



**Advanced Practice Registered Technologist
(Radiation Therapy)**

Portfolio Guide

**Advanced Practice
in Medical Radiation
Technology**



May 2018

Table of Contents

INTRODUCTION	1
Overview of Portfolio Submission	1
Portfolio Components	2
Candidate Enquiries	2
PORTFOLIO PREPARATION	3
Basic Requirements	3
Timelines	3
Portfolio Development	4
SECTION ONE: IMPACT STATEMENT	5
SECTION TWO: COMPETENCY TABLES	6
SECTION THREE: EVIDENCE DOCUMENTS	8
Types of Evidence	8
Third Party Evidence	9
General	9
For Research Competencies	9
Template and Evidence Documents: Process	10
Naming Files	12
SECTION FOUR: After Submission	13
Assessment Criteria	13
Scoring	14
Assessment Procedure	15
Assessment Panel Responsibilities	15
Notification of Assessment	15
Portfolio Resubmission	15
HELPFUL RESOURCES for Portfolio Development	16
Appendix A. Return Form	17
Appendix B. Sample Chronology	18
Appendix C. Portfolio Examples	19
Objective	19
Portfolio Design	19

INTRODUCTION

The first phase of the Advanced Practice Registered Technologist (Radiation Therapy) ("APRT(T)") Certification process is the completion and assessment of a portfolio submission.

A portfolio is a collection of evidence gathered from a radiation therapist's recent experiences assembled to demonstrate their competence against the APRT(T) Competency Profile. The portfolio provides candidates with the opportunity to demonstrate the depth and breadth of their learning and experiences consistent with the profile's core clinical, technical and professional competencies. This phase will demonstrate whether a candidate has tangible experiences that can be drawn upon to prove competence at an advanced level as described in the competency profile.

The purpose of this guide is to provide candidates and assessors in the APRT(T) Certification process with a complete overview of Phase I - Portfolio Submission.

The Portfolio Guide contains information to help candidates prepare a portfolio of their professional practice; and provides details and explanations as to how the portfolio will be assessed.

This Guide includes important information and tips on:

- Portfolio components
- Steps in portfolio development
- Process and procedures
- Third party evidence
- Assessment criteria
- Examples

The information provided will ensure a fair and transparent process. Please use this information as a guide in preparing or assessing APRT(T) portfolios.

In addition to this Guide, the CAMRT will provide an advisor to help mentor each candidate.

Overview of Portfolio Submission

A portfolio is an integrated collection of documents and commentary that demonstrate a candidate's knowledge and skills in relation to pre-established criteria. In the context of APRT(T) certification, its purpose is to demonstrate a candidate's experience in core clinical, technical and professional competencies.

APRT(T) Portfolio Guide

Portfolio Components

The main components of the candidate portfolio are:

1. Candidate impact statement
2. Competency tables (including summary of activities, elements and explanatory report of knowledge and skills derived from each activity)
3. Evidence

The electronic APRT(T) Portfolio Template is aligned with the main components listed above and provides candidates with a means in which they can easily record and organize the material they wish to submit for assessment.

This Guide provides instructions and helpful tips on how to use the template in Section Two, Competency Tables. Examples of the Portfolio Template is provided in Appendix C; it demonstrates the use of each section using an example of a previous candidate's portfolio.

Candidate Enquiries

All enquiries about the APRT(T) Certification process should be directed to:

Email: aprt@camrt.ca

Canadian Association of Medical Radiation Technologists
1300 - 180 Elgin Street, Ottawa ON, K2P 2K3
Telephone: 613-234-0012
Toll-free: 1-800-463-9729

PORTFOLIO PREPARATION

Basic Requirements

There are a number of **essential** requirements for all portfolios submitted. They must:

- Comply with the criteria set out by CAMRT
- Be professional in appearance – lay-out, presentation
- Begin with a table of contents
- Be free of spelling and grammatical errors
- Be well organized
- Include appropriate references to relevant literature (in radiation therapy)
- Focus on knowledge and skills, not time spent
- Have well referenced evidence throughout

Must comply with Personal Health Information Protection Act (PHIPA) and institutional confidentiality and privacy regulations. If a candidate's portfolio does not meet these basic requirements, it will not be assessed. In this case a Return Form which indicates the criteria that was not met, will be completed by a member of the assessment panel and submitted to the APRT(T) Project Manager. The APRT(T) Project Manager will then provide the completed form to the candidate. (See Return Form in Appendix A)

Timelines

The portfolio represents the initial entry into the APRT(T) Certification process, and submission of a portfolio for assessment represents the "**Start Date**" for a candidate's certification eligibility period.

Portfolio submissions are accepted based on a submission cycle throughout the certification process (see APRT(T) Calendar: www.aprt.ca)

To be eligible for portfolio assessment in a given year, candidates must submit their portfolio by the respective submission deadline.

Assessment and the return of the portfolio is completed in four weeks, after which candidates will receive feedback on the status of their portfolio submission.

There is no limit as to how much time a candidate may take to assemble their initial portfolio. However, there is a requirement for the demonstration of competency within the previous five-year period.

Portfolio Development

Before developing their portfolio, it is important for candidates to understand that it is not their education or experience that is important. The focus of their portfolio must be on the relevant **knowledge and skills** derived from their education and experience that they are being asked to identify. This is not always as simple as it sounds, so the APRT(T) Certification process makes available a number of supports to help candidates (and assessors) with this process, one of which is this Guide.

***TIP:** visit www.aprt.ca for more available resources and supports.*

Portfolio structure and requirements

The types of materials included within a portfolio submission are entirely at the discretion of the candidate. The candidate may choose to use any type of evidence that demonstrates a particular competency. Most portfolio documents are text based; however, a portfolio can also be supplemented by additional forms of evidence such as videos, audiotapes and other sources.

***TIP:** Before candidates begin preparing their portfolios, it may be helpful to identify the various areas where they have gained knowledge and skills. Creating an annotated chronology will help to remind candidates of everything they have been involved in that led them to advanced skills in radiation therapy. This chronology is not part of the portfolio but can be an important tool in helping candidates structure their thinking about what they know and can do.*

Candidates' existing resumes should help in this preparation, but may not detail other valuable activities such as volunteer committee work or teaching. Candidates can use their chronology as the basis for later steps in the portfolio development process, so it's important to reflect carefully to ensure they have included as much as possible. Be creative!

This will also help them identify the materials they need to collect as evidence to support the knowledge and skills they gained from the activities listed in the chronology. When the portfolio is complete, candidates may include the chronology as an appendix but it is not required.

*See **Appendix B** for an example chronology.*

The structure for submission is an organized collection of documents indexed directly to the APRT(T) Competency Profile. To be considered for assessment, a competency **must** reference evidence from within the **previous five years**. Some forms of evidence that precede this 5-year period may be used, but only to support more recent evidence. Examples of older evidence might include education or formal training courses that, although taken more than five years prior, may back up competencies currently practiced. Note the primary focus for assessment will

APRT(T) Portfolio Guide

relate to the evidence from the previous five years, and competencies defended without any evidence from the last five years will be scored as zero.

The five-year period for evidence will begin on the first day of the month five years prior to the "**Start Date**" (see page 3 "Timelines"). For example, if a candidate submits their initial portfolio on October 17, 2015 (the "**Start Date**"), the beginning of the five-year period for eligible evidence would be October 1, 2010. Eligibility of evidence in resubmitted portfolios will relate to the date of the original portfolio submission deadline, not the resubmission deadline(s).

Portfolio submission

Portfolios are submitted electronically. The format for the electronic submission and the method to assemble the materials electronically is described in detail further on in the Portfolio Guide. All templates and resources can be found at [APRT\(T\) Certification Handbooks and Guides](#).

Following submission of the portfolio the following will occur:

- Once submitted, the portfolio is checked for completeness and compliance with the submission guidelines
- If compliant, the portfolio is sent to the assessment panel for review, OR
- If not compliant, the portfolio will be returned to the candidate with a feedback form
- If a portfolio that can be adjusted and resubmitted in advance of the submission deadline, it will be accepted

SECTION ONE: IMPACT STATEMENT

Candidates must present an impact statement to orient assessors to their portfolio. The impact statement summarizes the candidate's experiences to date that have expanded their knowledge, skills and judgment and advanced their professional career and practice. The focus of the impact statement is not on a detailed chronology of events. Rather, the candidate should present a picture of his/her trajectory and impact on practice and the profession, through a synthesis of relevant educational and experiential events and roles.

This statement should be no longer than 1000 words, use a familiar "easy to read" font, and be single spaced.

SECTION TWO: COMPETENCY TABLES

Competencies are statements about what an APRT(T) should know and be able to do. These statements explicitly state and implicitly embed the required knowledge and skills within; and can be found in the left column of the APRT(T) Competency Profile (see [APRT\(T\) Certification Handbooks and Guides](#)).

In the right column of the Profile are Indicators of Performance. These Indicators have been developed to provide a clearer sense of what is included in the competency. It is important to note that candidates are not required to demonstrate achievement of every single indicator. Indicators are intended only to enhance the understanding of each competency.

- Candidates will build their portfolios by creating a “competency table” for each competency (see the APRT(T) Portfolio Template on the website). The competency is to be listed at the top of the page, then the candidates will use the tables to itemize their experiences and education that led to the development of competence in this area.
- a) **Summary of Experiences** - The candidate will be asked to provide a short “Summary of Experiences” for each competency. Experiences can be wide ranging - academic or experiential learning undertaken through employment, professional development, volunteer work or independent study. Example:

Core PROFESSIONAL Competency

Research/Evidence-Based Practice Leadership Education

Competency number: Example: “L2”

Competency: “Create and maintain a team to ensure safe and effective practice”

Summary of Experiences: I work within several teams within the head and neck community, both locally and provincially, leading and contributing to various important initiatives such as H&N peer review and interprofessional collaboration. I am engaged more broadly in supervisory roles within my department, both for safe department operations and in the context of the 4th year radiation therapy students from XXXXX education program.

- b) **Specific Activities** - From the Summary of Experiences, candidates will be required to call out three specific “Activities” that most clearly speak to the development of competence in this area. After providing a rationale for including this activity to support this competency, a brief list of the knowledge and skills gained through engagement in this activity will be required. It is important for candidates to remember that the emphasis should not be on what they did but rather, what they know and are able to do as a result of the experience. Reflection on and reference to materials that candidates have gathered will help to draw out the knowledge and skills acquired from each experience. Example:

APRT(T) Portfolio Guide

Activity	
Date / Date Range: 2014 - Current	Description of Activity: Chairing Working Groups & Initiatives
Rationale for Inclusion: It is important to be able to lead interprofessional groups to short-term goals and long-standing mandates	
List of Knowledge/Skills Gained: Project management, IP collaboration, communication, chairing	

TIPS:

- The portfolio is normally written in the first person.
- The focus should be on the main element(s) of each competency.
- Each competency can be broken down into areas the candidate thinks will be of importance to the assessment panel. For example, regarding the competency on conducting research, think about the types of research conducted in your field. Explain what you know about conducting research based on your experiences. It is acceptable to use statements such as:

“During my experience in the _____ research project, I learned _____”; or

“Knowledge of _____ is a critical component of conducting research in _____. I have gained expertise in this area and have been recognized by my employer through _____.”

The assessment panel will be looking for evidence whereby the candidate has successfully put knowledge and skills to use. In the above sample, this means knowledge of how to conduct research in your field, and evidence that you have done so. Do not fall into the trap of discussing the content of research you have conducted.

- Be sure to address the depth, breadth, currency, sufficiency, and relevance of your knowledge and skills in each competency. These are the criteria the assessment panel will use. Again, in the example of research, breadth refers to how broad your knowledge and skills are in conducting research. Depth refers to your level of expertise. Currency indicates how up to date your knowledge and skills are. Sufficiency relates to the extent to which your evidence indicates solid knowledge and skills.
 - Do not include evidence that is not referred to in your description of your knowledge and skills. The number of years spent performing a particular task does not in itself indicate adequate knowledge and skill – in this case, at an advanced level. Do not rely solely on reporting your number of years of experience, or the number of research projects you’ve completed. These are good indicators of experience but the assessment panel will be focusing on evidence of what you know and can do as a result of those experiences.
-

APRT(T) Portfolio Guide

d) **Elements** - The candidate will then be asked to specify the discrete “elements” of the activity that contributed to competence and provide at least one piece of evidence. In many cases, multiple pieces of evidence will help to reinforce the nature, scope, and magnitude of the activity. If the validity of the evidence is not self-evident based on established practices or standards, please include validation through third party evidence (external expert validation of the activity). Example:

Element of Activity	
Description of Element: Chair H&N Peer Review Rounds	
Explanation:	
<ul style="list-style-type: none"> Chairing weekly HN quality assurance rounds (HNQA) for the oncology program at JCC as noted by H&N physics lead (noted strong documentation of clinical issues). This meeting includes reflection of standard of practice, as a team. These rounds were initiated by me, based on identified need. 	
Evidence File Name:	Type of Evidence:
JD-EV01-thirdparty-Smoke JD-EV02-thirdparty-Ostapiak	Third party competency assessment forms
3rd Party evidence submitted:	Rationale for inclusion of 3rd Party evidence (if included):
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(rationale)

SECTION THREE: EVIDENCE DOCUMENTS

Portfolios must include evidence verifying the knowledge and skills that candidates claim to have. If candidates are unable to provide documentation that fully verifies their knowledge and skills, they may suggest additional mechanisms for the assessment panel to consider.

The evidence to support candidate knowledge and skills can include a wide range of items. Evidence should showcase the breadth, depth, currency, sufficiency and relevance of candidates’ knowledge and skills. Listed below are the types of items candidates might consider including in their portfolios. Candidates may also have additional ideas on verifying evidence that have not been presented here.

Candidates are encouraged to use the minimum number of pieces of evidence to make their point.

Types of Evidence

- Work samples – reports, email exchanges, etc.
- Chart audits of completed cases
- Job descriptions
- Performance appraisals
- Letters from employers, supervisors (see section on “third party evidence”)
- Letters from teachers (see section on “third party evidence”)

APRT(T) Portfolio Guide

- Minutes of meetings
- Academic transcripts
- Professional development transcripts
- Course descriptions
- Video tapes
- Written descriptions and analyses
- Awards, grants or scholarships
- Reflective practice paper
- Presentation materials

Third Party Evidence

General

Candidates may obtain indirect evidence from third parties to help substantiate their claims for an element of a competency. This should only be used in situations where the candidate's role in the work does not speak for itself and where third party attestation is required. The following guideline is designed to build an understanding of this type of evidence.

Main Elements

- Third parties should explain their professional relationship with the candidate and provide their contact information
- Third parties should review the competencies and indicators of performance they are being asked to evaluate, before making their report
- Third party reports should provide a judgment as to the level of the candidate's knowledge and skills
- Third party reports should be sent directly to CAMRT certification officials (see contact for "Candidate enquiries")

A Portfolio, Third Party Evidence Letter & Assessment Form are provided on the CAMRT website (see [APRT\(T\) Certification Handbooks and Guides](#)) to help candidates obtain valid and reliable evidence from third parties. The amount of weight placed on a third-party report will be determined by how well the third party understands the competencies and the candidate's knowledge and skills. Third parties should be prepared to be contacted by assessors if necessary to clarify certain points. If assessors consider it necessary to contact third parties, they should do so and document the results.

For Research Competencies

When dealing with research-related competencies, there are certain assumptions that can be made based on broadly accepted research practices. In many cases, as long as these practices were followed by the candidate when conducting, presenting or publishing research, third party evidence will not be required to further validate the candidate's role in a submitted element of competency.

APRT(T) Portfolio Guide

Assumptions:

- For published research it will be assumed that the authorship guidelines of the International Committee of Medical Journal Editors ([Roles and responsibilities / Defining the role of authors and contributors](#)) were followed. This means that the first listed author is assumed to have led the work and contributed significantly to all stages of the research. The last author listed is generally the senior author, who is also seen as a significant contributor to all aspects of the work, generally as a mentor or subject matter expert. Third party clarification of the role in research is only necessary for authors in positions that are NOT first or last, or when the above mentioned convention wasn't followed (i.e., the last author is NOT the senior author or when authors are listed alphabetically). In these situations, third party evidence should be employed to define the specific role of the candidate in the research (i.e., data collection, analysis, writing, etc.)
- For presentations (poster or podium), the first listed author will similarly be considered the most significant contributor to the work. While generally the first listed author is also the presenter, there are times where another author presented the work on the first author's behalf. If the candidate is the first author and presented the work, no third party evidence is required. If the candidate appeared elsewhere in the authorship list, and/or wants to prove a greater contribution than is indicated by authorship, third party evidence is necessary from a more senior contributor to the work to attest to the role of the candidate. Technically, being the presenter does not necessarily warrant being listed as first author, but if this practice was followed, third party evidence should clarify this and explain the role in the work.
- For any peer-reviewed publication or presented work, the quality of the work can be attested to by the fact that it was accepted for publication/presentation, with value attributed to the reputation of the conference or publication (local versus national/international, journal impact factor, etc.) This information can all be verified objectively and does not require explanation from a third party.

In summary, it is only in situations where the candidate's role in the work does not speak for itself (based on authorship order or status of the forum in which it is presented) where third party attestation is required for an element of a research competency. If traditional practices were not followed, and authorship order or peer review status might be misleading, third party clarification is also required. Portfolio reviewers will appreciate the generally-accepted practices, and in absence of other information will assume the scope and quality of the candidate's work based on such practices.

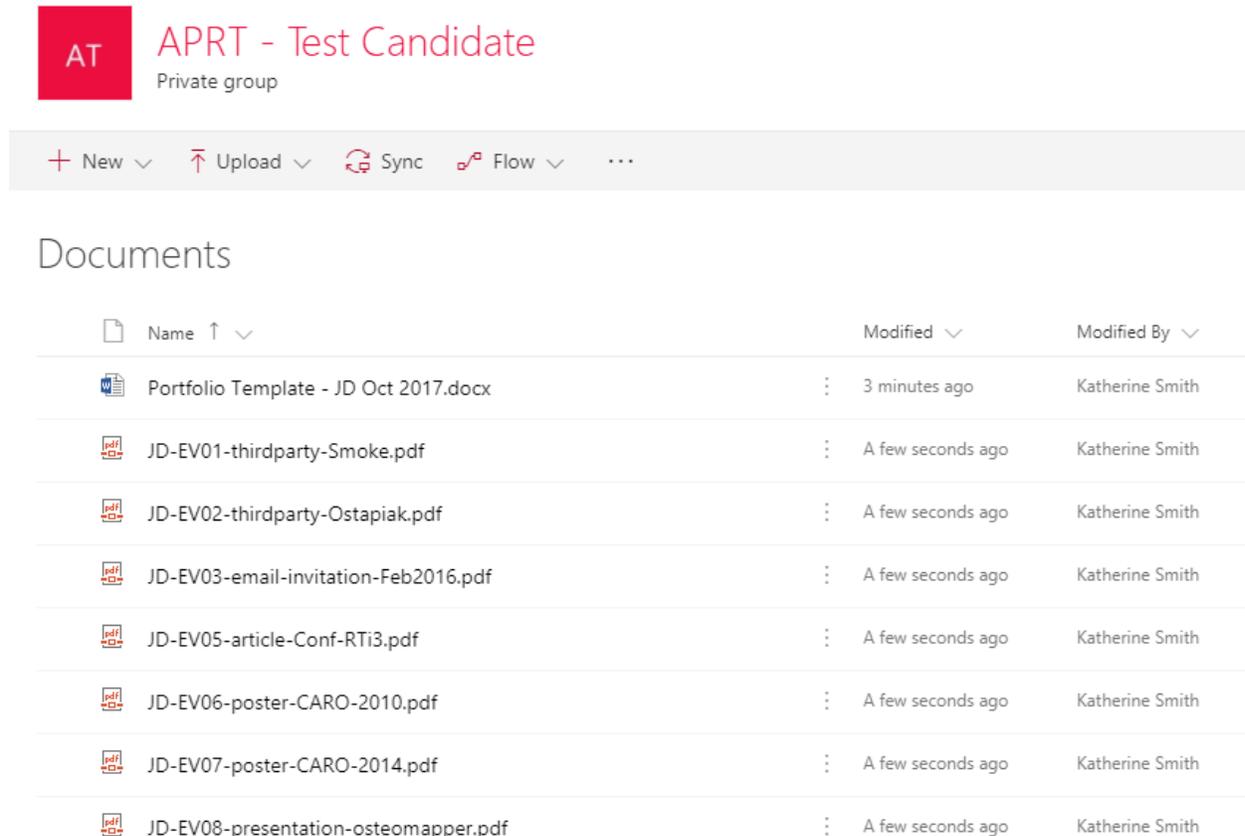
Template and Evidence Documents: Process

Candidates will receive an invitation by CAMRT via email to join an online document sharing portal. Once the candidate joins the portal, the portfolio template and supporting evidence documents should be uploaded to the portal. CAMRT will receive third party evidence directly and will load this evidence to their portal. Candidates will not have access to the loaded third party evidence. Assessors will have access to the portals which will include:

APRT(T) Portfolio Guide

- Portfolio template, uploaded by the candidate
- Direct evidence documents, uploaded by the candidate
- Third party evidence, uploaded by CAMRT

Example:



The screenshot shows a OneDrive interface for a group named "APRT - Test Candidate". The group is a private group. The interface includes a top navigation bar with options: "+ New", "Upload", "Sync", "Flow", and a menu icon. Below this is a "Documents" section with a table listing files. The table has columns for "Name", "Modified", and "Modified By".

Name	Modified	Modified By
Portfolio Template - JD Oct 2017.docx	3 minutes ago	Katherine Smith
JD-EV01-thirdparty-Smoke.pdf	A few seconds ago	Katherine Smith
JD-EV02-thirdparty-Ostapiak.pdf	A few seconds ago	Katherine Smith
JD-EV03-email-invitation-Feb2016.pdf	A few seconds ago	Katherine Smith
JD-EV05-article-Conf-RTI3.pdf	A few seconds ago	Katherine Smith
JD-EV06-poster-CARO-2010.pdf	A few seconds ago	Katherine Smith
JD-EV07-poster-CARO-2014.pdf	A few seconds ago	Katherine Smith
JD-EV08-presentation-osteomapper.pdf	A few seconds ago	Katherine Smith

More information for technology support can also be viewed at:

https://support.office.com/en-us/article/Get-started-with-Office-365-Groups-in-Outlook-b86c141b-39cf-49d9-a4db-124c3d786204#ID0EAEAAA=Share_Files,

or contact aprt@camrt.ca.

APRT(T) Portfolio Guide

Naming Files

Prior to submitting evidence as per the Portfolio Guide/Template, you will be expected to adhere to the following file naming format.

Example: John Doe took a course on how to conduct a survey, and this was his forth piece of evidence submitted.

Information included in the file name format

- Your initials
- The evidence number (EV##)
- A brief description of type of evidence

Example

- **John Doe**
- **Evidence number 04** (4th listed)
- **Type of evidence (transcript from course)**

Example File Name: JD-EV04-transcript

All information will be available to candidates and assessors based on the Portfolio Template via the portal file sharing system. CAMRT will follow the file nomenclature while loading confidential Third Party Evidence in their sharing portal.

If candidates intend to request evidence from third parties, they should provide them with copies of the Portfolio Third Party Evidence Letter & Assessment Form and APRT(T) Competency Profile (see [APRT\(T\) Certification Handbooks and Guides](#)). Candidates will also need to advise their Third Party assessor(s) which competencies they are being requested to assess.

Candidates will request their third party assessors to compile their assessments and send them confidentially **directly** to:

Email: aprt@camrt.ca

SECTION FOUR: After Submission

Portfolios will be evaluated by an assessment panel experienced in competency-based assessment. All precautions will be taken to ensure that conflicts of interest are avoided.

The assessment of the portfolio is based on successful demonstration of competencies as delineated in the APRT(T) Competency Profile. The evidence provided for each competency will be assessed and graded using a scoring rubric that adds the score for each individual competency to create overall scores by domain.

It is very important to note that candidates' portfolios are not required to demonstrate achievement of every Indicator of Performance. Indicators are intended only to enhance all parties' understanding of the role of an Advanced Practice Registered Technologist (Radiation Therapy). Assessors should resist the urge to consider these indicators as a form of checklist against which to judge portfolios.

Several factors will be considered when the assessment panel examines the evidence in candidates' portfolios. These factors are:

- Breadth of knowledge and skills
- Depth of knowledge and skills
- Currency of knowledge and skills
- Sufficiency of information to make a reasoned judgment
- Relevance of evidence to required competencies
- Authenticity of evidence

Assessors are asked to review candidates' evidence and exercise their best judgement on the extent to which candidates have demonstrated the knowledge and skills required to be an APRT(T).

The number of years spent performing a particular task does not in itself indicate adequate knowledge and skill, in this case, at an advanced level. Candidates are advised not to rely on quantity-based evidence such as the number of years of work experience, or the number of research projects they have completed. These are good indicators of experience and as such are useful to include in a portfolio, but assessors will focus on evidence of what candidates know and can do as a result of those experiences.

Assessment Criteria

Assessors will review the content of each competency, review the relevant activities and associated evidence presented in each portfolio, and determine a score. The assessment of evidence will be carried out for each individual competency, and will be graded using a 4-point Likert scale, where:

APRT(T) Portfolio Guide

- 0 = Insufficient or out of date evidence – there is no evidence to support that the competency has been met or the competency is being performed at the expected level of an APRT(T); or, all evidence is more than 5 years old
- 1 = Partial evidence – documentation shows that the competency is being at least partially met, although documentation may be subjective or not clear
- 2 = Sufficient evidence – some objective documentation that the competency is being at least partially met
- 3 = Excellent evidence – complete and objective documentation that the competency has been achieved

[Appendix C](#) includes a series of portfolio assessment examples. Reviewing these examples may be helpful for both candidates and assessors, as the series is designed to assist assessors in determining what score should be assigned to the competencies and as well as provide insight to candidates regarding the scoring process.

Scoring

Grades (0-3) from each competency are then pooled to provide scores for the domains of Clinical, Technical and Professional competency.

'Pass'

To be **successful**, the portfolio must achieve **ALL** of the following minimum scores:

- Clinical - 14 of a possible 21 points (7 competencies)
- Technical - 4 of a possible 6 points (2 competencies)
- Professional - 11 of a possible 21 points (7 competencies)

Extra marks in one domain CANNOT be used to boost the score in another domain.

NOTE: In the event that overall competency scoring from a candidate's assessors deviates significantly, assessments will be completed by at least one additional assessor to bolster the results.

'Borderline Fail'

A **borderline fail** occurs when a candidate scores a borderline score in **ONE COMPETENCY DOMAIN ONLY** but receives a "pass" score in the other two domains.

The ranges for a score of 'borderline fail' are as follows for each domain:

- Clinical – **11 to 13** of a possible 21 points (7 competencies)
- Technical - **3** of a possible 6 points (2 competencies)
- Professional – **9 or 10** of a possible 21 points (7 competencies)

Candidates who are deemed to be borderline fail in one competency domain (and pass the other two) will be given the opportunity to revise and resubmit the

APRT(T) Portfolio Guide

unsuccessful competency section within three weeks of receipt of notification of assessment (in the same assessment period) OR defer until the next intake round.

Assessment Procedure

Each portfolio will be evaluated individually by a minimum of two assessors following which the panel will convene to discuss all portfolios. Assessment results will be compared and any discrepancies discussed at the meeting of the full panel.

Assessment Panel Responsibilities

Assessment panel members must be radiation therapists familiar with prior learning assessment and portfolio assessment. Assessors also need the knowledge and skills necessary to contribute to a positive, effective environment in which to assess the portfolio.

Assessment panel members are responsible for:

- Becoming familiar with the content of the Portfolio Guide in advance of assessments
- Independently assessing portfolios -- using professional judgment in determining candidate achievement of competencies
- Meeting and collaborating with panel colleagues for decision-making
- Completing assessment documentation
- Complying with organizational confidentiality requirements
- Maintaining confidentiality of candidates' portfolios and all proceedings associated with the evaluation process
- Participating in relevant project evaluations
- Willing to have discussions of any >1 point discrepancies within scoring

Notification of Assessment

The process of portfolio evaluation takes approximately four weeks. Following this period, the candidate will receive formal notification to include:

- The status of their submission, including an indication of their success in progressing to the next phase of certification; OR
- Notification of 'borderline fail', or fail; along with a detailed feedback form showing the allocation of scores for each area of competency and containing comments and guidance where necessary.
- A timeline to include dates for either the next phase or for resubmission period.

Portfolio Resubmission

Portfolios that fall short of the cut-off scores in one or more domains of competency will be returned to candidates. Feedback will be provided and candidates will have

APRT(T) Portfolio Guide

the opportunity to resubmit (provided they are within their limits for total resubmissions over the complete process). Their resubmission will be guided by the feedback in the notification of assessment described above.

A portfolio may then be resubmitted at any of the subsequent submission periods. **Only portfolios that are considered 'borderline fail' can be resubmitted in the same intake period**

The first resubmission of the portfolio is free for the candidate. Any subsequent resubmission will incur a resubmission fee (see Certification Handbook).

HELPFUL RESOURCES for Portfolio Development

Boonarzian, S. (1994). Learner guide to prior learning assessment at Cambridge College. Cambridge, Mass.: Cambridge College Center for Learning and Assessment Services.

Bridges, M. (1997). [Ed.] Career planning and adult development journal - Special issue: Portfolios. San Jose: Career Planning and Adult Development Network.

CAMRT (2013). Continuing Competence through Professional Development: A Guide for Program and Professional Portfolio Development. Ottawa, Ont.: CAMRT

Lambdin, L. (1997). Earn college credit for what you know. Chapter Seven. Chicago: CAEL.

Mandell, A., Michelson, E. (1990), Portfolio development & adult learning: Purposes & strategies. Chicago: CAEL.

Appendix A. Return Form

(A copy of this form will be provided to the candidate.)

The portfolio of candidate _____

(Please check all that apply).

Did NOT:

- Comply with criteria set by CAMRT
- Begin with a table of contents
- Have design and formats appropriate for the intended audience
- Contain a clearly explained purpose in each section
- Include appropriate references to relevant literature in radiation therapy
- Focus on knowledge and skills, not time spent
- Comply with the CAMRT template
- Anonymize all patient identifiers
- Follow with indicated Third Party documentation

Was NOT:

- Free of spelling and grammatical errors
- A manageable length
- Well organized

Project Manager/Assessment Panel Representative

Date

Appendix B. Sample Chronology

- 1988 Graduated from George Brown College with a three-year diploma in health care management. (Collected course outlines and transcripts).
- 1989 Got a job at the Ontario Ministry of Health designing and managing a summer employment program for students studying health care management. (Collected performance appraisal and job description).
- 1990 At the end of the nine-month contract became a researcher at the Office of the Ontario Ombudsman. Conducted interviews, communications with a wide range of government offices to informally resolve complaints.
- 1991 Became an investigator specializing in social and health policy. For example, one of my investigations resulted in provincial assistance to all new mothers who needed electric breast pumps to feed their babies.
- 1997 Specialized in research, critical analysis, report writing, advocacy, client and government interviews, conducted presentations, worked independently and in teams. I prepared Office's first policy on HIV/AIDS (copy of policy and minutes of committee meetings).
- 1999 Became Assistant Director of Investigations where I learned to supervise, give direction, take direction, make decisions, and learn from others. I specialized in investigations of complaints related chronic diseases. I took a public-speaking course. (Have video on speaking assessment).
- 2000 Enrolled in Ryerson University to obtain a Bachelor of Science in Nursing. I also worked part-time in a childcare centre and volunteered at the Canadian Cancer Society. I provided emotional support to cancer patients (Have letters from patients, correspondence from childcare centre).
- 2004 Following graduation, I accepted a position at St. Michael's hospital. I worked the evening shift and continued with my studies on a part-time basis. (Have job description, letter of evaluation, course information.)
- 2006 Transferred to the Hospital for Sick Children and the pediatric cancer unit. I was asked to sit on a hospital research team on new diagnostic interventions and public consultations and developing public policy proposals for government funding for two new cancer treatments.

Appendix C. Portfolio Examples

The following portfolio examples are meant to help candidates and assessment panels reflect on the quality of the evidence submissions. Also available are examples from CAMRT's pilot APRT(T) program, as well as Ontario's CSRT project (precursor to the APRT(T) program). The pilot and CSRT examples, and how they were scored, can be found at

[Previous Portfolio Assessment Examples](#)

The CAMRT with the assistance of its committee and recently certified APRT(T)s will work to refine the portfolio example content to more closely reflect the APRT(T) program as we proceed with national certification.

Objective

The Portfolio Guide describes in depth how and what a candidate should consider when putting together their portfolio for submission. This series of Portfolio Assessment Examples however, is designed to assist assessors in determining what score should be assigned to the competencies used in the Prior Learning Assessment and Recognition (PLAR) portfolio review and provide insight to candidates regarding the scoring process. All assessors should be familiar with the content of the APRT(T) Portfolio Guide as it explicitly identifies the expected content to be documented in the candidate's portfolio competency table.

Portfolio Design

There are three templates to cover the APRT(T) Competency Profile's categories: Core Clinical..., Core Technical..., and Core Professional Competencies. The latter has been further subdivided into a) Research and Evidence-Based Practice, b) Leadership, and c) Education. Candidates' portfolios should indicate they are able to perform these competencies at an advanced level.

The portfolio templates have been designed to follow a logical sequence and each has been built in table format. The template header indicates the "**Competency**" and includes the respective "Summary of Experiences" required by the APRT(T) for that competency. In the first table, applicants will identify any relevant "**Activities**" they have undertaken to validate the competency. The second table called "**Element of Activity**" is where applicants can write a narrative in which they describe the knowledge or the skills they have attained based on the information in the first table. The second table also identifies the "**Evidence**" provided to support the achievement of the competency and performance related to relevant activities.

In practice this will look like this:

Example 1: Core PROFESSIONAL Competency

Research/Evidence-Based Practice Leadership Education

Competency number: L2

Competency: Create and maintain a team to ensure safe and effective practice

Summary of Experiences: I work within several teams within the head and neck community, both locally and provincially, leading and contributing to various important initiatives such as H&N peer review and interprofessional collaboration. I am engaged more broadly in supervisory roles within my department, both for safe departmental operations and in the context of the 4th year radiation therapy students from the Mohawk-McMaster program.

Activity	
Date / Date Range: 2014 - Current	Description of Activity: Chairing Working Groups & Initiatives
Rationale for Inclusion: It is important to be able to lead interprofessional groups to short-term goals and long-standing mandates	
List of Knowledge/Skills Gained: Project management, IP collaboration, communication, chairing	

Element of Activity	
Description of Element: Chair H&N Peer Review Rounds	
Explanation: <ul style="list-style-type: none"> Chairing weekly HN quality assurance rounds (HNQA) for the oncology program at JCC as noted by H&N physics lead (noted strong documentation of clinical issues). This meeting includes reflection of standard of practice, as a team. These rounds were initiated by me, based on identified need. 	
Evidence File Name: JD-EV01-thirdparty-Smoke JD-EV02-thirdparty-Ostapiak	Type of Evidence: Third party competency assessment forms
3rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rationale for inclusion of 3rd Party evidence (if included): (rationale)

Element of Activity	
Description of Element: H&N Community of Practice Working Groups	
Explanation: <ul style="list-style-type: none"> Lead for the HNCOP Working Group tasked with piloting eOutcomes-HN prospective data collection project at JCC. The goal of the outcomes collection initiative is to collect outcomes at a provincial level to drive quality improvement initiatives and ensure that all H&N patients receive appropriate and quality radiation treatment. Lead for of the HNCOP Working Group tasked with developing standardized consensus for nomenclature and contouring target volumes in Ontario. 	
Evidence File Name: JD-EV01-thirdparty-Smoke JD-EV02-thirdparty-Ostapiak	Type of Evidence: Third party competency assessment forms
3rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rationale for inclusion of 3rd Party evidence (if included): <i>(rationale)</i>

Element of Activity	
Description of Element: Initiation of Dental Assessment Clinic	
Explanation: <ul style="list-style-type: none"> Led and planned a dental assessment clinic staffed with a dental hygienist to function in parallel with HN follow-up clinic. This initiative is anticipated to be implemented in February 2016. Clear vision to establish goals and objectives, set timelines, and delegate tasks to team members, disseminate information and propose changes. 	
Evidence File Name: JD-EV01-thirdparty-Smoke	Type of Evidence: Third party competency assessment forms
3rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3rd Party evidence (if included): <i>(rationale)</i>

Activity	
Date / Date Range: 2012-Current	Description of Activity: Supervision
Rationale for Inclusion: Ability to oversee students as individuals and as groups can help students to learn positive team behaviours, and supervisory duties for staff can ensure safe practices	
List of Knowledge/Skills Gained: Research skills, communication, provision of feedback, general management of clinical environment	

Element of Activity	
Description of Element: Research Supervision (4 th year RTT)	
<p>Explanation:</p> <ul style="list-style-type: none"> Master's thesis supervisor notes skill at guiding students through research and identifying resources needed for both students and patients to meet project goals (and works with the school to provide grades etc) 	
Evidence File Name: JD-EV15-thirdparty-Farrell	Type of Evidence: Third party competency assessment forms
3 rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): (rationale)

Element of Activity	
Description of Element: Mentorship in H and N rotations (4 th year RTT)	
<p>Explanation:</p> <ul style="list-style-type: none"> Performance evaluation of students in H and N rotation Coordinates exposure to relevant clinical terms 	
Evidence File Name: JD-EV15-thirdparty-Corning	Type of Evidence: Third party competency assessment forms
3 rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): (rationale)

Element of Activity	
Description of Element: Staff Supervision (in absence of RTT supervisor)	
<p>Explanation:</p> <ul style="list-style-type: none"> Knowledge to perform casual supervisory duties to monitor safe departmental operations as well as ensure patient and staff safety As attested by RTT manager: Also, when the supervisors in radiation therapy are absent, I will act in the supervisory capacity. The large radiation therapy department (over 100 staff) require supervision at all times. The Supervisor directs the daily operation and responsibilities include the planning and organizing of workload and resources, interpreting policy and training staff 	
Evidence File Name: JD-EV01-thirdparty-Smoke	Type of Evidence: Third party competency assessment forms
3 rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): (rationale)

Activity	
Date / Date Range: 2012-Current	Description of Activity: Mentorship and evaluation of students
Rationale for Inclusion: Mentorship involves ensuring effective team integration, navigation, and communication, as do development of related programs with sufficient buy-in	
List of Knowledge/Skills Gained: Project management, provision of feedback, managing student/patient experience, communication, safe practice	

Element of Activity	
Description of Element: Curriculum Building for Mentorship Program	
Explanation: <ul style="list-style-type: none"> Clinical educator speaks to development of mentorship program including establishing curriculum, getting stakeholder buy in, coordinating objectives and performance evaluation of students 	
Evidence File Name: JD-EV15-thirdparty-Corning	Type of Evidence: Third party competency assessment forms
3 rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): (rationale)

Element of Activity	
Description of Element: Coordination/Navigation of graduate students	
Explanation: <ul style="list-style-type: none"> Informal mentorship of graduate students (including PhD) Facilitates navigation of clinical spaces and teams for those unfamiliar with cancer care environment (especially within H and N team), mindful of safe/ethical practices (i.e., Confidentiality) Facilitates appropriate interactions with patients 	
Evidence File Name: JD-EV02-thirdparty-Ostapiak JD-EV16-thirdparty-Farrell	Type of Evidence: Third party competency assessment forms
3 rd Party evidence submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): (rationale)

For this specific competency, *“Create and maintain a team to ensure safe and effective practice”*, the candidate “JD” submitted activities and elements with only third party supporting evidence, with less evidence for the activity “Mentorship and evaluation of students”. Therefore, **this competency would not receive a full score but may be scored between a 1 and 2.**

Example 2: Core PROFESSIONAL Competency

Research/Evidence-Based Practice Leadership Education

Competency number: R1

Competency: Conduct original research to contribute to the professional knowledge base

Summary of Experiences: I conducted a series of studies that focused on identification of process gaps and bottlenecks in palliative radiotherapy practice that might require implementation of new service. This included assessing the clinical impact of a CSRT role (such as mine) on expediting radiotherapy for symptom management and continuity of care for patients completing palliative XRT. New services and tools developed and investigated included the use of electronic communication for virtual patient follow-up, examination of the effectiveness of a Palliative Radiation Treatment Summary (PaRTS), and development, evaluation, and piloting of a graphical clinical decision-making tool called Osteomapper.

Activity	
Date / Date Range: 2012 - 2016	Description of Activity: Identification of areas for research to improve palliative care workflow & patient experience
Rationale for Inclusion: Identifies areas for research” is key indicator of performance & RTT perspective on patient need can be unique	
List of Knowledge/Skills Gained: Appreciation of gaps/bottlenecks in practice, needs assessments, piloting new tools, collaboration & business case for research	

Element of Activity	
Description of Element: Osteomapper - Develop, evaluate and pilot online graphical tool that may help facilitate clinical decisions for patients returning for repeat radiotherapy	
Explanation: <ul style="list-style-type: none"> • Dr. Levin, physicist Douglas Mosley and I pitched the idea to Hacking Health. We also signed an “Invention Disclosure Form” for UHN at that time. The concept was ours. • In 2015, PROP Team felt that RO fellow Han Kim should take the lead of the initiative to move the project forward with momentum. I remained heavily involved. 	
Evidence File Name: JD-EV03-email-invitation JD-EV04-video-Osteomapper	Type of Evidence: Email confirmation of presentation at conference Video describing initiative
3rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3rd Party evidence (if included): Click here to enter text.

Element of Activity	
Description of Element: PaRTS - Examine effectiveness of a Palliative Radiation Treatment Summary (PaRTS) given to patients on completion of palliative XRT as a point-of-care and educational tool for self-management of side effects	
Explanation: <ul style="list-style-type: none"> • Top Innovate abstract at RTi3 Conference 2015. • Abstract represented work to examine effectiveness of PaRTS. I was first author. 	
Evidence File Name: JD-EV05-article-RTi3	Type of Evidence: Published work, journal article, Conference proceedings RTi3
3rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion (if "yes"): Click here to enter text.

Element of Activity	
Description of Element: Electronic Communication Tool For F/U - Explore the feasibility of electronic communication technologies for virtual follow-up of patients after completion of palliative XRT	
Explanation: <ul style="list-style-type: none"> • Represents feasibility assessment for new service in palliative radiotherapy followup, which I led as my MHScMRS project 	
Evidence File Name: JD-EV13-poster	Type of Evidence: Presented work, Poster
Evidence File Name: JD-EV-14-transcript-UoT	Type of Evidence: Academic transcript, UoT
Evidence File Name: JD-10-Masters-Thesis	Type of Evidence: Other: Masters' thesis paper
3rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3rd Party evidence (if included): Click here to enter text.

Activity	
Date / Date Range: 2010 - 2016	Description of Activity: Conduct research
Rationale for Inclusion: Importance of appreciating and being able to navigate the research process & related tasks	
List of Knowledge/Skills Gained: Literature reviews, data collection & analysis, leading research teams	

Element of Activity	
Description of Element: Led multiple interprofessional research teams in the conduct of research	
Explanation: <ul style="list-style-type: none"> 4 abstracts/presentations relating to research that include me as first author, with various interprofessional collaborators 	
Evidence File Name: JD-EV06-poster-2010	Type of Evidence: Presented work, poster, CARO 2010
Evidence File Name: JD-EV07-poster-2014	Type of Evidence: Presented work, poster, CARO 2014
Evidence File Name: JD-EV05-article-RTi3	Type of Evidence: Published work, journal article, Conference proceedings RTi3
Evidence File Name: JD-EV09-presentation-RTi3	Type of Evidence: Other: Non-peer reviewed Hacking Health presentation
3rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3rd Party evidence (if included): Click here to enter text.

Element of Activity	
Description of Element: Followed scientific method in leading all aspects of a research project	
Explanation: <ul style="list-style-type: none"> As per MHScMRS course outline, required me to initiate and develop study project proposal and design, submit for approval by Research Ethics Board, and fulfill all other elements of conducting research Course passed successfully 	
Evidence File Name: JD-EV10-thesis	Type of Evidence: Other: Masters' Thesis Paper
Evidence File Name: JD-EV11-crs-desc-MS1508H	Type of Evidence: Course description, MSC1508H
Evidence File Name: JD-EV14-transcript, UoT 2012	Type of Evidence: Academic transcript, UoT 2012 (MSC1508I)
3rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3rd Party evidence (if included): Click here to enter text.

Activity	
Date / Date Range: 2010 - 2016	Description of Activity: Dissemination of research results
Rationale for Inclusion: Knowledge transfer is critical element of research, to ensure community benefits	
List of Knowledge/Skills Gained: Oral presentations (speaking & PowerPoint building), poster preparation, writing abstracts and manuscripts for peer review	

Element of Activity	
Description of Element: Award-Winning Conference Presentations - at respected conferences (CARO ASM & COMP Winter School)	
Explanation: <ul style="list-style-type: none"> • RTi3 2015 Top Innovate Abstract submission • The submission of the abstract to COMP for the Scholarship Competition was supposed to go through the Therapist stream, but as I was away on vacation, I wrote the abstract, sent it to the Fellow to edit/read over, and whilst I was on vacation, the PROP Team's radiation oncologists felt that the Fellow should enter it under the Resident/Fellow stream. It won the Top Abstract, however, as the PROP Fellow could not attend the conference (due to personal reasons) to present the work, and the Scholarship Committee would not allow me to present on his behalf as I was not a MD (but a RT), the Competition then had Co-Winners because they awarded the presentation slot to the runner-up, Dr. Kathy Rock. (I have written Dr. Han Kim to send me an email/letter to attest to my involvement with OsteoMapper, and have yet to hear back – he is now back in New Zealand working as an RO). 	
Evidence File Name: JD-EV12-scholarship-COMP-2016	Type of Evidence: Scholarship winner
Evidence File Name: JD-EV05-article-RTi3	Type of Evidence: Published work, journal article, Conference proceedings RTi3
3 rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): Click here to enter text.

Element of Activity	
Description of Element: Manuscript - in progress for MHScMRS Thesis	
Explanation: Click here to enter text.	
Evidence File Name: JD-EV10-thesis	Type of Evidence: Other: Masters' Thesis Paper
3 rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): Click here to enter text.

Element of Activity	
Description of Element: Conference Presentations	
Explanation: <ul style="list-style-type: none"> • Examples of posters presented • CV includes X peer-reviewed presentations and posters over past 6 years at various forums (CARO, COMP, RTi3, UICC etc) 	
Evidence File Name: JD-EV06-poster-2010	Type of Evidence: Presented work, poster, CARO 2010
Evidence File Name: JD-EV04-poster-2014	Type of Evidence: Presented work, poster, CARO 2014
3 rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): Click here to enter text.

Element of Activity	
Description of Element: Networking Dissemination	
Explanation: <ul style="list-style-type: none"> • Presented work to disseminate results of project initially proposed in this forum 	
Evidence File Name: JD-EV03-email-invitation	Type of Evidence: Email confirmation of presentation at conference
3 rd Party evidence submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rationale for inclusion of 3 rd Party evidence (if included): Click here to enter text.

For this specific competency, “Conduct original research to contribute to the professional knowledge base”, the candidate “JD” submitted activities and elements with substantial evidence; however, the role of the candidate, specifically in the research activities, could have been better articulated. Therefore, **this competency would receive a score of 2.**