



Orientation Guideline for Respiratory Therapists

Background

Respiratory Therapists (RTs) entering practice in Nova Scotia have been educated in Canadian Respiratory Therapy programs or have received a license to practice after completing a competency assessment, as in the case of internationally educated health professionals (IEHPs). Through rigorous registration practices, the NSCRT assures that all RTs entering practice in Nova Scotia have achieved the minimum Entry to Practice standards as defined by the National Competency Profile.

RTs practicing in Canada have varied backgrounds of practice experience. Employers in Nova Scotia should have assurance that RTs entering practice within their facilities are proficient in the specific competencies required to safely practice to the full scope of employment that is defined by the Employer. It is recommended that the orientation process be structured to inform the Employee of the scope of employment, allow the Employee to self-identify their skill level across the scope of employment, provide for additional education and/or training on identified skill gaps, and be provided supervised/mentored exposure, specifically in high risk areas.

RTs who are licensed in Nova Scotia but have been on an extended leave of absence, require appropriate re-introduction to the workplace upon their return to practice. The orientation guideline may also assist employers in developing the processes for return to practice.

NSCRT Members who do not meet all the requirements for an active practice license, such as not meeting currency requirements of 1500 practice hours in the past 4 years and compliance with the NSCRT Continuing Competency Program, must undergo a competency assessment through the NSCRT.

Purpose

The 7 principles of orientation are intended to outline a common approach Employers in Nova Scotia may adopt to ensure that new Employees can safely practice to the full scope of employment. Each component may be developed to reflect the clinical practice environment within each facility.

The 7 Principles of Employee Orientation

1. **Scope of Employment:** The Employee should be provided with a clear description of their roles and responsibilities from the Employer. The scope of employment should clearly outline the role of an RT at the clinical site (e.g. arterial line insertion, intubation, ventilator management, etc.).
2. **Self-Assessment:** A self-assessment, based on the scope of employment, should be completed by the Employee to identify areas of limited clinical exposure or competency (e.g. intubation, initiation of nitric oxide, etc.). This will assist the Employer to tailor the orientation priorities to the needs of the Employee.
3. **Clinical Practice History*:** The Employee should identify on their resume, any lapses in their clinical practice and the last date of clinical practice. This information will allow the Employer to identify new or updated clinical practice standards and areas where the Employee may need an extended orientation. *N/A for new graduates
4. **Previous Job Description*:** The Employee should provide the Employer with a detailed job description from their previous place of employment. This will assist the current Employer in identifying specific gaps in experience that are relevant to practice in the current position. *N/A for new graduates
5. **Mentorship:** The Employer should ensure that the Employee has sufficient mentored exposure to any identified gaps, in addition to any general hospital orientation. Mentorship should progress from direct mentoring of the employee to guidance when required.
6. **Continued Support:** There should be clearly defined procedures for seeking out immediate clinical support and guidance following the mentorship period.
7. **Orientation Skills Record:** It is recommended that Employers develop a document to record the orientation process. This record should list the skills taught and/or reviewed and should be signed by the Employee, Mentor, and Manager.

| | |
|-------------------------------|----------------|
| Date approved: December, 2017 | Date Reviewed: |
|-------------------------------|----------------|