Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

I. PATIENT DATA EVALUATION AND RECOMMENDATIONS

A. Evaluate Data in the Patient Record

1. Patient history, for example,
   • admission data
   • orders
   • medications

2. Physical examination relative to the cardiopulmonary system

3. Drainage and access devices, for example,
   • chest tube
   • artificial airway

4. Laboratory results, for example,
   • CBC
   • electrolytes
   • coagulation studies

5. Blood gas analysis results

6. Pulmonary function testing results

7. 6-minute walk test results

8. Cardiopulmonary stress testing results

9. Imaging study results, for example,
   • chest radiograph
   • CT
   • ultrasonography

10. Maternal and perinatal / neonatal history, for example,
    • Apgar scores
    • gestational age

11. Metabolic study results, for example,
    • O₂ consumption / CO₂ production
    • L / S ratio

12. Sleep study results

13. Trends in monitoring results
    a. fluid balance
    b. vital signs
    c. intracranial pressure
    d. weaning parameters
    e. pulmonary compliance, airways resistance, work of breathing
    f. noninvasive, for example,
       • pulse oximetry
       • transcutaneous O₂ / CO₂
       • capnography

14. Trends in cardiac monitoring results
    a. ECG
    b. hemodynamic parameters
    c. cardiac catheterization
    d. echocardiography

B. Gather Clinical Information
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

1. Interviewing a patient to assess
   a. level of consciousness and orientation, emotional state, and ability to cooperate
   b. level of pain
   c. presence of dyspnea, sputum production, and exercise tolerance
   d. smoking history
   e. environmental exposures
   f. activities of daily living
   g. learning needs, for example,
      • literacy
      • culture
      • preferred learning style

2. Performing inspection to assess
   a. general appearance
   b. characteristics of the airway, for example,
      • patency
   c. cough, sputum amount and character
   d. status of a neonate, for example,
      • Apgar score
      • gestational age

3. Palpating to assess
   a. pulse, rhythm, force
   b. accessory muscle activity
   c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, secretions in the airway, and tracheal deviation

4. Performing diagnostic chest percussion

5. Auscultating to assess
   a. breath sounds
   b. heart sounds and rhythm
   c. blood pressure

6. Reviewing lateral neck radiographs

7. Reviewing a chest radiograph to assess
   a. quality of imaging, for example,
      • patient positioning
      • penetration
   b. presence and position of tubes and catheters
   c. presence of foreign bodies
   d. heart size and position
   e. presence of, or change in
      (i) cardiopulmonary abnormalities, for example,
         • pneumothorax
         • pleural effusion
         • consolidation
         • pulmonary edema
      (ii) hemidiaphragms, mediastinum, or trachea

C. Perform Procedures to Gather Clinical Information

1. 12-lead ECG
2. Noninvasive monitoring, for example,
   • pulse oximetry
   • transcutaneous capnography

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### Clinical Simulation Examination

#### Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

<table>
<thead>
<tr>
<th>Section</th>
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<tbody>
<tr>
<td>3. Peak flow</td>
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<tr>
<td>4. Tidal volume, minute volume, and vital capacity</td>
</tr>
<tr>
<td>5. Screening spirometry</td>
</tr>
<tr>
<td>6. Blood gas sample collection</td>
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<tr>
<td>7. Blood gas analysis / hemoximetry</td>
</tr>
<tr>
<td>8. 6-minute walk test</td>
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<tr>
<td>9. Oxygen titration with exercise</td>
</tr>
<tr>
<td>10. Cardiopulmonary calculations, for example,</td>
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<tr>
<td>- P(A-a)O₂</td>
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<tr>
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<tr>
<td>- V_D / V_T</td>
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<tr>
<td>- oxygenation index</td>
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<td>11. Hemodynamic monitoring</td>
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<td>12. Pulmonary compliance and airways resistance</td>
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<td>13. Maximum inspiratory and expiratory pressures</td>
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<tr>
<td>14. Plateau pressure</td>
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<tr>
<td>15. Auto-PEEP determination</td>
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<tr>
<td>16. Spontaneous breathing trial</td>
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<tr>
<td>17. Apnea monitoring</td>
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<tr>
<td>18. Overnight pulse oximetry</td>
</tr>
<tr>
<td>19. CPAP / NPPV titration during sleep</td>
</tr>
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<td>20. Tracheal tube cuff pressure and / or volume</td>
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<td>21. Sputum induction</td>
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### D. Evaluate Procedure Results

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Clinical Simulation Examination  
Detailed Content Outline  

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

| 18. CPAP / NPPV titration during sleep |
| 19. Tracheal tube cuff pressure and / or volume |
| 20. Sputum induction |
| 21. Cardiopulmonary stress testing |
| 22. Pulmonary function testing |

**E. Recommend Diagnostic Procedures**  
1. Skin testing, for example,  
   - TB  
   - allergy  
2. Blood tests, for example,  
   - electrolytes  
   - CBC  
3. Imaging studies  
4. Bronchoscopy  
5. Bronchoalveolar lavage (BAL)  
6. Sputum Gram stain, culture and sensitivities  
7. Pulmonary function testing  
8. Noninvasive monitoring, for example,  
   - pulse oximetry  
   - transcutaneous capnography  
9. Blood gas analysis  
10. ECG  
11. Exhaled gas analysis, for example,  
   - CO₂  
   - NO (FENO)  
   - CO  
12. Hemodynamic monitoring  
13. Sleep studies  
14. Thoracentesis

**II. TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT, AND INFECTION CONTROL**  

**A. Assemble and Troubleshoot Equipment**  
1. Oxygen administration devices  
2. CPAP devices  
3. Humidifiers  
4. Nebulizers  
5. Metered-dose inhalers (MDI), spacers, and valved holding chambers  
6. Dry powder inhalers  
7. Resuscitation devices  
8. Mechanical ventilators  
9. Intubation equipment  
10. Artificial airways  
11. Suctioning equipment, for example,  
   - regulator  
   - tubing  
   - canister  
   - catheter  
12. Gas delivery, metering, and clinical analyzing devices, for example,
## Clinical Simulation Examination

**Detailed Content Outline**

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

- concentrator
- liquid system
- flowmeter
- regulator

13. Blood analyzers, for example,
   - hemoximetry
   - point-of-care

14. Patient breathing circuits

15. Incentive breathing devices

16. Airway clearance devices, for example,
   - high-frequency chest wall oscillation
   - vibratory PEP
   - intrapulmonary percussive ventilation
   - insufflation/exsufflation device

17. Heliox delivery device

18. Nitric oxide (NO) delivery device

19. Spirometers – hand-held and screening

20. Pleural drainage devices

21. Noninvasive monitoring devices, for example,
   - pulse oximeter
   - capnometer

22. Gas analyzers

23. Bronchoscopes and light sources

24. Hemodynamic monitoring devices
   a. pressure transducers
   b. catheters, for example,
      - arterial
      - pulmonary artery

### B. Ensure Infection Control

1. Using high-level disinfection techniques

2. Selection of appropriate agent and technique for surface disinfection

3. Monitoring effectiveness of sterilization procedures

4. Proper handling of biohazardous materials

5. Adhering to infection control policies and procedures, for example,
   - Standard Precautions
   - isolation

### C. Perform Quality Control Procedures

1. Gas analyzers

2. Blood gas analyzers and hemoximeters

3. Point-of-care analyzers

4. Pulmonary function equipment

5. Mechanical ventilators

6. Gas metering devices, for example,
   - flowmeter

7. Noninvasive monitors, for example,
   - transcutaneous
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

III. INITIATION AND MODIFICATION OF INTERVENTIONS

A. Maintain a Patent Airway Including the Care of Artificial Airways
   1. Proper positioning of a patient
   2. Recognition of a difficult airway
   3. Establishing and managing a patient’s airway
      a. nasopharyngeal airway
      b. oropharyngeal airway
      c. laryngeal mask airway
      d. esophageal-tracheal tubes / supraglottic airways, for example,
         • Combitube®
         • King®
      e. endotracheal tube
      f. tracheostomy tube
      g. laryngectomy tube
      h. speaking valves
   4. Performing tracheostomy care
   5. Exchanging artificial airways
   6. Maintaining adequate humidification
   7. Initiating protocols to prevent ventilator associated pneumonia (VAP)
   8. Performing extubation

B. Perform Airway Clearance and Lung Expansion Techniques
   1. Postural drainage, percussion, or vibration
   2. Suctioning, for example,
      • nasotracheal
      • oropharyngeal
   3. Mechanical devices, for example,
      • high-frequency chest wall oscillation
      • intrapulmonary percussive ventilation
      • vibratory PEP
      • insufflation / exsufflation device
   4. Assisted cough, for example,
      • huff
      • quad
   5. Hyperinflation, for example,
      • incentive spirometry
      • IPPB
   6. Inspiratory muscle training techniques

C. Support Oxygenation and Ventilation
   1. Initiating and adjusting oxygen therapy, for example,
      • low-flow
      • high-flow
   2. Minimizing hypoxemia, for example,
      • patient positioning
      • suctioning
   3. Initiating and adjusting mask or nasal CPAP
   4. Initiating and adjusting mechanical ventilation settings
      a. continuous mechanical ventilation
      b. noninvasive ventilation
      c. high-frequency ventilation
      d. alarms
   5. Correcting patient-ventilator dyssynchrony
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

6. Utilizing ventilator graphics, for example,
   - waveforms
   - scales
7. Performing lung recruitment maneuvers
8. Liberating patient from mechanical ventilation (weaning)

D. Administer Medications and Specialty Gases
   1. Aerosolized preparations, for example,
      - MDI
      - SVN
   2. Dry powder preparations
   3. Endotracheal instillation
   4. Specialty gases, for example,
      - heliox
      - NO

E. Ensure Modifications are Made to the Respiratory Care Plan
   1. Treatment termination, for example,
      - life-threatening adverse event
   2. Recommendations
      a. starting treatment based on patient response
      b. treatment of pneumothorax
      c. adjustment of fluid balance
      d. adjustment of electrolyte therapy
      e. insertion or change of artificial airway
      f. liberating from mechanical ventilation
      g. extubation
      h. discontinuing treatment based on patient response
   3. Recommendations for changes
      a. patient position
      b. oxygen therapy
      c. humidification
      d. airway clearance
      e. hyperinflation
      f. mechanical ventilation parameters and settings
   4. Recommendations for pharmacologic interventions
      a. pulmonary vasodilators, for example,
         - sildenafil
         - inhaled NO
         - prostacyclin
      b. bronchodilators
      c. antiinflammatory drugs
      d. mucolytics and proteolytics
      e. cardiovascular drugs
      f. antimicrobials
      g. sedatives and hypnotics
      h. analgesics
      i. neuromuscular blocking agents
      j. diuretics
      k. surfactants
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

| I. vaccines |
| m. changes to drug, dosage, or concentration |

F. Utilize Evidence-Based Medicine Principles
1. Determination of a patient’s pathophysiological state
2. Recommendations for changes in a therapeutic plan when indicated
3. Application of evidence-based or clinical practice guidelines, for example,
   - ARDSNet
   - NAEPP

G. Provide Respiratory Care Techniques in High-Risk Situations
1. Emergency
   a. cardiopulmonary emergencies, for example,
      - cardiac arrest
      - obstructed / lost airway
      - tension pneumothorax
   b. disaster management
   c. medical emergency team (MET) / rapid response team
2. Patient transport
   a. land / air between hospitals
   b. within a hospital

H. Assist a Physician / Provider in Performing Procedures
1. Intubation
2. Bronchoscopy
3. Thoracentesis
4. Tracheostomy
5. Chest tube insertion
6. Insertion of arterial or venous catheters
7. Moderate (conscious) sedation
8. Cardioversion
9. Cardiopulmonary exercise testing
10. Withdrawal of life support

I. Initiate and Conduct Patient and Family Education
1. Safety and infection control
2. Home care and equipment
3. Smoking cessation
4. Pulmonary rehabilitation
5. Disease management
   a. asthma
   b. COPD
   c. sleep disorders

Specifications for Each Test Form
The type of each problem is coded. Problems are assembled according to these specifications.

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Specifications</th>
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</table>

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A1. COPD conservative management  2  
A2. COPD critical care management  2  
B. Adult trauma  3  
C. Adult cardiovascular  3  
D. Adult neurological or neuromuscular  2  
E. Pediatric  2  
F. Neonatal  2  
G. Adult medical or surgical  4  
Total  20  

Clinical Simulation Examination  
Admission Requirements  

1. Applicants shall satisfy ONE of the following requirements:  
   • Applicants shall be a CRT and have successfully completed the Therapist Written  
     Examination (WRRT) on or before December 31, 2014.  
   • Applicants shall be a CRT and have successfully completed the Therapist  
     Multiple-Choice Examination (TMC) by achieving the higher cut score on or after  
     January 1, 2015.
### CRT-to-Registry Admission Policy

The NBRC continually receives inquiries regarding the “CRT-to-Registry” provision of the admission policies for the examinations associated with the RRT. Below are answers to the most commonly asked questions relating to this alternative route to the examinations associated with the RRT. If you have questions which are not answered below, or if you need further clarification of this admission policy, please contact the NBRC Executive Office.

**The CRT-to-Registry provision is as follows:**

- Be a CRT for at least four years prior to applying for the examinations associated with the RRT. In addition, the applicants shall have at least 62 hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, physics, and mathematics.

  OR

- Be a CRT for at least two years prior to applying for the examinations associated with the RRT. In addition, the applicant shall have earned a minimum of an associate degree from an accredited entry-level respiratory therapy education program.

  OR

- Be a CRT for at least two years prior to applying for the examinations associated with the RRT. In addition, the applicant shall have earned a baccalaureate degree in an area other than respiratory care and shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, mathematics, microbiology, and physics.

### Eligibility Three-Year Time Limit

Effective January 1, 2005, new graduates of accredited advanced-level education programs will have three years after graduation to earn the RRT credential. Individuals who do not earn the RRT credential within this time limit will be required to retake and pass the Therapist Multiple-Choice Examination at the CRT cut score to regain eligibility, and any previous passing performance to earn the RRT credential shall be nullified. Following regaining eligibility by taking and passing the Therapist Multiple-Choice Examination at the CRT cut score, the candidate will have another three years to earn the RRT credential. The individual must apply as a new candidate and pay all applicable fees to take the Therapist Multiple-Choice and Clinical Simulation Examinations.

NBRC’s mission is to evaluate the competency of respiratory therapists and to support the profession of respiratory care. It’s a role that we take very seriously. As the provider of the RRT, the credential that is considered the “standard of excellence” in respiratory care, it is our responsibility to ensure that graduates of advanced-level education programs have the opportunity to earn the RRT credential. During a time when there is a shortage of qualified respiratory therapists to provide the excellent care that patients expect, advanced-level graduates who earn the RRT credential are in high demand nationwide and can help to fill this shortage.
<table>
<thead>
<tr>
<th>New Applicant</th>
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