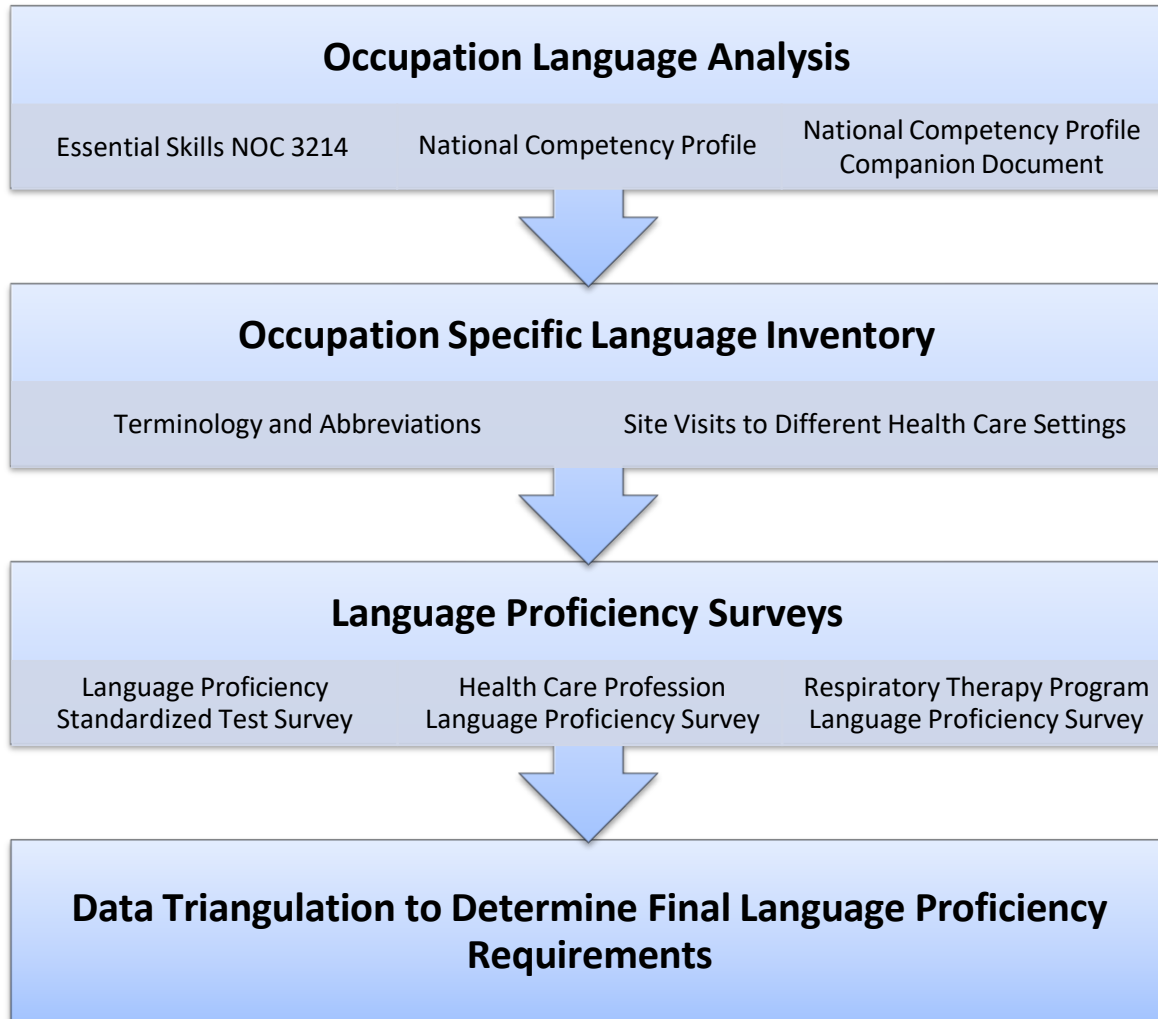
The funding for the project was provided to the Saskatchewan College of Respiratory Therapists by the **Saskatchewan Ministry of Advanced Education, Employment and Immigration** (Immigrant Bridge to Licensing Program) to assist the Ministry in the establishment of language proficiency standards for the profession of respiratory therapy in Saskatchewan and in Canada.

An in-kind contribution of 204 hours was contributed by many different stakeholders in the Respiratory Therapy profession across Canada who participated in the project.

Stakeholder	In-Kind Contribution	Number of Hours
Steering Committee Chair	Provided leadership to the Steering Committee and the consultant	25 hours
Steering Committee Members	Participated in meetings and conference calls Provided feedback on direction and progress as the project unfolded Initiated contacts for site visits	60 hours
Margaret Moon and Richard Dilallo, McGill University Health Centre	Arranged site visits to Montreal General Hospital, Montreal Children's Hospital and Montreal Chest Institute	2 hours
Respiratory Therapists at McGill University Health Centre	Allowed job shadowing and interviewing during site visits	20 hours
Sheryl O'Quinn, Regina Qu'Appelle Health Region	Arranged site visits to Regina General Hospital, Sleep Disorder Centre, COPD Rehab Centre, Wascana Rehab Centre	2 hours
Respiratory Therapists in Regina Qu'Appelle Health Region	Allowed job shadowing and interviewing during site visits	16 hours
Michel Proulx, Hôpital Masonneuve-Rosemont	Arranged site visits at Hôpital Masonneuve-Rosemont	2 hours
Respiratory Therapists at Hôpital Masonneuve-Rosemont	Allowed job shadowing and interviewing during site visits	12 hours
Christina Dolgowicz, The Ottawa Hospital	Arranged site visits at the Ottawa Hospital	3 hours
Respiratory Therapists at The Ottawa Hospital	Allowed job shadowing and interviewing during site visits (English and French)	32 hours
Nicole Laberge, Hôpital St. Justine	Arranged site visits at Hôpital St. Justine	2 hours
Respiratory Therapists at Hôpital St. Justine	Allowed job shadowing and interviewing during site visits	8 hours
• Bryan Buell, CARTA	Discussed site visits in the Alberta region	2 hours
Meena Kumar, School of Health and Public Safety, Southern Alberta Institute of Technology	Arranged site visits to Respiratory Therapy program Simulation Lab, Southern Alberta Institute of Technology	2 hours
Instructional staff in the School of Health and Public Safety, Southern Alberta Institute of Technology	Allowed observations of simulation classes with first and second year students in the Respiratory Therapy program	16 hours
Total Hours		204 hours

2.0 Methodology

The following process was completed in both English and French to determine the required language proficiencies for Respiratory Therapy in Canada:



2.1 Occupational Language Analysis

An Occupational Language Analysis (OLA) is a study of the language demands of a particular occupation or profession. An OLA captures the communication requirements of an occupation or profession and maps those requirements against language competencies in each of the four language skills—listening, reading, speaking and writing. The OLA process and documentation were created by and are managed by the Centre for Canadian Language Benchmarks a non-profit organization based in Ottawa, Ontario. The results of an OLA are used to guide occupational training and human resources practices. It is important to note that an OLA is not considered valid on its own for high stakes determination of language proficiency requirements. For high stakes purposes an OLA needs to be supplemented with additional data collection and research.

A minimum of three documents are required to complete an OLA:

- the Essential Skills Profile (ESP) document for the corresponding occupation;
- a National Occupation Skills (NOS) document;
- and the Canadian Language Benchmarks.

For the profession of Respiratory Therapy there was no NOS document, however, there was a current (2011) National Competency Profile document and a Companion Document (also 2011) that contained the same information as a NOS document. These two documents were therefore used instead of the NOS document.

The Canadian Language Benchmarks is a system of language and communication competencies which are rated at different levels of difficulty or ability according to a 12 level scale. Levels 1-4 are called Stage I or Basic Proficiency; Levels 5-8 are called Stage II or Intermediate Proficiency; Levels 9-12 are called Stage III or Advanced Proficiency. Within each level, competencies are divided by language skill: speaking, listening, reading and writing. Each skill is then further divided into categories as indicated in the chart below.

Speaking	Listening	Reading	Writing
<ul style="list-style-type: none"> • Social interaction • Instructions • Suasion (getting things done) • Information 	<ul style="list-style-type: none"> • Social interaction • Instructions • Suasion (getting things done) • Information 	<ul style="list-style-type: none"> • Social interaction texts • Instructions • Business/service texts • Information texts 	<ul style="list-style-type: none"> • Social interaction • Recording information • Business/service messages • Presenting information

Finally, different types of tasks are listed within each category. For more detail on the Canadian Language Benchmarks go to www.language.ca and click on 'English'. The entire CLB document, entitled 'Canadian Language Benchmarks 2000' can be downloaded from this site.

A corresponding benchmarking system exists for French language learners, called 'Les niveaux de compétence linguistique canadiens' or NCLC. The system is structured exactly the same as the English system, with the same 12 levels, the same four language skills and the same categories within those language skills. For more detail on 'Les niveaux de compétence linguistique canadiens' go to the same site, www.language.ca, but click on 'French' rather than 'English'.

An OLA must be completed by a trained occupational language analyst. For the Occupational Language Analysis for Respiratory Therapists Ruth Epstein of Saskatoon, Saskatchewan completed the preliminary work on the English OLA. Ruth's work was then verified by Karen Hammond of Calgary, Alberta. The final product was sent to the Centre for Canadian Language Benchmarks in Ottawa for final editing. The Centre for Canadian Language Benchmarks then completed the French OLA in conjunction with their French language experts in Quebec.

The process for the Occupational Language Analysis is the same in English and French. When conducting both an English and a French OLA at the same time, there is an additional step; the OLAs for the two languages are compared to ensure that the two are aligned.

The process for an Occupational Language Analysis is as follows:

The occupation tasks from the Essential Skills Profile are matched with the communication tasks in the Canadian Language Benchmarks.

The occupation tasks from the National Competency Profile and the Companion Document are matched with the communication tasks in the Canadian Language Benchmarks.

The level of difficulty of the language for each task is determined, based upon the Canadian Language Benchmarks.

The leveling decisions are validated by a third party.

The OLA is finalized and approved by the Centre for Canadian Language Benchmarks.

2.2 Occupation Language Inventory

An Occupation Language Inventory is a collection of language data pertaining to a particular occupation or profession. The inventory is used for a number of purposes: to assess the level of language proficiency required to participate in that profession, to create assessment tools for occupation specific language and to create teaching and learning tools for occupation specific language. The Occupation Language Inventory for Respiratory Therapists in English and French was created through a two-step process:

Sector specific terminology and abbreviations was collected and analyzed.

Site visits to various Respiratory Therapy health care contexts were conducted to collect samples of authentic language.

2.2.1 Terminology and Abbreviations

The amount of terminology and the number of abbreviations used when communicating significantly affects the level of difficulty of the language required for communication. The more terminology and abbreviations, the greater the language proficiency required. Lists of terminology and abbreviations used by Respiratory Therapists were provided by members of the Steering Committee and by practicing

Respiratory Therapists and Respiratory Therapy Managers . Several unsourced documents were used in this analysis as well as the following five sourced documents:

- American College of Chest Physicians and American Thoracic Society. Pulmonary Terms and Symbols. A report of the ACCP-STS Joint Committee on Pulmonary Nomenclature. Chest 1975; 67; 583-593. <http://chestjournal.chestpubs.org/content/67/5/583.citation>.
- Canadian Board for Respiratory Care, INC. 2011. Candidate Information Manual CBRC national Respiratory Therapy Examinations January 2012 and July 2012.
- Le Conseil Canadien Des Soins Respiratoires INC. 2011. Manuel d'information aux candidats examen national de thérapie respiratoire du CCSR janvier 2012 et juillet 2012.
- The Ottawa Hospital. October 2011. Documentation. PowerPoint presentation for staff training in documentation.
- The Ottawa Hospital. Administrative Policy and Procedure Manual: Abbreviations, Symbols and Acronyms in Clinical Documentation.

Observation notes from the language data collection stage of the methodology about the amount of terminology and the number of abbreviations used by Respiratory Therapists were also used.

2.2.2 Site Visits to Different Health Care Contexts

Language data for the Occupation Language Inventory was collected through Site Visits by consultants to specific health care contexts in which Respiratory Therapists work. The language data was collected through two methods:

- In **job shadowing**, the language consultant followed the Respiratory Therapist around as he or she interacted with colleagues and clients throughout the course of completing regular tasks. While job shadowing the language consultant noted down the communication and language that accompanied the tasks that the Respiratory Therapist was completing. The language consultant also collected samples of written documents that Respiratory Therapist had to either read or complete. They were also provided with orientation and training documents that the Respiratory Therapy managers use with new hires.
- In the **personal interview**, the language consultant spent time interviewing the Respiratory Therapist about the language he or she uses when completing specific tasks. The language consultant also asked for any additional insights the Respiratory Therapists had about the communication challenges of their jobs.

The different health care contexts in which Site Visits were conducted are:

- critical or intensive care units
- operating rooms
- RACE team (a hospital-wide emergency response team)
- pediatric general care units

- pediatric intensive care units
- long term COPD rehabilitation units
- an asthma clinic/pulmonary function lab
- a sleep disorder clinic

Additionally, one of the Site Visits was conducted in a Respiratory Therapy Simulation Lab for Respiratory Therapy students at the Southern Alberta Institute of Technology, Calgary, Alberta. This site visit allowed the consultant to collect language used in training prospective Respiratory Therapists.

The following table summarizes the dates, locations and units in which the Site Visits occurred. These sites were selected to provide geographical variety, language variety and health care context variety.

City and Province	Health Care Facility	Units	Assigned Consultant	Date
Montreal, Quebec	McGill University Health Centre including McGill General Hospital, Montreal Chest Clinic, Montreal Children's Hospital	Critical care	Al Webb	October 11 th
		Pediatric general care		October 12 th
		Long term COPD rehabilitation Asthma clinic		October 13 th
Regina, Saskatchewan	Regina Qu'Appelle Health Region including Regina General Hospital, Sleep Disorder Centre, COPD Rehab at Southland Mall, Wascana Rehab Centre	Pulmonary function lab	Heather Perry	October 13 th
		Medical pediatric intensive care unit		October 14 th
		Neonatal unit		
		Surgical intensive care unit		
		Sleep disorder clinic		
		Southland mall COPD rehabilitation Long term respiratory care unit		
Montreal, Quebec	Hôpital Maissonneuve	Centre d'enseignement de pneumologie	Enid Dixon	October 24 th
		Les soins intensifs Réadaptation de longue durée après d'une pour une maladie pulmonaire obstructive chronique		October 25 th
Ottawa, Ontario	Ottawa Health Centre	Pulmonary function lab	Al Webb	October 27 th
		Operating room		October 28 th
		Critical care RACE team		
Ottawa, Ontario	Ottawa Health Centre	Les salles d'opération RACE team Les soins intensifs	Enid Dixon	October 27 th October 28 th

City and Province	Health Care Facility	Units	Assigned Consultant	Date
Montreal, Quebec	Hôpital St. Justine	Les soins pédiatriques généraux (urgence) Les cliniques d'asthme Le service inhalo	Enid Dixon	November 16 th
Calgary, Alberta	Southern Alberta Institute of Technology (SAIT), School of Health and Public Safety, Respiratory Therapy Program	Human Patient Simulation Labs, Rooms No. NL112 and NL109.	Lori Smith	November 30 th December 2 nd

Consultants conducting the Site Visits were equipped with the following documents:

- A Confidentiality Agreement to be signed by the consultant indicating that conversations and events they were privy to were confidential.
- A Site Visit Protocol document, outlining the expected behaviours of the consultants.
- Site Visit Guidelines with additional information for the consultants.
- A Site Visit Client Information Sheet to be made available to patients if requested.
- A Data Collection Tool on which to record the language used by the RTs.

See Appendix 6 for the Site Visit documents in English and Appendix 7 for "Les documents de visite de lieux".

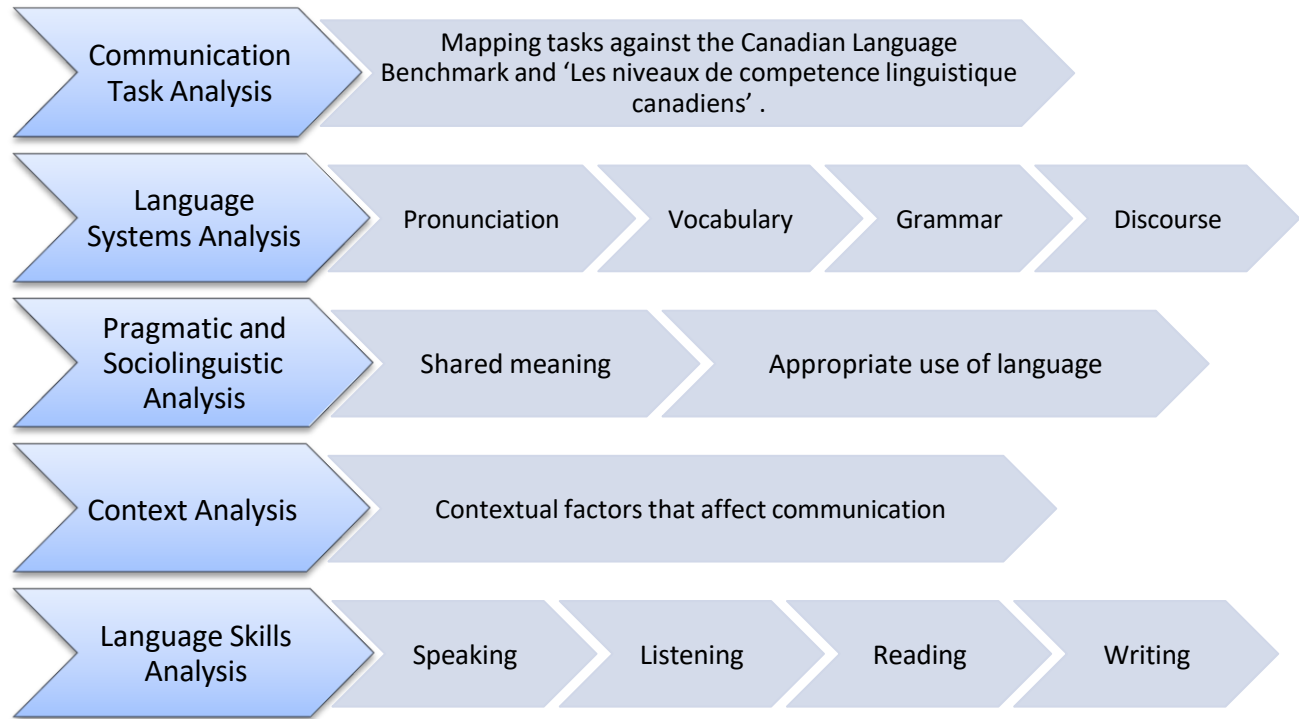
The Data Collection Tool directed consultants to note down the following:

- The general context (type of health care unit).
- The task being completed by the Respiratory Therapist.
- Who the Respiratory Therapist was interacting with.
- The language skills being used (speaking, listening, reading, writing).
- Sample language (as close as possible to what was actually said) the Respiratory Therapist used to complete the task.

Consultants were also instructed to note down any cultural issues (such as protocols, behaviours) that accompanied the task completion and any contextual issues (such as background noise) that would increase the level of difficulty of communication within the health care context. Finally, consultants were instructed to collect samples of written material Respiratory Therapists either read or complete in writing.

The consultants were a mixture of language experts (Heather Perry, Lori Smith) and language/culture experts (Al Webb and Enid Dixon). There were three English language consultants (Heather Perry, Lori Smith and Al Webb) and one French language consultant (Enid Dixon).

The language data collected through the Site Visits was analyzed as follows:



2.3 Language Proficiency Surveys

2.3.1 Language Proficiency Standardized Test Survey

While the required language proficiencies for Respiratory Therapy will be expressed in terms of the Canadian Language Benchmarks levels, Respiratory Therapists will be required to demonstrate that they meet the required benchmark level through their performance on one of a list of readily available language proficiency standardized tests. A review was conducted of all major standardized English and French language proficiency tests with the purpose of determining which ones will be most suitable for use.

Two documents were generated in this survey of language proficiency standardized tests: a general description of each test surveyed and a chart comparing results on all of the tests against the Canadian Language Benchmarks (English)/Les niveaux de compétence linguistique canadiens (French) and the Common European Framework (CEF).

The Common European Framework is a competency-based language proficiency framework similar to the Canadian Language Benchmarks. It is the framework that is used throughout Europe for all major European languages including English and French. It is included in this survey because some of the language proficiency standardized tests map onto the CEF first, and are then mapped onto the Canadian Language Benchmarks. The CEF is also a standard that any internationally trained professionals from Europe will be familiar with.

The following English language proficiency standardized tests were surveyed:

CLBA CLBPT	<ul style="list-style-type: none">• Canadian Language Benchmarks Assessment• Canadian Language Benchmark Placement Test
IELTS	<ul style="list-style-type: none">• International English Language Testing System
TOEFL	<ul style="list-style-type: none">• Test of English as a Foreign Language
CAEL	<ul style="list-style-type: none">• Canadian Academic English Language Test
CanTEST	<ul style="list-style-type: none">• The Canadian Test of English for Scholars and Trainees
MELAB	<ul style="list-style-type: none">• Michigan English Language Assessment Battery
TOEIC	<ul style="list-style-type: none">• Test of English for International Communication
PTE	<ul style="list-style-type: none">• Pearson Test of English
CELPIP	<ul style="list-style-type: none">• Canadian English Language Proficiency Test

The following French language proficiency standardized tests were surveyed:

BTC-NCLC	<ul style="list-style-type: none">• Batterie de tests de classement aux Niveaux de compétence linguistique canadiens
TCF	<ul style="list-style-type: none">• Test de connaissance du français pour le Québec
TEF	<ul style="list-style-type: none">• Test d'évaluation de français
TFI	<ul style="list-style-type: none">• Test de français international
TESTCan	
OQLF	<ul style="list-style-type: none">• Office québécois de la langue française

2.3.2 Health Care Profession Language Proficiency Survey

Some health care professional regulatory bodies across Canada have also determined language proficiency requirements for licensing and practice. These health care professions were surveyed in order to provide comparative data for the Respiratory Therapy profession.

The following professions were surveyed for their existing language proficiency requirements for licensing or practice:

- Nursing
- Medicine (physicians)
- Physical Therapy
- Occupational Therapy
- Dentistry
- Dental Hygiene
- Medical Radiation Technology
- Medical Laboratory Technology

The survey was conducted for each province, since most provinces have separate regulatory bodies for the health care professions. Professions were surveyed for the level of language proficiency required, the standardized language proficiency assessments accepted and the language proficiency assessment scores required. The information was compiled into chart format for comparative purposes.

2.3.3 Respiratory Therapy Program Language Proficiency Survey

The following Canadian education institutions were surveyed for their language proficiency requirements for entrance into a Respiratory Therapy program:

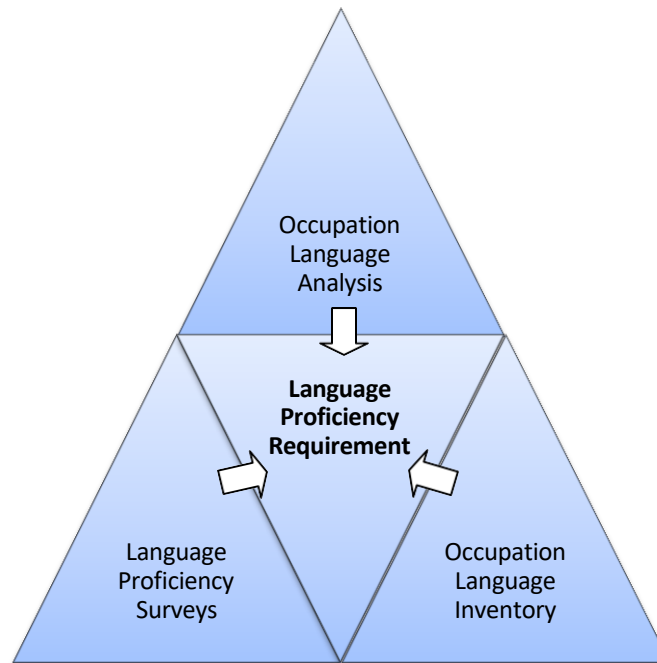
- Thompson Rivers University, Kamloops, BC
- Northern Alberta Institute of Technology, Edmonton, Alberta
- Southern Alberta Institute of Technology, Calgary, Alberta
- University of Manitoba, Winnipeg, Manitoba
- Michener Institute of Applied Health Sciences, Toronto, Ontario
- Canadore College of Applied Arts and Technology, North Bay, Ontario
- Algonquin College of Applied Arts and Technology, Ottawa, Ontario
- La Cité Collégiale-Collège d'arts appliqués et de technologie, Ottawa, Ontario
- Fanshawe College of Applied Arts and Technology, London, Ontario
- Conestoga College Institute of Technology and Advanced Learning, Kitchener, Ontario
- Vanier college, St. Laurent, Quebec
- Cégep de Ste-Foy, Ste-Foy, Quebec
- Cégep de Sherbrooke, Sherbrooke, Quebec
- Collège de Rosemont, Montréal, Quebec
- Cégep de Chicoutimi, Chicoutimi, Quebec
- Collège Ellis, Trois-Rivières, Quebec
- Cégep de l'Outaouais, Cité des jeunes, Quebec
- New Brunswick Community College (NBCC) - Saint John, New Brunswick
- CCNB-Campus de Dieppe, Dieppe, New Brunswick
- CCNB- Université de Moncton, Moncton, New Brunswick

- QEII/Dalhousie University, School of Health Sciences, Halifax, Nova Scotia
- College of the North Atlantic (CNA), Saint John's, Newfoundland

Institutions were surveyed for the level of language proficiency required, the standardized language proficiency assessments accepted and the language proficiency assessment scores required. The information was compiled into chart format for comparative purposes.

2.4 Data Triangulation

The final step in the methodology was the triangulation of the data. The data was put into three main categories: Occupational Language Analysis, Occupation Language Inventory and Language Proficiency Surveys. Language proficiency requirements were determined using the data in each category. Those requirements were then compared and contrasted to arrive at the final language proficiency requirement recommendations. Visually this triangulation process looks as follows:



The data triangulation process was used to arrive at the conclusions, which are the required language proficiencies in English and French for the Respiratory Therapy profession.

3.0 Results

3.1 Occupational language analysis

See Appendix 1 for the complete English Occupational Language Analysis and Appendix 2 for the complete Analyse linguistique des professions.

The Occupational Language Analysis (OLA) lists communication tasks under each of the four language skills according to the Canadian Language Benchmark level, noted as 'CLB' or 'NCLC', followed by a level number in the OLA documents. Under each benchmarked communication skill the tasks that Respiratory Therapists complete on a regular basis, as taken from the Essential Skills and National Competency Profile, are listed as examples of this type of language proficiency competency. Both the Respiratory Therapy task and the source document are listed.

Typically, in any profession or occupation, there is a range in the level of difficulty of the language needed to complete different tasks associated with that profession or occupation. For example, in almost every profession or occupation employees are required to greet people and make small talk. This task is typically at a Canadian Language Benchmark Level 3. Some professions or occupations then have tasks that may go as high as a Canadian Language Benchmark Level 10 or 11, or they may have tasks that go only as high as Levels 4 or 5. Regardless, every profession or occupation has some kind of range to the level of language proficiency required.

The English and French Occupation Language Analyses revealed the following language proficiency ranges in the tasks that are completed by Respiratory Therapists. These ranges are the same in English and French. Overall, the lowest language proficiency task is at a CLB/NCLC 3 and the highest language proficiency task is at a CLB/NCLC 10. The skill with the most range is speaking, which goes from CLB/NCLC 3 up to CLB/NCLC 10. The skill with the least range is writing, which goes from CLB/NCLC 5 up to CLB/NCLC 9.

Language Skill	English Language Proficiency Range	French Language Proficiency Range
Speaking	CLB 3-10	NCLC 3-10
Listening	CLB 3-8	NCLC 3-8
Reading	CLB 4-10	NCLC 4-10
Writing	CLB 5-9	NCLC 5-9

The range of language proficiency levels for different tasks for a profession or occupation are best understood through a visual representation. This visual representation was created for the Respiratory Therapy Occupational language analysis. See Appendix 3 for the English Occupational Language Analysis Graph and Appendix 4 for the Analyse graphique linguistique des professions.

Another key piece of information revealed by the Occupational Language Analysis is the language skills in which most tasks of the occupation take place. Very clearly the majority of the tasks completed by Respiratory Therapists take place orally—with the skills of speaking and listening. There are several sets of language proficiency competencies for the written language—with the skills of reading and writing—which were not in evidence at all in the Essential Skills and National Competency Profile documents.

Finally, the OLA provided a clear and simple analysis of the 'Common Conditions of Communication'. This is a chart that captures different factors that either add to or detract from the complexity of the communication within a particular occupation or profession. The Common Conditions of Communication for Respiratory Therapy are as follows:

Condition	Description
Purpose	The different purposes for communication for Respiratory Therapists include the following: locating, collecting, monitoring, interpreting data, establishing and following schedules, taking and giving directions, consulting, advising/explaining/teaching, creating and maintaining records, reporting and invoicing.
Audience	The people with whom Respiratory Therapists communicate include: patients/clients, families, supervisors, co-workers, and other health care professionals.
Context	Respiratory Therapists work within a variety of contexts, each of which presents different communication challenges: hospitals, clinics, health units, extended care facilities, public health centres, respiratory home care companies. Within these contexts the situation can range from quiet, calm and routine to dynamic, unpredictable emergency situations.
Topic	The topic of communication is specialized, technical and detailed. It ranges from predictable and routine to unpredictable and fast-paced. The topic is usually concrete and sequential.
Mode	Respiratory Therapists communicate face-to-face, by phone, by computer, by video conferencing, by public address systems and by pagers.

While the OLA reveals the language proficiency requirements of the core tasks that Respiratory Therapists complete, there are two key limitations. First, the OLA does not provide an overall language proficiency recommendation for that occupation or profession nor does it provide a language proficiency recommendation for each of the four language skills (speaking, listening, reading, writing). The only analysis that can be completed is that of the range of Canadian Language Benchmarks that comprise the tasks that Respiratory Therapists complete. Secondly, the OLA was not created for high stakes purposes, such as determining the language proficiency requirement for licensing or accreditation in a particular profession. It therefore needs to be supplemented with additional research for high stakes purposes.

3.2 Occupation Language Inventory

3.2.1 Terminology and Abbreviations

Both the written and the spoken communication in Respiratory Therapy in English and French make extensive use of terminology and abbreviations. While the lists of terminology and abbreviations analyzed for the Occupation Language Inventory were similar they were not identical. Respiratory Therapists and Respiratory Therapy Managers indicated that consistent and standardized use of terminology and abbreviations was an ongoing challenge in the profession and in all health care professions. One consultant was an observer in a hospital professional development seminar on

terminology and abbreviations that attempted to address this issue. The Canadian Respiratory Therapy profession itself has made an attempt to standardize the use of terminology and abbreviations through creating a list of abbreviations that must be understood for the CBRC National Respiratory Therapy Examinations. This list of abbreviations is made available in both English and French to all exam candidates.

Unfortunately standardization of the use of terminology and abbreviations within the health care sector remains an elusive ideal. There is variation regionally and from one hospital to another. As part of the orientation process most hospitals provide documentation and/or training on the use of terminology and abbreviations in their particular context. Interestingly, this orientation also includes abbreviations NOT to use, because those abbreviations can be misinterpreted.

The amount of usage of terminology and abbreviations coupled with the regional and hospital variation of the usage add significantly to the language proficiency demands on Respiratory Therapists. Respiratory Therapists must be proficient in the local usage of terminology and abbreviations for both communication and legal purposes.

The usage of terminology and abbreviations impacts all communication tasks and all four language skills. As a standard practice in an Occupational Language Analysis, the extensive use of terminology and abbreviations leads to a benchmarking of a task to a minimum of CLB/NCLC 8.

3.2.2 Site Visit Language Data Analysis

All of the language data collected by the consultants during the Site Visits was compiled into three sets of data: an Occupation Language Inventory of all of the sample language collected in English and French; a collection of written documents that Respiratory Therapists read or complete in writing; and observation notes of the consultants during the site visits. See Appendix 7 for the English Occupation Language Inventory and Appendix 8 for L'inventaire linguistique de profession. See Appendix 9 for Occupation Language Inventory Observation Notes. See Appendix 10 for Sample Written Documentation.

3.2.2.1 Communication Task Analysis

Some of the different tasks that consultants observed and used for sample language were mapped against the Occupational Language Analysis and Analyse linguistique des professions to verify and support the Occupational Language Analysis conclusions. This was completed by Ruth Epstein, a qualified Occupation Language Analyst, and by Dianne Tyers, the Project Manager.

The following was gleaned from this mapping process:

- The Occupation Language Inventory confirmed the range of language proficiencies in the four language skills that were benchmarked in the Occupational Language Analysis. The exception to this is that there were no examples of the upper range language proficiency tasks (those at CLB 9 and CLB 10). However, this was to be expected because those upper range tasks involve very formal presentations and written work that is not completed on a daily basis.
- The Occupation Language Inventory contained more examples of listening tasks completed by Respiratory Therapists to fill out understanding of the listening language proficiency required.

- The highest levels of language complexity occurred in tasks in which Respiratory Therapists were communicating with other health care professionals. This is when most of the technical language and abbreviations were evident.

3.2.2.2 *Language Systems Analysis*

The language data was analyzed according to the language systems of each language: pronunciation, vocabulary, grammar and discourse. Language proficiency challenges and requirements were then determined according to each language system.

Pronunciation: Pronunciation must be accurate enough to make the Respiratory Therapist's communication comprehensible. The most crucial pronunciation is that of terminology and abbreviations, and more specifically medication and treatment orders. If there is a misunderstanding with respect to this, there can be serious consequences for patient health. Other pronunciation challenges noted in the language data are: the need to speak through masks, the need to speak above background noise, and the need to speak quickly, with no time repeat things that have not been understood or pronounced correctly the first time.

Vocabulary: The vocabulary used by Respiratory Therapists is not overly complex, except for the occupation specific terminology and abbreviations. It has already been noted that the use of terminology and abbreviations adds to the level of difficulty of the language and communication.

Grammar: Grammar is the way words are put together into sentences to convey a complete thought. Each language has its own patterns and rules for how words can be put together. The grammar, or sentence patterns, used in communication by Respiratory Therapists in both English and French is not overly complex. The following are points of note:

- The majority of the communication in English uses basic verb tense structures (simple present, simple past, simple future) with some use of the present continuous, past continuous, and present perfect.
- The majority of the communication in French uses basic verb tense structures (indicatif présent, passé composé, and futur simple).
- A significant amount of the communication is completed as imperative statements (giving orders or directions).
- A significant amount of the communication is completed as interrogative statements (asking questions), usually in the form of yes/no questions (questions for which the answer is either yes or no) or statements turned into questions via intonation.
- There is significant use of modals (should, must, have to) in English and the sentence construction "Il faut...." in French.
- Many of the sentences have ellipsis, which is when parts of the sentence are omitted because it is assumed that both the speaker and listener understand the omitted part. Respiratory Therapists, in other words, communicate a lot with shortened, truncated or incomplete sentences. This is done in order to make communication fast and direct in urgent situations and to make communication efficient when a lot of information is shared among the speakers and listeners.

Discourse: Discourse is how sentences are put together in a language to form larger texts. Texts can include spoken dialogues, conversations, instructions or speeches, as well as different types of written documents. The idea behind discourse is that people add meaning to what they are communicating by

the order in which they put their sentences together. Putting sentences in a particular order helps to make the communication consistent, predictable and efficient. To analyze discourse, researchers look at the communication purpose of each sentence, why the sentences are put into a particular order and the tasks associated with the sentences.

The language data from the Simulation Lab at the Southern Alberta Institute of Technology provided good insight into discourse patterns. As prospective Respiratory Therapists are learning to complete the tasks of Respiratory Therapy they are also learning the communication that goes with those tasks. They learn in what order to do tasks and also to say particular things.

There is considerable complexity in the discourse used by Respiratory Therapists. Spoken communication follows very specific orders—topics are covered in a specific order, speakers speak in a specific order, instructions follow a specific order, and descriptors of a patient condition are given in a specific order. Respiratory Therapists whose first language is not English or French must learn the discourse patterns associated with each of the tasks he or she has to complete. A Respiratory Therapist who does not structure his or her sentences according to the discourse rules of these different types of communication will not be understood.

3.2.2.3 Pragmatics and Sociolinguistic Analysis

Pragmatics: Pragmatics is the study of how meaning is transmitted or conveyed through communication that takes place in a particular context, with a look at the contribution of nonlinguistic knowledge to that transmission of meaning. Pragmatics looks at the meaning that is intended, given all of the contextual information that may or may not be shared by the people communicating. This contextual information includes the knowledge and beliefs of the speaker and the relationship between the speaker and the receiver.

The language data revealed the following key challenges with pragmatics in the Respiratory Therapy context:

- Understanding the boundaries of responsibility of a Respiratory Therapist.
- Understanding the legalities associated with the responsibilities and tasks of a Respiratory Therapist.
- Understanding the protocols and procedures that accompany each task, including what paperwork needs to be completed, who needs access to the paperwork and where the paperwork needs to be stored.
- Understanding the roles and responsibilities of each of the different health care professions.
- Understanding the unwritten hierarchy of each within the health care system.
- Understanding how status is conveyed within the health care system.
- Understanding the dynamics of a multi-disciplinary team (such as an operating room team or a RACE team).

Sociolinguistics: Sociolinguistics looks at how language is used according to the social roles the speakers have. The way people speak is influenced by various social factors, including the region they are from, their level of education, their wealth and their profession, to name a few. This interaction of linguistics and social factors yields some key concepts for sociolinguists to study: speech communities; accent; dialects; variations in language use based upon age, gender and education; and style and register.

The language data revealed the following challenges with sociolinguistics in the Respiratory Therapy context:

- Respiratory Therapists need to be able to communicate with (understand and be understood by) patients, family members and colleagues with a variety of accents and dialects of either/ both English and French. This includes accents of people whose first language is neither English nor French.
- Respiratory Therapists need to be able to communicate with (understand and be understood by) patients and family members with variations in language based upon age, gender, education, region and socioeconomic status.
- Respiratory Therapists also have to be able to communicate with (understand and be understood by) patients with health conditions that will impede their ability to communicate. The patients may be unable to speak, unable to move, short of breath when speaking and thus hesitant and quiet, hard of hearing or with limited eye sight.

Style is one key component of sociolinguistics. Styles of speaking can be described as 'situational dialects'. People tend to use one style in formal situations like job interviews, and an informal style with friends and family. Informal speech is often characterized by more contractions, different vocabulary and slang. It is possible for someone to use a whole range of styles in different environments.

The language data revealed the following challenges in terms of style in the Respiratory Therapy context:

- Respiratory Therapists need to select the appropriate style for the situation and for the people with whom they are communicating. They therefore need to judge whether formal or informal communication is most appropriate. For example, with other health care professionals, formal communication is more appropriate. With a young child who is a patient, informal communication is more appropriate.
- Respiratory Therapists need to be able to both produce and understand language appropriate to both formal and informal communication.

Informal language from the English language data, as examples, include reduced speech ('gonna' for 'going to', 'sec' for 'second', 'meds' for 'medications'), idiomatic language ('schnoz' for 'nose') and regional phrases ('You betchur boots' from the Prairies).

Register refers to variations in language use determined by the subject matter. This may mean using specific vocabulary sets, grammatical patterns or even pronunciation. For instance, a recipe uses specific vocabulary with short imperative sentences, and certain grammar words are omitted. Legal documents use vocabulary and complex constructions that are rarely used elsewhere, like "hereby" and the subjunctive mood ("should the tenant fail to..."). A feature of register is jargon, which refers to technical vocabulary connected with specific occupations or activities, often understood only by 'insiders'.

Respiratory Therapists must be able to understand and be understood in two main registers: expert health care language and patient language. They use health care language with their colleagues and other health care professionals. However, they must use patient or layman language, a different register, when communicating with patients. Knowing how and when to switch from one register to another is an important component of language proficiency for Respiratory Therapists. A good example of the skill of switching to a patient register is the communication seen in the Asthma Clinics and

Pulmonary Function Labs. In these contexts Respiratory Therapists walk patients through pulmonary function testing, explain the use of equipment and explain medication.

3.2.2.4 Context Analysis

There was considerable variation in the contextual communication challenges among the different health care contexts in which the Site Visits took place. The contexts ranged from quite, calm, routine and predictable at one end to fast-paced, urgent, emotional and unpredictable at the other end. In the latter contexts the communication challenges were significantly greater than in the former contexts.

The contextual issues that contributed to increased communication challenges included:

- The extensive background noise in some settings (other conversations, equipment).
- The use of facial masks which muffle speaking voices.
- The urgency of the communication in some settings (in life threatening situations).
- The rapid pace of communication in some settings.
- The frequent use of communication short cuts (abbreviations, truncated sentences, one word sentences) to speed up communication in some settings.
- The unpredictability of some settings.
- The emotionality of some settings (emotional level of patients or family members, degree of trauma).
- The requirement to code switch (move between English and French) in bilingual settings (Ottawa, Montreal).
- The requirement to multitask (do more than one task at once or to interrupt one task to complete another).
- The requirement to participate in more than one conversation at a time.
- The requirement to communicate with a wide variety of professionals, patients and family members.
- The requirement to work on a multi-disciplinary team.

These contextual issues particularly increase the level of difficulty of oral communication, listening and speaking.

3.2.2.5 Language Skills Analysis

All of the language analyzed so far, as well as the observations about context, affects what Respiratory Therapists have to be able to do when speaking, listening, reading and writing in either English or French.

Speaking and Listening: The actual language structures used by Respiratory Therapists in oral communication (speaking and listening) are not overly complex. However, as noted in the preceding discussion, the terminology and abbreviations, discourse, pragmatics, sociolinguistics and contextual issues greatly increase the level of difficulty of oral communication. Respiratory therapists must speak quickly and concisely when necessary, must have accurate pronunciation, must correctly order their sentences, and must make appropriate pragmatic and sociolinguistic choices, all while dealing with challenges inherent in the contexts in which they work. They must be able to listen to multiple conversations at once, listen through background noise, listen while completing other tasks, listen to a variety of accents and dialects, and listen via telephone as well as face-to-face.

Reading and Writing: The written data gathered for the Occupation Language Inventory consisted of a variety of forms and charts as well as data on computer screens. These documents were moderately complex, with documents from the bilingual contexts being more complex than those from the

unilingual contexts. Reading tasks noted by the consultants consisted of reading those forms, charts and screens and interpreting the patient information presented. Writing tasks noted by the consultants consisted of completing those forms, charts and computer screens with patient information. With both of these skills there is a high level of usage of terminology and abbreviations strung together with short and grammatically simple language structures or truncated sentences. The language proficiency challenge comes from the terminology and abbreviation choices required and from the choices as to how and when to truncate the sentences.

3.3 Language Proficiency Surveys

3.3.1 Language Proficiency Standardized Test Survey

See Appendix 11 for a description of the standardized language proficiency tests for English and French that were reviewed as possible tests for proof of language proficiency for Respiratory Therapists. See Appendix 12 for the chart comparing the scoring systems of these standardized language proficiency tests and mapping each to the Canadian Language Benchmarks/Les niveaux de compétence linguistique canadiens and the Common European Framework.

There are limitations to the mapping and comparison of the scoring systems of the different standardized tests. Because they are the leading English standardized tests, IELTS and TOEFL represent the scoring systems to which all other scoring systems are compared. There are few direct comparisons between CAEL and CanTEST for example. Rather CAEL is compared to TOEFL and CanTEST is compared to TOEFL. Similarly, the French standardized tests are all mapped on to the Common European Framework, rather than to each other. There was a unique challenge with the French standardized tests in that the OQLF exam cannot be mapped onto any language benchmark system. The exam, which is the most widely used by regulatory bodies, is simply scored on a pass/fail basis, with a pass being 60%.

A second limitation of the mapping is the scoring systems themselves. The scoring systems for some standardized tests cover a wider range of proficiencies than other standardized tests. The best example of this is a comparison between IELTS and TOEFL. The TOEFL scores are very precise, with candidates receiving a number from 0 to 120. The IELTS scores on the other hand are 'bands' from 1 to 9, with 0.5 increments in between. A single band on IELTS can thus cover a large range of scores from the TOEFL. There is a similar situation with the French standardized tests. CanTEST results are expressed in fairly wide ranging bands, which TFI results are expressed in concise numbers.

The mapping system presented in Appendix 12 therefore represents the 'best estimate' of comparisons among the tests using eight different mapping charts in English and four different mapping charts in French.

In addition to understanding the basic structure, content, question types and scoring system of each standardized language proficiency test, and how the scoring systems relate to each other, it is also important to factor in practical testing considerations. If, for example, a candidate cannot access a test in a timely manner, then the test becomes a barrier to entry into Respiratory Therapy rather than a means of proving language proficiency for safe practice.

The following chart summarizes a practical analysis of the standardized English language proficiency tests reviewed. For the analysis all of the TOEFL tests have been put into one grouping and the emerging tests Pearson Test of English (PTE) and CELPIP have not been included. The Canadian Language Benchmarks assessments and Batterie de tests de classement aux Niveaux de compétence linguistique canadiens (BTC-NCLC) were also not included in this analysis. The CLB assessments and BTC-NCLC are intended solely to place incoming immigrants into appropriate language classes. Their use for any other purpose is discouraged by the Centre for Canadian Language Benchmarks and accessibility for those who do not fit the criteria set by Citizenship and Immigration Canada is limited.

	IELTS (Academic)	TOEFL	CAEL	CanTEST	MELAB	TOEIC
Purpose:						
General	√	X	X	X	√	√
Workplace	X	X	X	X	√	X
Academic	√	√	√	√	√	X
Availability:						
Canada	√	√	√	Limited	√	√
Globally	√	√	√	X	√	√
Frequent testing	√	√	√	X	√	√
Well-Known	√	√	Growing	Limited	√	Not for professional purposes
Canadian content	Some	X	All	All	X	X
Availability of preparation materials	√	√	Some	Some	Some	√

The following chart summarizes a practical analysis of the standardized French language proficiency tests reviewed.

	TFI	TEF	TCF	CanTEST	OQLF
Purpose:					
General	√	√	√	X	X
Workplace	X	X	X	X	X
Academic	√	X	X	√	Professions
Availability:					
Canada	√	10 locations	Quebec	Toronto/Ottawa	Quebec
Globally	√	√	X	X	X
Frequent testing	√	√	√	X	√
Well-Known	√	√	In Quebec	Limited	In Quebec
Canadian content	Some	X	All	All	All
Availability of preparation materials	Limited	Some	None	Limited	Limited
Other	Only tests listening and reading	X	Only tests speaking and listening.	Designed for academic purposes.	Required in Quebec.

3.3.2 Health Care Profession Language Proficiency Survey

See Appendix 13 for the chart comparing the language proficiency requirements of other health care professions across Canada as indicated by scores on standardized language proficiency tests.

The Canadian constitution allocates responsibility for health care to the provincial governments which means that there is some variation within the same health care profession from one province to another. This includes variations in language proficiency requirements; each provincial regulatory body can, if they want, set their own language proficiency standards. Alternatively all of the regulatory bodies can choose to jointly determine standards that will be applied in all provinces, as is the case with the Respiratory Therapy regulatory bodies.

	Pan-Canadian Language Proficiency Standard	All Provincial Language Proficiency Standards are Different	Only Some Provinces Have Language Proficiency Standards	No Provinces Have Language Proficiency Standards
Health Care Profession	-Physical Therapy -Occupational Therapy (under development) -Medical Radiation Technology	-Nursing -Medicine (Physicians)	-Dentistry -Medical Laboratory Technology	-Dental Hygiene

The following chart presents the number of health care profession regulatory bodies that use a particular standardized language proficiency test.

Standardized English Language Proficiency Test	Number of Regulatory Bodies Using it for Language Proficiency Purposes
IELTS	16
TOEFL (all versions)	19
CanTEST	4
CAEL	0
MELAB	7
TOEIC	5

Standardized French Language Proficiency Test	Number of Regulatory Bodies Using it for Language Proficiency Purposes
TFI	1
TEF	0
TCF	0
TESTCan	2
OQLF	4

The following are scoring the ranges for each of the health care professions surveyed using scores for the two most frequently used English language proficiency standardized tests, IELTS and TOEFL (the internet-based or iBT version). Dental hygiene has been left out of this analysis because there is no data.

Standardized English Language Proficiency Test	IELTS	TOEFL (iBT)
Nursing	Overall 6.5-7.0 Speaking 7.0-7.5 Listening 6.5-8.0 Reading 6.5-7.0 Writing 6.5-7.5	Overall 74-86 Speaking 20-26 Listening 18-21 Reading 19-21 Writing 14-20
Medicine (Physicians)	Overall 7.0 Speaking 7.0 Listening 7.0 Reading 7.0 Writing 7.0	Overall 92-100 Speaking 24-25 Listening 20-25 Reading 20-24 Writing 20-24
Dentistry	Overall 6.5	Not specified
Physical Therapy	Overall 7.0	Overall 74-86 Speaking 20-26 Listening 18-21 Reading 19-21 Writing 14-20
Occupational Therapy	Overall 7.5	Overall 92 Speaking 26 Listening 22 Reading 22 Writing 22
Medical Radiation Technology	Overall 6.0 Speaking 6.0 Listening 6.0 Reading 6.0 Writing 6.0	Overall 74-86 Speaking 20-26 Listening 18-21 Reading 19-21 Writing 14-20
Medical Laboratory Technology	Overall 7.0 Speaking 7.0 Listening 7.0 Reading 7.0 Writing 7.0	Overall 74-86 Speaking 20-26 Listening 18-21 Reading 19-21 Writing 14-20

There is not enough data to construct a similar chart for French language proficiency, because the most frequently used test, the OQLF, simply uses a pass/fail scale.

The above chart illustrates where the different health care professions have placed their required English language proficiency. Predictably, medicine has the highest English language proficiency requirements, followed by occupational therapy, nursing, physical therapy, dentistry and medical laboratory technology all at the same level. Medical radiation technology has the lowest language proficiency.

The nursing provincial regulatory bodies have the most experience of all of the health care profession regulatory bodies in assessing English language proficiency for licensing purposes. This is not surprising given that nursing is the profession that has seen the largest number of internationally trained individuals applying for licensing. The English language proficiency standards for the nursing profession have therefore undergone the most scrutiny and trial.

The nursing profession is also in the unique position of having an English language proficiency test designed specifically for its profession. This is the Canadian English Language Benchmark Assessment for Nursing or CELBAN. The CELBAN is based upon the Canadian Language Benchmarks but uses language and contextual issues specific to the nursing profession. The CELBAN is now used as a language proficiency standard in all English-speaking provinces, but it is not the only standardized test that is accepted. The strength of the CELBAN as a standardized test is that it maps directly onto the Canadian Language Benchmarks. It can, of course, not be used for other professions because it is nursing-specific.

The nursing profession is of further interest in determining the language proficiency requirement for Respiratory Therapy because it is also the profession that most closely matches Respiratory Therapy in terms of communication context. The same challenges (background noise, urgency, emotionality, multitasking) that make the Respiratory Therapy context challenging also come into play in the nursing context. The range of responsibility/authority in the two professions is also similar.

The nursing profession language proficiency standards are therefore of great relevance to Respiratory Therapy. The ranges of CELBAN requirements for the profession by the provincial nursing regulatory bodies, which map directly onto the Canadian Language Benchmarks, are as follows:

Canadian Language Benchmarks	CELBAN
Speaking 8	Speaking 8
Listening 9-10	Listening 9-10
Reading 8	Reading 8
Writing 7	Writing 7

As can be seen in the chart above, the only skill in which there is variation from province to province is the skill of listening (CLB 9 and CLB 10); in all other skills, all provinces have set the same language proficiency.

3.3.3 Respiratory Therapy Program Language Proficiency Survey

See Appendix 14 for the Respiratory Therapy Program Entrance Language Proficiency Survey.

The following charts summarize the standardized language proficiency tests that are used to assess English and French language proficiency for entrance into Respiratory Therapy programs in Canada and the number of programs that use those tests:

Standardized English Language Proficiency Test	Number of Respiratory Therapy Programs Using It for Entrance Requirements
IELTS	10
TOEFL (all versions)	12
CanTEST	3
CAEL	8
MELAB	4

Standardized French Language Proficiency Test	Number of Respiratory Therapy Programs Using It for Entrance Requirements
TFI	4
TEF	0
TCF	2
TESTCan	0
OQLF	Not applicable, for internationally trained professionals only

The following chart demonstrates the range of English language proficiency that is required for entry into a Respiratory Therapy program as expressed through results on the standardized language proficiency tests:

Standardized English Language Proficiency Test	Range of Results Required for Entrance into Respiratory Therapy Programs
IELTS	Overall 6.0-6.5 Speaking 5.5-6.0 Listening 5.5-6.0 Reading 5.5-6.0 Writing 5.5-6.0
TOEFL (iBT version)	Overall 79-100 Speaking 20-22 Listening 20-22 Reading 20-22 Writing 20-22
CanTEST	Overall 4.5 Listening 4.5 Reading 4.5 Writing 4.0
CAEL	Overall 60-70
MELAB	Overall 80-85

Finally, the following is the range of French language proficiency that is required for entry into a Respiratory Therapy program:

Standardized French Language Proficiency Test	Range of Results Required for Entrance into Respiratory Therapy Programs
TFI	Overall 780-785
TEF	Unknown
TCF	Overall 500
CanTEST	Unknown
OQLF	Not applicable, for internationally trained professionals only

It is important to note that most of these language proficiency requirements are below those required for practicing professionals in the health care sector. This is appropriate, given that participants in the Respiratory Therapy programs will improve their language proficiency throughout the duration of their program.

4.0 Conclusions

The data triangulation process yielded the following conclusions about language proficiency requirements for Respiratory Therapy in English and French:

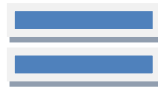
Occupational Language Analysis Analyse linguistique des professions	
English Language Proficiency Range	French Language Proficiency Range
Speaking CLB 3-10	La compréhension de l'oral NCLC 3-10
Listening CLB 3-8	L'expression orale NCLC NCLC 3-8
Reading CLB 4-10	La compréhension de l'écrit NCLC 4-10
Writing CLB 5-9	L'expression écrite NCLC 5-9



Occupation Language Inventory L'inventaire linguistique des professions
Verification of the language proficiency ranges from the Occupational Language Analysis. Upper range language proficiency tasks are not everyday activities.
The use of terminology and abbreviations increases the language proficiency requirements of all tasks in all language skills.
Contextual characteristics present significant communication challenges, particularly in listening and speaking-based tasks.

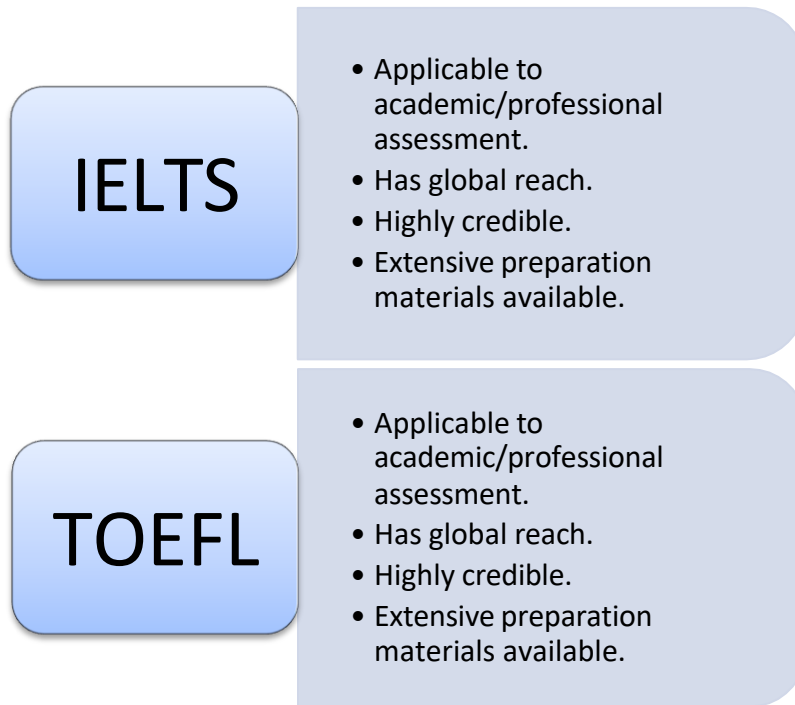


Language Proficiency Surveys
The language proficiency requirements for the nursing profession are the closest match for Respiratory Therapy.

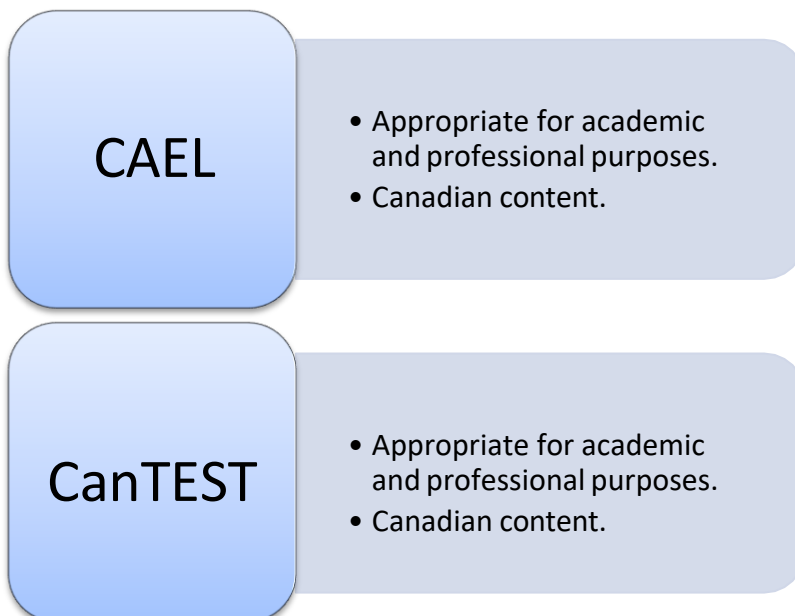


Language Proficiency Requirements Les exigences de compétences linguistiques	
English	French
Overall CLB: 8	La compétence générale NCLC : 8
Listening CLB: 9	La compréhension de l'oral NCLC : 9
Speaking CLB: 8	L'expression orale NCLC : 8
Reading CLB: 8	La compréhension de l'écrit NCLC : 8
Writing CLB: 8	L'expression écrite NCLC : 8

The language proficiency survey step of the methodology yielded the following as the best language proficiency standardized tests to use for proof of language proficiency in English:



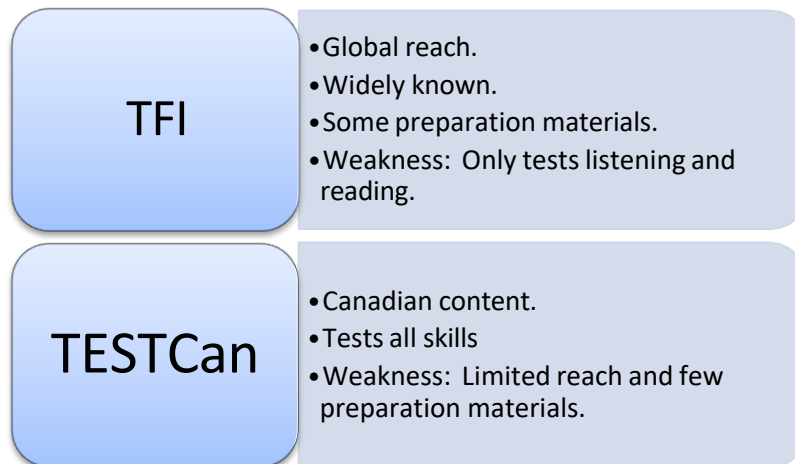
Two Canadian-developed English language proficiency tests can also be third and fourth alternatives, on the understanding that their reach and the number of preparation resources available are not as extensive as the major tests IELTS and TOEFL.



The language proficiency survey step of the methodology yielded the following as the best language proficiency standardized tests to use for proof of language proficiency in French:



Two additional French language proficiency tests can also be third and fourth alternatives, on the understanding that the first does not test the productive skills (speaking and writing) and the second has limited reach.



It is important to note that there is only one choice of language proficiency standardized test for the province of Quebec: the OQLF. This is the test that is required by the provincial government. The OQLF only has pass/fail scoring, not graduated scoring. A pass on the OQLF is equivalent to a NCLC Level 9, which is slightly higher than the language proficiency demands of Respiratory Therapy in speaking, reading and writing. The remaining French language tests are applicable to the other provinces in Canada.

5.0 Recommendations

5.1 Implementation of Language Proficiency Requirements

The recommended Canadian Language Benchmark (CLB) English language proficiency requirements for the effective practice of Respiratory Therapy in Canada are as follows:

- Overall CLB: 8
- Listening CLB: 9
- Speaking CLB: 8
- Reading CLB: 8
- Writing CLB: 8

The recommended Niveaux de compétence linguistique canadiens (NCLC) French language proficiency requirements for the effective practice of Respiratory Therapy in Canada are as follows:

- La compétence générale NCLC: 8
- La compréhension orale NCLC : 9
- L'expression orale NCLC : 8
- La compréhension écrite NCLC : 8
- L'expression écrite NCLC: 8

See Appendix 15 for the Canadian Language Benchmark Profiles for the English language competencies at Levels 8 (speaking, reading and writing) and 9 (listening). See Appendix 16 for the Profil de niveaux de compétence linguistique canadiens for the French language competencies for Levels 8 (l'expression orale, la compréhension écrite, l'expression écrite) and 9 (la compréhension orale).

The following standardized test results are recommended for the demonstration of the above English language proficiency:

	Overall	Listening	Speaking	Reading	Writing
IELTS	7.0	7.0	7.0	7.0	7.0
TOEFL iBT	90	24	24	22	20

The following additional standardized tests can be used if a wider selection of tests is required.

	Overall	Listening	Speaking	Reading	Writing
CAEL	70	80	70	70	70
CanTEST	5.0	5.0	4.5	4.5	4.0

The following standardized test results are recommended for the demonstration of the above French language proficiency:

	La compétence générale	La compréhension orale	L'expression orale	La compréhension écrite	L'expression écrite
OQLF*	reussi au niveau 'universitaire'	N/A	N/A	N/A	N/A
TEF**	5	N/A	N/A	N/A	N/A

*Required in Quebec.

**All other provinces.

The following additional standardized tests can be used if a wider selection of tests is required.

	La compétence générale	La compréhension orale	L'expression orale	La compréhension écrite	L'expression écrite
TFI**	810	410		400	
TESTCan**	5.0	5.0	4.5	4.5	4.0

*Required in Quebec.

**All other provinces.

5.2 Communication of Language Proficiency Requirements

The communication of the determined language proficiency requirements is key to achieving buy-in with all stakeholders. Most importantly the language proficiency requirements should be communicated as a requirement for safe, effective and successful practice of Respiratory Therapy NOT as a barrier to entry. The language proficiency requirements should be made available to current RTs, RT managers, RT training programs, immigrant service providers, federal and provincial immigrant departments, and incoming internationally trained Respiratory Therapists. It is important that all Respiratory Therapy stakeholders understand where these language proficiency requirements come from. It is also important that they understand the communication requirements of their profession.

Methods of communication of these language proficiency requirements include:

- Information on the regulatory body websites.
- Information on provincial and federal immigration websites.
- A newsletter article to current association members.
- Professional development workshops for currently practicing Respiratory Therapists.
- Presentations at annual conferences.

5.3 Online Language Proficiency Self-Assessment Tool

The language data collected can be used to create an online occupation-specific language proficiency self-assessment tool. With this tool, Respiratory Therapists whose first language is neither English nor French can assess their proficiency with occupation specific language. The assessment tool can include the following key areas of language identified in this project:

- Listening: Test comprehension of main idea and detail for authentic dialogues.
- Reading: Test comprehension of main idea and detail for information presented in authentic forms and charts (documentation).
- Vocabulary: Test their understanding of standard terminology and abbreviations.
- Discourse: Test understanding of how Respiratory Therapy dialogues are constructed through fill-in-the-blank, matching and multiple choice dialogue completion questions.
- Pragmatics and sociolinguistics: Test understanding of pragmatics and sociolinguistics through multiple choice questions centred around authentic dialogues and scenarios.

5.4 Online Language and Culture Training Materials

Using the data collected in this report online training materials for incoming internationally trained RTs can be created and made available on the websites of all regulatory bodies.

- Listen and repeat activities: Participants listen to authentic dialogues and repeat the dialogues line by line.
- Listen and comprehend: Participants listen to authentic dialogues and answer main idea and detail comprehension questions.
- Listen and complete: Participants listen to portions of authentic dialogues and suggest additional dialogue lines.
- Listen and put in order: Participants listen to authentic dialogues and put the lines in the correct order to practice discourse.
- Read and comprehend: Participants read authentic documentation and answer comprehension questions about main idea and detail.
- Read and summarize: Participants read authentic documentation and summarize the information.
- Terminology and abbreviations: Participants complete multiple choice, fill-in-the-blank and matching activities about terminology and abbreviations.
- Change in style: Participants change a dialogue from formal to informal or vice versa.
- Change in register: Participants change a dialogue from an expert health care register to a patient register.
- Scenarios of appropriate language use: Participants read scenarios and answer multiple choice questions about appropriate language use in the scenarios.

5.5 Hiring and Orientation Practices

The findings of the project have implications for hiring practices. Human resources staff and managers completing hiring interviews can verify adequate language proficiency through the use of targeted questions. The following are some examples.

- Tell me what you would say to a patient when you are completing XXX test.

- Tell me what you would say to a staff member when delivering a change of shift report.
- Tell me how you would explain XXX medication to an elderly patient/young patient.
- Tell me how you would explain the use of XXX equipment to an elderly patient.
- Tell me what you would say to calm down a family member of a patient with XXX condition.
- Tell me what you would say to a doctor to report the condition of XXX patient.
- Tell me what you would say to a doctor if you have not understood his or her communication.
- Tell me what you would say to a colleague to request their assistance with XXX.

The following other contextual factors should be considered when writing a job description for a position that needs to be filled and when evaluating a candidate's language proficiency for that position:

- The amount of code switching between English and French in contexts that are bilingual. The more code switching required, the greater the language proficiency required in at least one of the two languages.
- The level of background noise in the context. If hiring for a low-background noise context, language proficiency can be slightly lower and vice versa.
- The level of urgency and emotionality of the context. Language proficiency should be slightly higher with high urgency and high emotionality contexts.
- The amount of telephone communication required. If hiring for a position in which a lot of communication via telephone is required, language proficiency should be higher.

Orientation practices should include extensive information on discourse patterns, pragmatics and sociolinguistics. It should also include orientation to the terminology and abbreviation practices specific to the health care facility.

For additional ideas on hiring and orientation practices for internationally trained professionals, see the following resource provided by the Centre for Canadian Language Benchmarks:

Centre for Canadian Language Benchmarks. 2009. Work Ready: Resources for Counselling, Hiring, and Working with Internationally Trained Individuals. www.language.ca

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