CONTINUING COMPETENCE THROUGH PROFESSIONAL DEVELOPMENT:

A GUIDE FOR PROGRAM and PROFESSIONAL PORTFOLIO DEVELOPMENT

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INTRODUCTION

The concept of lifelong learning has been part of many professionals’ career for years. In a survey of 27 associations, healthcare and non-healthcare, conducted by the Canadian Association of Medical Radiation Technologists (CAMRT), it was identified that the College of Family Physicians of Canada established a Maintenance of Proficiency Program in 1954 and the Canadian Council for Continuing Education in Pharmacy established a Continuing Pharmacy Education Program in 1973. With the introduction of regulation of professions in the 1990s, many other associations established formalized professional development (PD) programs. The research also demonstrated many benefits of PD to individuals and professions as a whole such as:

- maintaining currency and competence in an expanding field
- maintaining established standards of practice
- encouraging individual professional and personal growth
- increasing credibility and public confidence in the profession
- enhancing professional image
- increasing accountability in the delivery of high quality service
- facilitating mobility within the domains of practice

The purpose of this document is twofold. First it provides guidelines to facilitate the creation of a professional development program promoting continuing competence for medical radiation technologists (MRT). Data collected from CAMRT surveys provided guidance for the recommendations on program structure, categories/activities, record maintenance and auditing. This document is designed to assist provincial associations that currently have no professional development program. It can also be used as a reference by those that have established PD programs. The guidelines contained in this document can be used in whole or in part as deemed feasible.

The second purpose of this document is to assist the individual MRT in the development of a professional portfolio. A professional portfolio is a record of activities that validates professional development, work experience and other related activities. It is unique to the individual and is a dynamic document that should be maintained throughout the individual’s career.

Background

The CAMRT is the professional association and certifying body for the group of healthcare professionals who are medical radiation technologists in Canada. There are four disciplines represented among CAMRT membership: radiological technology, nuclear medicine technology, magnetic resonance imaging and radiation therapy. Medical radiation technology is a highly specialized field of healthcare impacted by rapid changes in evolving technology which affects the delivery of patient care, healthcare services, and the role of MRTs. MRTs serve as a bridge between the patient and their healthcare system, and are entrusted to provide care that is safe, effective, patient-centred and equitable. A well-educated and competent MRT workforce is essential for the delivery of healthcare that will promote on-going improvement in patient outcomes.
The need to educate healthcare professionals extends beyond graduation from an entry to practice program. To maintain up-to-date knowledge and skills, and to practice safely and effectively, continuous learning about advances in technology and practice must occur throughout the MRT’s professional life. The CAMRT’s mission states that:

“CAMRT ensures that all medical radiation technologists are certified as having the knowledge, skills, and judgment to enter practice. Through the development of services and tools, ... MRTs continue to practice safely and effectively in a rapidly evolving field”.

The CAMRT vision states that:

“we are essential, caring contributors to the healthcare team for Canadians, and that in an environment of rapid technological change and innovation, we remain at the leading edge of practice as we establish and expand the evidence base of our profession”.

The CAMRT Code of Ethics states that MRT’s shall:

• Reflect on practice to promote the development of informed, knowledgeable and safe practice
• Monitor their performance to ensure continuing competence
• Participate in continuing professional development, research and the utilization of best practice methods

The CAMRT promotes the concept of professional development at the entry to practice level through the competency profiles, which state the MRT must, through professional development:

“engage in reflective practice, self-assessment to identify a learning plan that will promote best practices”.

The profile of a profession can be raised by a comprehensive PD program for continuing competence. In fact, research undertaken during the CAMRT’s Rebranding Project identified that other healthcare professionals and the public do not understand the role of the MRT. MRTs need to direct their practice and exercise influence both within and outside the healthcare environment. If, as a profession, MRTs want to be respected as the authoritative voice for their practice, professional development is essential in order to respond to constant changes in technology and increasing patient complexity.

Where the practice of medical radiation technology is regulated by legislation, professional development is mandated. However, not all provinces, regulated or non-regulated, have the resources to develop and implement a PD program for continuing competence.

Given CAMRT’s clear mandate and advocacy for life-long learning, these guidelines are developed to assist provincial associations with the development and implementation of a PD program for MRTs. Associations with established programs and individual MRTs may review this document and use any components they feel will enhance their program needs for continuing competence of MRTs.

GUIDING PRINCIPLES

Life-long learning for professionals is not an option – it is essential. Studies have shown that after 10 years in practice there is a remarkable decrease in relevant knowledge (Martell, 2010); this fact supports the importance of continuous learning in remaining current in a dynamic technological and healthcare environment.

This document was developed with the belief that a PD program for continuing competence should be created such that it is accessible, flexible, achievable, understandable and measurable for all members.
Assumptions regarding the outcome of participation in a PD program for continuing competence include:

**Benefit to the patient**

As healthcare recipients, the public has a right to expect the providers of healthcare remain competent. Educating healthcare professionals about new theories and technology, and evidence of what does and does not work in various circumstances improves patient outcomes.

**Benefit to the MRT**

Participating in continuing professional development maintains currency of knowledge and skill and can be transferred to enhance clinical practice. Investing in professional development results in achievement of professional fulfillment, personal achievement and expanding career opportunities.

**Benefit to the profession of medical radiation technology**

Participation by MRTs in life-long learning will influence the profile, credibility and autonomy of the profession. In addition, opportunities to participate in and/or perform research also enhances credibility within the profession, and strengthens the MRT’s role in collaborative practice as part of the inter-professional healthcare team.

**Benefit to the healthcare environment**

MRTs work both independently and collaboratively with other healthcare colleagues to provide direct patient care. The MRT who is current in technology and practice is an effective member of the inter-professional team, contributing to the improvement of clinical outcomes in the continuum of the patient’s care.

**CONTINUING COMPETENCE AND PROFESSIONAL DEVELOPMENT**

As professionals, MRTs have an ethical obligation to maintain and enhance competence, principally in response to the constant progress and change in healthcare technology and practice. Beginning with entry-level education and regularly pursuing PD activities, technologists show commitment to the concept of lifelong learning and continuing competence. This process enables MRTs to reflect on their personal professional development needs and to continue to update and respond to change, as well as to contribute to future education and practice. This obligation is reinforced through CAMRT’s [Code of Ethics](#), [Entry-to-Practice Competency Profiles](#) and [Best Practice Guidelines](#).

Competency in practice begins at entry level. Through a commitment to lifelong learning and by participating in a variety of learning activities, MRTs have the potential to progress through a continuum of competence beyond entry level. As indicated below, continuing competence through professional development provides a pathway through a number of stages that may result in leadership roles at many different levels within practice: general practice, specialty practice, education, and management.
Involvement in a PD program requires individuals to be self-motivated and self-directed. Through reflection and evaluation of their professional practice, MRTs are able to plan a structured approach to learning that identifies and meets their needs.

The following sections of this document provide guidelines for the development of a:
- professional development program for continuing competence by a provincial association.
- professional portfolio to document professional activities.

Also included are supporting resources, a bibliography and appendices.
ROLE OF THE ASSOCIATION

FACTORS FOR A PROVINCIAL ASSOCIATION TO CONSIDER FOR PROGRAM DEVELOPMENT

If organizations have legislative and regulatory requirements for professional development, the implemented program needs to reflect the requirements of the legislation and regulation. An organization that has no legislative or regulatory requirements has the freedom to implement a program that meets its needs. The following factors should be taken into consideration when establishing a program:

Program development team

When establishing a team to develop a PD program, it is important to ensure:
- discipline representation
- geographical representation
- practice representation (managers, educators, direct patient care providers)

Program cycle

This is the time frame for the participants to complete the program. Cycles vary between organizations, generally spanning from 1 to 5 years. If one of the longer time frames is used for the cycle, consideration can be given to assigning an annual (mandatory) requirement. For example, if 50 credits are required in 5 years, the requirements could be that a minimum of 5 credits must be earned annually.

Factors affecting choice of program cycle may include:
- Number of members
- Auditing process
- Human/financial resources

Credit system

Consideration needs to be given to the usefulness of a credit system and if deemed appropriate, what type of credit system is applicable to the needs of the association. The type of credit system used can range from assigning credit hours for learning activities to merely requiring a statement from individual MRTs upon completion of activities. When a formal credit system is used, many organizations take responsibility for assigning credits to courses and other learning activities. Some organizations maintain a list of recognized courses and their credit value. When individuals complete courses not on the list, the organization assesses each course and assigns credit. Many educational bodies offering formal courses, including the CAMRT, have established procedures for assigning credit that can be used as a basis for a PD program’s requirement. For example, one credit is assigned to 50-60 minutes of professional activity. The credit system established must take into account the length of the program cycle.

The credit requirement in a cycle may vary for:
- new members
- leave of absence
- new graduates
- part-time workers
Types of learning activities

A wide range of educational activities may be selected by an individual for their learning. Many organizations list acceptable activities in categories (i.e. formal credit courses, skills-based workshops, professional activities). Consideration could be given to establishing a minimum and maximum number of credits that may be obtained from each category.

To achieve learning goals, the development of a learning plan will identify what activities will best allow the goals to be met. Some research may have to be undertaken to investigate what activities and learning methods are available and appropriate. Consideration of learning styles is useful in deciding what types of activities may lead to success. There may be challenges for an individual such as: location, budget, schedule and types of activities available, therefore program flexibility must be considered.

Many activities can provide learning opportunities relevant to practice and career development. Examples of learning activities are listed below:

**Formalized learning**
- Courses from an educational institution
- CAMRT courses
- Courses provided by other healthcare organizations/associations
- Employer provided activities with proof of completion and/or approved for credit

**Education events**
- Conferences/seminars
- Workshops/lectures/ tutorials
- Hospital rounds/in-service sessions
- Vendor – Application training

**Self-directed learning**
- Journal reading
- Journal club
- Web-based learning (webinars, e-learning, online courses)
- Presentation preparation
- Writing articles/paper for publication – competition
- Authoring courses
- Reviewing books/articles

**Professional involvement**
- Committee involvement (professional/workplace)
- Accreditation surveys
- Promotion of profession (career fairs)
- Peer review
- Project management
- Involvement in research
Recording and submission of evidence of professional development activities

A process for submission of evidence demonstrating participation in educational activities must be decided prior to implementing a program. This may range from all members submitting their evidence for each cycle, to only those members who have been selected for audit. Many organizations provide an online repository for their membership to submit and maintain their records of learning activities. Whether a repository is to be provided or not, it is generally accepted that individual professionals maintain a record of their activities from entry into the profession onwards. A timeframe for retention of documents can be determined.

Organizations often provide templates for their members to record PD activities. (Appendix 1) Consideration may be given to providing templates that list standards of practice or competencies to aid MRTs in their self-assessment. CAMRT research has identified the most common method of recording activities and maintaining documents is the use of a professional portfolio.

The following are documents that may be required as evidence of PD:
- Documentation of reflection/self-assessment - Appendix 2
- Learning plan - Appendix 3
- Log of learning activities - Appendix 1
- Any combination of the above
- Others as determined by the association

Auditing of participants’ professional development activities

Mandatory programs need an auditing process to ensure completion of PD requirements. Programs that are not mandatory have the option to omit the audit process. However it is recommended that auditing occurs to maintain the credibility of the program.

Random selection of a percentage of the membership, for example 5 – 10% in every cycle, has become a standard process. This percentage may vary based on the association’s membership base. Members selected for audit should be given a specific timeframe in which to submit their evidence for review.

Review of the submitted documents may be undertaken by a volunteer committee or association personnel. Following are options for consideration when developing an auditing process:

Selection of membership for audit

- The number of members audited each cycle should be established.

Options are as follows
- % of total membership randomly selected across disciplines (i.e. 5% of total)
- % of membership in each discipline randomly selected (i.e. 5% MRI, 5% NM, etc)
- finite # of membership randomly selected across the disciplines
- finite # of members randomly selected in each discipline (i.e. 20 MRI, 20 RT, etc)
- audit every member
- systematic auditing (i.e. selecting members by last name and assessing each member during the cycle)

Special consideration could be determined for those audited members with extenuating circumstances (i.e. sick leave).
Response time following notification of audit
- Determine the time allowed from notification of audit to submission of documents
- Determine timeframe for completion of auditing process
- Determine timeframe for resubmission of unacceptable submission
- Establish a process for dealing with requests for extensions/postponement of the audit

Review of submissions
- Consider using employees vs. volunteer committee
- Consider group review vs. an individual reviewing
- Consider multidisciplinary vs. discipline-specific representation
- Maintain a consistent process
- Develop guidelines (i.e. checklist for auditors)
- Develop guidelines for acceptable/unacceptable submissions
- Determine consequences for non-compliance for mandatory programs in regulated provinces

Communication Plan

A communication plan is required to inform members and stakeholders of a proposed program. Good communication should demonstrate the importance and need of professional development for the purpose of continuing competence. Communicating that there is a nationally established framework should reduce any anxiety around the logistics of establishing a program. These guidelines are meant to be facilitative not prescriptive and can be adapted to local needs. Suggestions and key points to consider when developing the communication plan are as follows:
- Identify key stakeholders in association
- Identify key employer stakeholders
- Identify champions
- Develop communication tools (example: power-point presentation, e-blast, etc.)

Sustainability Plan

A well structured program and the governance to support programming is important to ensure sustainability of the program. Suggestions and key points to consider for sustainability are as follows:
- Establish committee(s): Program Committee, Audit Committee, etc.
- Develop terms of reference
- Determine terms for committee members (rotation of terms for consistency and expertise)
- Develop guidelines for program review and evaluation
THE PROFESSIONAL PORTFOLIO

There are many frameworks and methods for maintaining records and assessment of continued professional development and continuing competency. The most common, the “professional portfolio”, is a record of activities that validates the MRT’s professional development, work experience and other related activities. The portfolio provides the opportunity to corroborate many aspects of PD, and to document assessment and evaluation over a long period of time which is fundamental to the concept of life-long learning and continuing competence.

Professional portfolios are unique to each individual and include documents that demonstrate how professional and personal growth has been pursued. A professional portfolio allows an individual to showcase themselves, therefore only the best information should be presented in a well organized manner that is easy to read, clear and concise.

A portfolio can be used to:
• market capabilities
• negotiate for raises and promotions
• apply for grants and scholarships
• apply for new positions
• document quality of work

The following section is meant to provide assistance to MRTs in the development of their own portfolio.

How to Create a Professional Portfolio

A professional portfolio can be created as a paper-based and/or electronic record. Many associations provide templates for documenting the various sections of a portfolio which helps guide individuals through a process that may be mandatory or non-mandatory.

A typical portfolio may contain:
1. Résumé and/or curriculum vitae (CV)
2. Performance appraisals
3. Documentation providing evidence of completion of learning through reflective practice
   a. Reflective practice and self assessment to identify learning needs
   b. Professional and practice related learning goals
   c. Learning action plan that identifies ways to meet needs
   d. Evaluation of the learning activities
4. Log of professional development learning activities
5. Documentation providing evidence of completion of learning activities
6. Further documentation to be considered for addition to a portfolio ( see p17)

1. Résumé and/or Curriculum Vitae
A résumé is normally developed by a MRT towards the end of their educational program prior to seeking employment. A resume should be approximately 1 to 2 pages in length. It should be a summary of skills and competencies, education and employment history. Résumés and CVs should be updated regularly. A résumé should include:
• Objectives for employment
• Biographical information
• Acquired skills and current competencies
• Education/training and credentials
• Employment history with roles and responsibilities  
• Professional memberships and registration documents  
• Professional accomplishments  
• Professional activities

A curriculum vitae (CV) is more commonly used in an academic setting as opposed to a résumé which is used for employment purposes. A CV should contain the same information as a résumé but with more detail in the following areas:
• Educational activities  
• Teaching and research experience  
• Publications  
• Presentations  
• Awards and honours  
• Professional affiliations

2. Performance appraisals
   May be included in portfolio if available

3. Documentation providing evidence of completion of learning through reflective practice
   The learning process can be thought of as a continuous cycle. This cycle is sometimes referred to as the learning cycle and has the following stages:
   • Experience/event/encounter  
   • Self-assessment using reflective practice  
   • Development of learning goal  
   • Planning and implementing learning activity  
   • Implementation of learning  
   • Reflection and evaluation of learning

The stages of the learning cycle can be applied when reflecting on a specific experience to determine the need to enhance competence. This can be applied to a specific area in practice or a career change within medical radiation technology (i.e. MRT is aspiring to move into management, education or research).

Experience, event or encounter
The MRT identifies an issue, topic, event or encounter where they feel that additional learning/competence is required.

Self-assessment & reflection
Through reflection and self-assessment the MRT can review their knowledge, skills and judgement as related to the issue identified in their practice. This will help the MRT identify gaps in knowledge and skill, reflect on learning needs, and develop goals that will improve their practice and patient outcomes. (For further information on self-assessment using reflective practice see Appendix 2.)

Learning goals
After reflection and self-assessment have identified the MRT’s learning needs, learning goals are established to successfully fulfill each learning need. Goal setting is recognized as one of the best motivational tools for personal and professional development. The use of the SMART principle will allow for successful development and completion of learning goals.
For further information on the SMART Goal Principle see Appendix 4.

Learning plan and activity
By having established learning goals, an action plan can be developed to pursue the goals. Various resources and activities can be used to achieve this. Each MRT should decide which activities best suit their learning style to increase the likelihood of success.

Implementation of learning
Having completed the learning activity, the next step is to introduce the lessons learned into practice.

Evaluation and reflection
This important step allows the MRT to reflect on and evaluate each learning activity to determine how the learning impacted the MRT’s practice. Reflection may also identify if learning needs were not met and provide opportunities to explore alternate learning activities.
4. Log of professional development learning activities

CAMRT provides a repository for logging activities online and this can be accessed in the individual’s My Continuing Professional Development account on the CAMRT website. Templates are also commonly used to record activities for each program cycle. (Activity Log Appendix 1)

5. Documentation of evidence of completion

Certificates, diplomas, degrees and documentation identifying completion of programs/activities should be kept in the MRT’s professional portfolio.
6. Further documentation to be considered for addition to a portfolio
   a. Letters of recommendation
   b. Evidence of skills – leadership, writing communication
   c. Awards
   d. Proof of professional affiliations
   e. Charity work
   f. Community service
   g. Leadership office in organizations
   h. New learning / special training – document learning achieved
   i. Public speaking opportunities
   j. Learning another language

The professional portfolio is a dynamic document and will never be complete. It requires continuous updating to ensure accuracy to portray talent and skills.

Portfolios can be created online allowing for convenient access to showcase and update professional development. More information on online portfolios, often termed E-portfolios, can be found by doing an internet search.
The following are resources providing more information on topics discussed in this guidelines document:

**Competence**

- [http://www.hciproject.org/node/925](http://www.hciproject.org/node/925)
- [http://www.cmrtco.org/quality/default.asp](http://www.cmrtco.org/quality/default.asp)
- [http://samrt.org/site/pd?nav=02](http://samrt.org/site/pd?nav=02)

**Résumé /CV Writing**


**Reflective Practice**

- [http://www.nursingtimes.net/nursing-practice/204502.article](http://www.nursingtimes.net/nursing-practice/204502.article)

**Developing Learning Goals and Learning Plan**

- [http://topachievement.com/smart.htm](http://topachievement.com/smart.htm)
- [http://www.projectsmart.co.uk/smart-goals.html](http://www.projectsmart.co.uk/smart-goals.html)

**Professional Portfolio Development**

- [http://ebstc.org/newsletter/1108/Article_2.htm](http://ebstc.org/newsletter/1108/Article_2.htm)
## Activity Log Template

Name: 

Discipline: 

Registration Number: 

Cycle Period: 

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Activity</th>
<th>Type of Activity</th>
<th>Credits/Hours</th>
<th>Certificate of Completion (Y?N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Oct 15, 2011</td>
<td>Title of Journal Article</td>
<td>Journal Reading</td>
<td>1 hour</td>
<td>No</td>
</tr>
<tr>
<td>Example: Nov 12, 2011</td>
<td>CAMRT CT1</td>
<td>Structured Course</td>
<td>40 hours</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note – template is a suggestion and not a CAMRT form*
SELF-ASSESSMENT USING REFLECTIVE PRACTICE

“Reflective practice...involves thinking about and critically analyzing one’s actions with the goal of improving one’s professional practice. Engaging in reflective practice requires individuals to assume the perspective of an external observer in order to identify the assumptions and feelings underlying their practice and then to speculate about how these assumptions and feelings affect practice.” (Imel 1992).

In order to conduct a self-assessment, MRTs need to “reflect” on all aspects of their practice. A change in culture may be required for MRTs to become comfortable making judgments about their own performance. A reflective exercise can be a difficult task but it helps professionals become more autonomous and self-directed in their future learning and goal planning.

Reflection raises new questions that aid in self-assessment, goal planning and future learning and is also valuable for evaluating learning activities. Reflective practice should include all facets of professional life from reflection on specific situations, evaluating current competencies and developing career paths.

Reflection is not a new process for MRTs; it is naturally used in everyday work. For example, how many times following a procedure did the MRT say “That didn’t work very well. What are some alternatives and what would work best?”

Reflection should be used initially to identify gaps in knowledge or skills from which the MRT can develop learning goals and subsequently plan learning activities. Reflection can also be used upon completion of the learning activity to evaluate what was learned and how it can be applied to one’s practice.
Questions to Guide Reflection for Self-assessment

1. What everyday skills do I struggle with?
2. What topics do I feel I need refreshers on? (i.e. Radiation protection, physics)
3. Do I struggle dealing with conflict within the team?
4. Where do I envision my career going long term?
5. Is my practice current?
6. Do I know about the latest technology in my field?
7. What do I do well?
8. What are my strengths and weaknesses?
9. What are my goals for my career in the future?

Questions to Guide Reflection Post Learning

1. What did I want to learn?
2. Did I learn it?
3. Do I need to do more learning in this area?
4. How can I apply this learning in my practice?
# Learning Plan Template

Name:  

Discipline:  

Registration Number:  

Cycle Period:  

Fill out the following form accordingly:

<table>
<thead>
<tr>
<th>Date</th>
<th>Learning Gap</th>
<th>Learning Outcome</th>
<th>Learning Activity</th>
<th>Target Date</th>
<th>Amount of time to complete Activity</th>
<th>Goal Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: September 2, 2011</td>
<td>I need to improve my knowledge of cross sectional anatomy of the head.</td>
<td>To improve my ability to identify structures on a CT image of the head.</td>
<td>The CAMRT's cross sectional anatomy of the head course.</td>
<td>November 12, 2011</td>
<td>40 hours</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Reflection (i.e. How did this activity affect my practice?)

*Example:*
This course enabled me to more accurately and confidently identify anatomical structures at each level of a CT scan.

Reflection (i.e. How did this activity affect my practice?)

*Note – template is a suggestion and not a CAMRT form*
DEVELOPING LEARNING GOALS – SMART PRINCIPLE

Setting goals is an integral part of the learning cycle. Once gaps in knowledge and areas for skill enhancement are established, goals provide direction and give purpose to learning. Goals help organize learning, determine priorities and aid in decision making. When writing goals there are a number of questions MRTs should ask:

- What do I need or want to know?
- What is most important?
- What are the needs of my practice at this time?
- What resources do I have?
- What is my time commitment?

Using the **SMART** principle will allow the MRT to stay focussed and write goals that are specific, measurable, achievable, realistic and within an appropriate timeframe

**Specific** - A goal should be straight forward and clear. It should emphasize the outcome. It should define the purpose and benefit, of what is required.

**Measurable** - A goal must have measurable progress so you can see change occur and be able to evaluate outcomes. Measuring progress keeps you on track allowing you to meet your target outcome and completion date.

**Achievable** - Goals must be set within your reach; those to which you can commit given your current responsibilities.

**Realistic** - Goals must be practical and within the availability of resources, knowledge and time. The goal must be worthwhile because you want satisfying achievement.

**Time** - Setting a timeframe removes any vagueness from your commitment. However a definite deadline should be established within the limits of available resources.

**Example**

**Specific** I need to improve my knowledge of cross sectional anatomy of the head.

**Measurable** I will pass the CAMRT’s cross sectional anatomy of the head course.

**Achievable** I have the prerequisite knowledge to complete the CAMRT course.

**Realistic** This course is available electronically and is affordable.

**Time** I will complete this course within 4 months.

**LEARNING GOAL**

*To improve my ability to identify structures on a CT image of the head within 4 months.*

BIBLIOGRAPHY


Programs from the following organizations were reviewed for the development of this guide
• Alberta College of Occupational Therapists
• Alberta College of Medical Diagnostic & Therapeutic Technologists
• Alberta Dental Hygienists Association
• Appraisal Institute of Canada
• Canadian Association of Occupational Therapists
• Canadian Nurses Association
• Canadian Society of Respiratory Therapists
• Certified General Accountants Association of Canada
• College of Dental Hygienists of Ontario
• College of Dental Surgeons of BC
• College of Medical Laboratory Technologists of Ontario
• College of Medical Radiation Technologists of Ontario
• College of Physiotherapists of Ontario
• College of Registered Nurses of Nova Scotia
• Health Professions Council – UK
• Nova Scotia College of Medical Laboratory Technologists
• National Association of Pharmacy Regulatory Authorities
• Manitoba Association of Registered Respiratory Therapy
• Ontario College of Pharmacists
• Ordre des technologues en imagerie médicale et radio-oncologie du Québec
• Provincial Dental Board of Nova Scotia
• Physiotherapy of Alberta College + Association
• Royal College Of Dental Surgeons
• Royal College of Physicians and Surgeons of Canada
Canadian Association of Medical Radiation Technologists
Association canadienne des technologues en radiation médicale

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