***INSTRUCTIONS***

*The 5 to 10 case submissions, selected at the discretion of the candidate, should follow the general guidance listed below.*

*Your submission should include the following sections:*

* *Case Submission Summary Form*
* *Cases (5-10) including any additional supporting information (embedded)*
* *Case Endorsements*

***SECTION ONE: Case Submission Summary Form***

*The Case Submission Summary Form acts as a Table of Contents and helps the candidate and assessors see the breadth and depth of the clinical and technical competencies being presented.*

*Each competency must be addressed at least twice, and it is up to the discretion of the candidate to determine if a competency has been described/demonstrated to the depth as described in the* [*APRT(T) Competency Profile*](https://www.camrt.ca/wp-content/uploads/2019/01/APRTT-Competency-Profile-2018-11-FINAL.pdf)*.*

***SECTION TWO: Cases***

*For each case, the Case Submission Template will be filled and the case described by using the tools provided in the Case Submission Guide. It is emphasized that cases should not solely reflect “what” the candidate has done but should critically describe* ***“how” and “why”*** *decisions were made (reference Appendix C). The cases should encompass the core clinical and technical competencies. It is not required that every performance indicator is included in the case description, however, endorsers and assessors should feel confident that the cases are thorough and representative of all core clinical and technical competencies. It is recommended that the length of a case study be between 750-1500 words depending on the depth of the case.*

***SECTION THREE: Case Endorsements***

*The candidate will provide each third-party authenticator with a copy of the case(s) they are being requested to endorse, along with the Case Submission Third-party Endorsement Letter & Form and the APRT(T) Competency Profile. The authenticator will then check the competency(ies) they are endorsing and will check off each competency for each case they are being requested to endorse as validation.*

*If you have any questions during this process, please contact your advisor, or CAMRT at* [*aprt@camrt.ca*](mailto:aprt@camrt.ca)

**Case Submission Summary Form**

*Please check the competencies that apply, for each case submitted:*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **COMPETENCIES** | | | | | | | | |
| **No.** | **Case Title** | **Clinical** | | | | | | | **Technical** | |
|  |  | C1 | C2 | C3 | C4 | C5 | C6 | C7 | T1 | T2 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |

Each submitted case meets the following requirements as specified in the APRT(T) Case Submission Guide:

Built according to the case study template

Addresses at least one competency from the APRT(T) Competency Profile

Case is within the 5-year window

Contains supporting files (if required)

**Case is fully anonymized**

***EXAMPLE and References for Case Submission Template Use***

**CASES**

**Case number**: Example: “*Case 1*”

**Case title**: Examples: “Case 1 – Nasopharynx site”, “Patient 1 – Delayed treatment”

**Date**: *(For date, enter Month and Year, to verify within 5-year time frame)*

|  |
| --- |
| **Introduction** *(approximately 150 words)* |
| Enter a brief introduction/overview to the case written in prose is essential; this section should be brief. |
| **Patient background** |
| Providing background information for the patient is essential to each submitted case. The types of information may vary depending on the case and the desired emphasis on competency. An example of a basic case would be:  - Patient information: *A basic description of the patient (age, gender, etc.)*  - Diagnosis/Prescription: *Diagnosis and prescription upon referral to radiation therapy*  - Relevant patient history: *Other relevant health problems the patient has (other diseases); Relevant health stats with specific numbers/levels*  - Related treatments: *Other treatments the patient is receiving because of their condition* |
| **Initial radiation therapy consultation** |
| A description of the initial consultation is essential.  - Description of assessments undertaken  - Relevant positive and negative findings  - Details of the interaction |
| **Investigations** |
| Describe any extra investigations ordered (if any) |
| **Radiation therapy care plan** |
| An explanation of the goal/objective for treatment.  Description of the decision making process (evidence considered)  Detail where relevant to competencies |
| **Adaptation to radiation therapy care plan** |
| Reasons for adaptation  Steps taken to adapt Care Plan |
| **Patient follow-up** |
| Description of the steps taken to follow the patient through the treatment and beyond |
| **Learnings** |
| Evaluation/reflection on treatment plan  Research opportunities  etc. |

***TEMPLATE***

**CASES**

**Case number**: Click here to enter text.

**Case title**: Click here to enter text.

**Date**: Click here to enter text.

|  |
| --- |
| **Introduction** *(approximately 150 words)* |
| Click here to enter text. |
| **Patient background** |
| Click here to enter text. |
| **Initial radiation therapy consultation** |
| Click here to enter text. |
| **Investigations** |
| Click here to enter text. |
| **Radiation therapy care plan** |
| Click here to enter text. |
| **Adaptation to radiation therapy care plan** |
| Click here to enter text. |
| **Patient follow-up** |
| Click here to enter text. |
| **Learnings** |
| Click here to enter text. |

**Case Endorsement** *(for each case)*

**Case number**: Click here to enter text.

**Case title**: Click here to enter text.

|  |  |
| --- | --- |
| **APRT(T) Competencies**  *List each competency demonstrated you are demonstrating in this patient case (add lines as needed)* | **Case Endorsement**  *For each competency, indicate which third party authenticator you think is most appropriate to endorse the competency described.* |
| Example: “C1” *(as per Competency Profile)* | Example: “Jane Doe, Supervisor” |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

Case is fully anonymized