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The Newsletter of the College of Respiratory Therapists of Ontario



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Your fellow RTs

...hard at work helping you!



The CRTO would like to thank the following **QA Working Group** Members for the valuable assistance they have provided the College over the past few months. We are very grateful for the contribution to the CRTO QA Program that the professional insight of these RT Members provide.

QA Portfolio Reviewers are RTs who volunteered and receive yearly training in the assessment of PORTfolios. These assessments are completed and submitted electronically by the Reviewers and therefore can be done by them at home when their busy schedules permit.

- Tracy Bonifacio
- Gary Cambridge
- Cathy Dowsett
- Lori Elder
- Anne Marie Hayes
- Jane Heath
- Jeff Hunter
- Glynis Kirtz
- Amanda Lajoie
- Vanessa Lamarche
- Lise LaRose
- Shawna MacDonald
- Jackie Parent
- Patti Redpath-Platter
- Kathy Walker
- Jane Wheildon
- Karen Weins

QA Working Groups are RTs who participate as a QA Item Reviewer or QA Item Writer. The QA Item Reviewers participate in a yearly review of the Professional Standards Assessment (PSA) which involves examining the performance of each test item, as well as comments from Members. This is done with the services of psychometrician, Michael Williams. The QA Item Writers participate in a group that works in conjunction with the psychometrician to develop and revise questions for the PSA item bank.

- Shaundra Anderson
- Katie Lalonde
- Rosanne Leddy
- Marianne Ng
- Marg Patell
- Doug Patterson
- Kate Scrimgeour
- Christina Sperling
- Jennifer Wallace
- Andrea White-Markham
- Donna Wood

The CRTO would like to thank the following Members who participated in the **Key Performance Indicators Working Group**. The members worked with a psychometrician to identify “key performance indicators” to be used when assessing internationally-educated applicants.

- Allison Chadwick
- Alean Jackman
- Lori Pepler-Beechey

* If you are interested in participating in any one of these roles please contact Carole Hamp.

Graduate Education

An opportunity to GROW professionally and personally

By Christina Sperling, RRT

When I entered the world of Respiratory Therapy I was very happy to be providing care to my patients at the bedside, and did not really think about the other ways I could have an impact on their care. Through the years however, I have had opportunities given to me which have allowed me to advance professionally. Many of my colleagues, from various disciplines, had either completed or were in the midst of doing their Masters, which led me to think about graduate school. Initially, I was very intimidated by the whole notion of going back to school and completing assignments, but I realized that I was more than capable of doing it. After researching the many different programs available, I finally decided to apply to the University of Toronto's Masters of Science Community Health program, and I was accepted.

My experience in my program has been nothing but positive. I have had the opportunity to meet some very amazing people from various areas in health care. The courses I have taken, and am



still taking, have allowed me to learn a great deal about quality improvement, education, and health care policy. My understanding of the health care system in Canada has vastly increased and has affected the way I think about my role in it. Taking on this challenge to complete my Masters has allowed me to grow, both professionally and personally. Today, I am the Manager of the Respiratory Therapy Department at Sick Kids, and I love the work that I do there. However, I believe that completing my Masters will open up many doors of opportunity, and am excited to see what lies ahead in the future.

Upcoming Events

Throughout the year the CRTO is notified of several events that are of interest to RTs. We post these opportunities on our website at www.crto.on.ca/events.aspx.

Please remember that you can use the AHPDF to apply for reimbursement for the cost of a conference!

RT Professional Practice Council Case Review Series

An opportunity to GROW, discuss, reflect, and learn

By Kerri Porretta, RRT

Recognizing that case reviews provide a powerful opportunity for learning and reflection, as is seen with classic morbidity and mortality (M&M) rounds, I as the Professional Practice Leader (PPL) sought to develop and implement a case study review series initiative as a regular professional development element in our RT practice council.

The purpose of the case review series was to focus not only on cases which had a specific morbidity or mortality outcome, but to include a variety of interesting, complex and challenging cases as a professional development and education tool for the RT group.



The goals of this initiative were to provide an opportunity to share and learn from each other's experiences and action; to review the current status of our clinical practice (e.g., is it evidence-

based; is it best care?) and to correlate events in clinical practice to professional development and education needs.

A systematic approach was developed to provide a framework for the case review. This included:

- Patient Summary – patient demographics, diagnosis, previous medical history;
- Clinical Course – highlights of patients clinical course;
- The Event – review of main issue, event, situation, focus of case review;
- Outcome – result of issue/event;

- Discussion – of the event/topic, issues, alternative actions, impact to patient, safety/outcome, best practice implementation;
- Recommendations and Key Learning Points – take home messages, links to education and professional development activities; and
- References – review of relevant literature, clinical guidelines, theory, and expert opinions (if applicable).

To date, I have presented several case reviews. The topics include:

- Difficult Airway in Interventional Radiology;
- Status Asthmaticus;
- Hypoxic Respiratory Failure (including Lung Recruitment, Nitric Oxide and HFO);
- Spinal Cord Injuries and Ventilatory Management;
- Long-term (Prolonged) Mechanical Ventilation; and
- Refractory Status Epilepticus and Use of Inhaled Anesthetic Agents.

By reviewing the cases and the clinical management of the patients, I was able to reflect on our current practice and develop key points for discussion related to the case study topic. Preparing for these presentations meant several hours of reviewing information in relation to the topic at hand – whether it be the literature on the subject, clinical practice guidelines or recommendations for management of specific clinical scenarios. From this work, I learned a lot and found it to be a valuable professional growth opportunity. In addition to the preparation for the case review presentations, I also gained valuable knowledge and insight from the discussions generated from the RT group during the case reviews.

RT Professional Practice Council Case Review Series (continued)

The opportunity to discuss, reflect, learn and grow has been an excellent one that not only myself but my colleagues have benefited from.

For those staff unable to attend the “live” presentation, a copy of the presentation is circulated via email. Also, hard copies of the presentation slides along with some of the supporting literature articles reviewed are collated in a reference binder available in the RT Department.

The case review series has been a professional development activity which has been well received and appreciated by the staff. Feedback has been very positive and the staff has identified it as a successful way to promote professional development. In fact, there are some staff members that have now volunteered



Back Row (L-R) - Nicole Wailoo (standing), Jennifer Samarin (wearing hat)
Front Row (L-R) - Pamela Greco, Hilary Every

to be responsible for doing some case presentations moving forward recognizing it as an opportunity for them to grow as a professional.

Respiratory Therapists GROW as Innovators

Rajesh Sharma, RRT is the Chief Executive Officer (CEO) of Bedside Clinical Systems (BCS), which provides software solutions designed to support clinicians in providing safer and effective care for children. He graduated from The Michener Institute’s Respiratory Therapy (RT) program in 1994, and received a BSc in Human Biology from the University of Toronto. Raj started his career in front-line bedside clinical practice as an RT before developing his business leadership skills in a number of private sector companies. He was recognized on GE Healthcare’s “top talent list,” and was also awarded the Lean Six Sigma Greenbelt designation. In addition, Raj is a director on The Michener Institute's Board of Governors, and co-vice chair of the Michener Alumni Board

Under Raj’s leadership, BCS continues to grow a partnership between SickKids and MaRS Innovation that facilitates the deployment of innovations in paediatric healthcare from SickKids to a global market. One of BCS’s solutions is BedsidePEWS™ (Bedside Paediatric Early Warning System), which is a documentation system that identifies children moving towards critical deterioration. Raj and the BCS’s team are dedicated to improving the safety of children by making clinical care easier and better through innovation.



Moving Beyond Traditional RT Roles

An opportunity to GROW as a profession

By Elizabeth Cochran, RRT

I graduated from Algonquin College in 1996, and at that time, hospital-based RT jobs were scarce. However, I was able to secure a position in the field of sleep medicine; first in a private sleep clinic, and then in the sleep lab at Kingston General Hospital. I enjoyed the work, but I felt frustrated at the lack of opportunity for growth. This led me to engage in career counselling, and I found that my interests leaned more toward personnel management and educating others. Though I did have the opportunity to educate patients at the sleep lab, I wanted more, so I applied for business school at Ryerson University in Toronto

It was difficult going from a full-time job as an RT to living as a student again. It was definitely a leap of faith, but I was committed to changing my career path. While taking my Bachelor of Commerce (Human Resources Management major), I worked half-time at the Hospital for Sick Children. I was primarily employed in the sleep lab there, but also picked up shifts in Emerg and Wards. I also became a PORTfolio Reviewer with the CRTO; helping to develop the review criteria and template, and reviewing PORTfolios when they were submitted each year.

After obtaining my BComm, and having my first child, I moved back to Kingston in 2005. As before when I graduated from Algonquin, work was hard to find. I applied for dozens of jobs, often focusing my sights on HR jobs within the healthcare field to take advantage

of my background. Eventually I found employment at Maple Family Health Team in Kingston as the Human Resources Administrator. I think it is safe to assume that my background as an RT helped me secure this job.

I find that I call upon my knowledge as a healthcare provider regularly while in this position. In addition to the typical Human Resources functions (recruitment, benefits administration, employee orientation, policies and procedures development, etc.), I provide advice to employees and my employers on the *Regulated Health Professionals Act* (RHPA), the *Personal Health Information Protection Act* (PHIPA), *Accessibility for Ontarians with Disabilities* (AODA), *Occupational Health and Safety Act* (OHSA), as well information on such matters as substitute decision-making, health care consent, controlled acts, delegation and medical directives. When interacting with healthcare professionals from a variety of disciplines, I can help them navigate through the sometimes confusing language of the RHPA, and the expectations of their respective professional colleges.

I am happy that I made that decision years ago to go back to school. I find that a career in Human Resources in a family health team is a rewarding career, and provides me with the opportunity to continue to learn, supporting the people who see patients every day. I know that the skills that I gain and the tasks I perform every day as a HR Administrator ultimately have a positive impact on patient care.

A letter from a PORTfolio Reviewer to all CRTO Members

By Gary Cambridge, RRT

The year 2012 marked my 9th year as a PORTfolio (Portfolio Online for Respiratory Therapists) Reviewer and my last. I was one of the original individuals that volunteered when the CRTO came under the leadership of a new Registrar, Mr. Gord Hyland.

It is important to know that your PORTfolio is being assessed by another Respiratory Therapist. Someone that understands how you/we think. Granted that the Reviewer may not be functioning in a similar capacity or role as the individual that submits the portfolio, but the aim is not to judge based on the job profile but based on what is submitted.

It has been an interesting nine years reviewing PORTfolios. There are some very talented RRTs in our profession and when I read some the PORTfolios, it recharges my inspiration in our profession. Through the PORTfolios you can also see how departments and hospitals support the Respiratory Department and the Therapists. As in all aspects of life, there are good and bad.

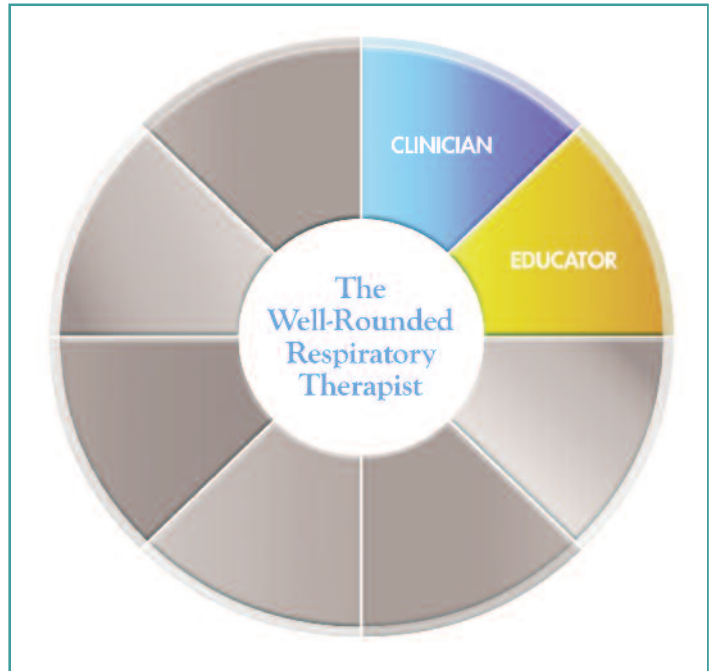
I have been told and have heard that it is difficult putting together a PORTfolio. There are references online, you can contact those that have gone through the process or contact someone that was or is a Reviewer. We are willing to sit down and help. If you maintain your profile throughout the year and take note of issues that grab your attention that you put some effort into, you have a goal without even planning it. With some planning and a little effort a PORTfolio is not as overwhelming as you may believe.

It is important that as professionals and as a profession we all keep an interest in our professional College. I challenge and suggest that you support the College in some manner; become a Committee Member, run for a chair position, or volunteer to be a PORTfolio Reviewer.

I would like to say thank you to all of the RRTs that I have had the opportunity in reviewing your PORTfolios, to the College for entrusting me/us with the responsibility in assisting our colleagues in this manner, and to the staff past and present of the CRTO. It has been a great experience.



You can't stop progress, and one thing you can be sure of is that the needs of patients tomorrow will be different than the needs of patients today. As health care evolves and changes, the traditional roles of Respiratory Therapists and how they provide care will also need to change. One of the best ways to prepare for this is to identify the skills that RTs will require to recognize opportunities and to embrace new roles for the profession. A strong clinical background is essential and yet, there are many other skills and activities that define a "well-rounded Respiratory Therapist".



In February 2013, we launched GROW, our new professional development framework. Consisting of eight domains, GROW outlines key areas that an RT could use as the core of a professional development and career plan.

Each month, we've highlighted two domains, explaining what each one consists of as well as provide you with a list of resources that might serve as a starting point should you wish to develop a bit more in a given domain.

At first glance you may think that most of the domains don't apply to you – read on...I think you'll be surprised what you'll find.

Clinician

DEFINITION

A Clinician uses evidence-based approaches to evaluate the effectiveness and outcomes of both existing and emerging practices. They continue to educate themselves as professionals and integrate new knowledge into their current practice.

DESCRIPTION

Anyone who practices clinically – in any area of practice – would be an example of someone who has a role as a clinician....and any professional development intended to help you become a better

GROW Ongoing Professional Growth (continued)

clinician would be an activity that falls under this category. Historically, this is where the majority of clinicians focus their learning activities – on topics specific to their clinical practice. Whether you’re reading about tips on coaching patients during pulmonary function tests, reading the latest ventilator studies in the NEJM, or appraising your own clinical practice and outcomes – all of these are examples of professional development in the Clinician domain.

EXAMPLES OF LEARNING ACTIVITIES

Ever go to teaching rounds? Read an article this year? Attended an equipment inservice? Go to a clinically-focused session at a conference? All of these fit under the domain of Clinician and those are the most obvious activities.

How about integrating what you learn into your practice – are you unsure about how to read and appraise articles? Learning how to do that, to then allow you to apply it and become a better clinician...that’s a learning activity under the Clinician domain.

CLINICIAN RESOURCES

Here are a few resources to get you started: www.crto.on.ca/pdf/GROW/GROW_ClinicianOp.pdf.

Educator

DEFINITION

An Educator is committed to helping others learn. They use their understanding of current education principles to effectively transfer knowledge. They support and facilitate learning at all levels, ranging from students to peers to patients and their families.

DESCRIPTION

Most of us teach in some aspect of our role – and you don’t have to teach in an RT program to consider yourself an educator. No matter if you supervise students in your clinical role, provide an oxygen inservice to an interprofessional team, teach patients and families as part of your clinical role, or as a manager, help your team understand the impact of a decision you’ve made, they all have one thing in common – a learner. Most of us teach the way that we were taught and few of us have ever taken any formal training in education. That being said, there are countless ways to help ensure that a learner effectively hears your message and anything that helps you become a more effective teacher falls under this domain.

EXAMPLES OF LEARNING ACTIVITIES

- Agreeing to supervise a student.
- Courses or materials addressing adult learning principles or understanding learning styles.
- Tips on presenting information.
- How to develop a session plan for a learning activity.

EDUCATOR RESOURCES

Here are a few resources to get you started: www.crto.on.ca/pdf/GROW/GROW_EducatorOp.pdf.

Communicator

DEFINITION

A Communicator is able to express information clearly and concisely in a culturally competent manner. They have great listening skills and are effective at writing as well. Awareness of their communication style is key in order to better understand how well their information is transferring to others.

DESCRIPTION

Regardless of where you work, the ability to send and receive information in a clear and effective manner critical. In addition, it's often not what you say but how you say it that determines whether your message is heard and understood.

The good news is that communication, like other skills, can be nurtured over time. Through conscious effort, each of us can develop an awareness of our verbal and non-verbal messages, and cultivate consistent reflective listening skills.

EXAMPLES OF LEARNING ACTIVITIES

Do you provide education to patients and their families prior to discharge? Have you ever been required to speak in front of a committee, present at a lunch-and-learn or even speak at a conference? Do you develop written educational material for patients and/or colleagues? All of these, and many more, fit under the domain of Communicator.

What could you do to improve your abilities as a communicator? You could always take a course on effective communication or you could even just look up some tips on the internet. Apply what you learn and you're well on your way.

COMMUNICATOR RESOURCES

Here are a few resources to get you started:

www.crto.on.ca/pdf/GROW/GROW_CommunicatorOp.pdf.



GROW Ongoing Professional Growth (continued)

Innovator

DEFINITION

The Innovator is a Respiratory Therapist who sees opportunities where others don't. They are critical thinkers who are aware of emerging issues and use both research and evidence-based approaches to create new knowledge and develop new solutions. An Innovator is always finding things to improve. They often share what they've tried and what they've discovered, and place a strong emphasis on working towards higher quality in health care.

DESCRIPTION

Most RTs are innovators without actually realizing it. Every time you find a better way to do something, that's innovation in action. It can be as simple as re-organizing the equipment room to be more efficient; it can be as involved as reviewing available literature as part of re-writing your RT protocols. Big or small, Innovators challenge the status quo (the way things have always been done) by thinking outside the box and putting their ideas into practice and, like any other skill, being an innovator is something that you can develop.

EXAMPLES OF LEARNING ACTIVITIES

- Start to recognize that the little things you change every day are indeed innovation. How did you notice what needed changing in the first place? How did you decide on what the solution was? Developing self-awareness of your own actions is a powerful first step in developing as an innovator.
- Identify what you are passionate about improving at your workplace. How have other facilities, professions or RTs handled the same scenario? This is an easy way to get new ideas.
- Search the internet for innovation or creativity techniques.

INNOVATOR RESOURCES

Here are a few resources to get you started: www.crto.on.ca/pdf/GROW/GROW_InnovatorOp.pdf.

In this month's e-bulletin: We'll be profiling the domains of Collaborator and Health System Navigator.

In May's e-bulletin: We'll be profiling the last two domains; Leader and Health Advocate.

Have comments, feedback or ideas to make this even better? Send us an email at GROW@crto.on.ca

Take a Moment...

An opportunity for RTs to reflect on their practice

Take a Moment... is just for you. This self-directed reflection is intended to give you the opportunity to review and familiarize yourself with the College's standards of practice¹ and to connect them to your own practice of Respiratory Therapy. The questions are reflective in nature and promote critical thinking. You may end up confirming that you have a great understanding of the College's standards and exceed them day-to-day or, you may find that you would like to enhance a particular aspect of your practice through professional development i.e., GROW!

Steps

1. Read/review the suggested document. **Standards of Practice**
2. Read the questions right through, from start to end.
3. *Take a Moment...* to reflect on your practice as a Respiratory Therapist.
4. Answer the questions. Be honest!
5. File your completed activity away for your own personal use if you choose to.
6. You may also choose to include this activity as part of your professional development in you QA Learning Log.

Remember, if you act within your scope (where you feel competent and can ensure accountability), stick to the standards of practice and commit to maintaining competency (QA) you will find that self-regulation can be empowering and that you can make a difference.

Take A Moment... Standards of Practice

When was the last time you thought about your standards of practice from the point of view of providing safe and ethical, patient-centred care? You're probably thinking every time I come in contact with a patient or client, their family/caregivers and/or other members of the health care team looking after that patient/client!

Did you know?

The CRTO has competency based standards of practice?

- Accountability
- Knowledge
- Knowledge Application
- Assessment, Planning, Implementation, Evaluation
- Therapeutic and Professional Relationships
- Safety

It is an object of all Health Regulatory Colleges under the RHPA to develop their professional *and* ethical standards of practice? Please visit [A Commitment to Ethical Practice](#) for case based scenarios related to ethical decision making.

Self-Regulation



Self-Governance

¹ The College of Respiratory Therapists of Ontario (CRTO) uses the phrase "standards of practice" (with a small "s") to refer to legislation, regulations, standards, position statements, policies and practice guidelines. Collectively, these pieces establish a framework for the practice of Respiratory Therapy in Ontario.

Take a Moment... (continued)

What are the assumptions the College makes about its Members?

List them here:

- E.g., RTs possess a specialized body of knowledge.

What are some of the things you do every day to ensure you are meeting your professional and ethical standards of practice?

Brainstorm here:

- E.g., (Standard 4.2) introducing him/herself to the patient/client with name and professional designation and addressing patient/client in their preferred manner.

Familiarizing yourself with your professional standards of practice can affect positive patient care outcomes! **How?**

Connect your professional practice to positive patient care outcomes. List a few ideas here to get the hang of it...

- E.g., By introducing myself and addressing my patients in their preferred manner, I treat my patients with dignity and respect, this promotes good communication which builds trust and allows me to obtain informed consent.

Professional Practice Connections...

Take a Moment... to consider the following standard of practice in particular...

1.0 Accountability - Respiratory Therapists are expected to uphold accountability by:

1.1 assisting other RTs and the CRTO in upholding the spirit and the letter of the law, the RHPA, the RTA, their respective regulations and the standards of practice set out by the CRTO.

How can you accomplish this?

- E.g., By keeping in touch with the CRTO (website [click here](#); monthly e-bulletins [click here](#); Exchange newsletter [click here](#).)

Did you learn something new today?

Does this topic lead you to a **professional development** activity or **learning goal** that will positively affect patient care in your practice setting?

(You can add this activity to your **PORTfolio** in your **learning log** if you like.)

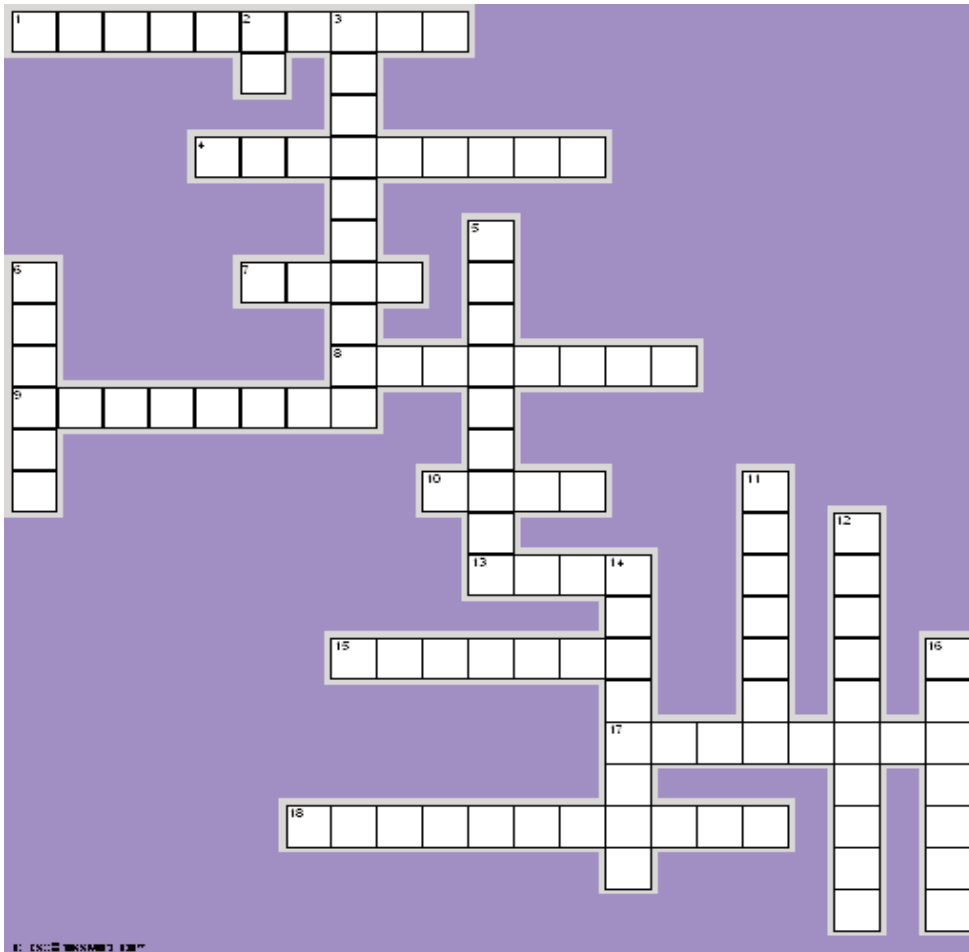
Please send your comments or questions to:

Carole Hamp

Manager of Quality Assurance and Member Relations

hamp@crto.on.ca

Professional Practice Crossword



Across

1. A report: "Council _____"
4. Accountable for ones actions
7. To do: _____ the College's documents
8. _____ Best Practice Guidelines
9. Newsletter
10. CRTO's new PD Model
13. _____ Regulation = Self Governance
15. Visit the CRTO's _____
17. The monthly e-_____
18. To do: Verbal and Documentation

Down

2. Keep _____ touch
3. Self Regulation = Self _____
5. The _____ of Practice
6. Take a _____
11. Safe and _____ care
12. The _____ ' Report (also CEO)
14. Participate in consultations
16. Engage, link

ANSWERS: Across: 1. highlights, 4. ownership, 7. read, 8. clinical, 9. Exchange, 10. GROW, 13. Self, 15. website, 17. Bulletin, 18. communicate
Down: 2. in, 3. governance, 5. standards, 6. moment, 11. ethical, 12. Registrar's, 14. feedback, 16., connect

Test Your Knowledge

This test your knowledge is based on the March 2013 e-bulletin...Good Luck!

- 1. The CROTO recently launched its new professional development framework GROW. What were the last two domains of the well-rounded RT that were highlighted in the e-bulletin?**
 - a) Clinician and Educator
 - b) Communicator and Innovator
 - c) Professional Practice and Conduct
- 2. Which regulation under the *Respiratory Therapy Act, 1991* (RTA), is currently being circulated to Members and stakeholders for consultation?**
 - a) Prescribed Substances Regulation
 - b) Conflict of Interest Regulation
 - c) Professional Misconduct Regulation
- 3. Which CROTO standards of practice¹ were recently updated and published (2013)?**
 - a) Bloodborne and Other Infectious Pathogens
 - b) Dispensing of Medications
 - c) Delegation of Controlled Acts
- 4. When was the last Council meeting? (Hint: Check-out Council Highlights)**
 - a) January, 2013
 - b) February, 2013
 - c) March, 2013
- 5. Which CROTO program is currently under review and requires input from Members?**
 - a) Renewal
 - b) Professional Practice
 - c) Quality Assurance

ANSWERS: 1B, 2C, 3A, 4B, 5C
REFERENCES: CROTO e-bulletins, Current Issues for Members webpage, standards of Practice.

¹ The College of Respiratory Therapists of Ontario (CROTO) uses the phrase "standards of practice" (with a small "s") to refer to legislation, regulations, standards, position statements, policies and practice guidelines. Collectively, these pieces establish a framework for the practice of Respiratory Therapy in Ontario.

Professional Practice FAQ

Case Study

I am working as a co-ordinator of Respiratory Therapists who are providing spirometry services in the community for a variety of Family Healthcare Teams (FHTs) and general practitioners' (GP's) offices. I am wondering if RTs can accept an order to perform pre/post spirometry from Nurse Practitioners (NPs), or if the order must come from a physician?

Answer

Respiratory Therapists may accept orders from Nurse Practitioners (NPs) in all practice settings. The regulations surrounding the practice of NPs are rapidly changing. The best way to find out about the current scope of practice of NPs would be to contact the College of Nurses of Ontario (CNO) directly.

Here are some points for you to consider as you are setting up interprofessional health care teams who are receiving orders from NPs:

- NPs are authorized to order spirometry as a diagnostic test:
www.cno.org/learn-about-standards-guidelines/publications-list/list-of-all-publications/amended-drug-laboratory-and-diagnostic-test-lists/

AND

- NPs may order substances to be administered by inhalation by other regulated health care practitioners (e.g., other Nurses and Respiratory Therapists):
www.cno.org/en/learn-about-standards-guidelines/educational-tools/nurse-practitioners/faqs-nurse-practitioners-and-scope-of-practice/

I am not sure if NPs are authorized to order pulmonary function testing at this time, as their "diagnostic list" remains in place, and does not include this specific type of testing. As mentioned, the best answer would come from asking the NP or contacting the CNO directly.

A common goal of interprofessional family healthcare teams is to increase patients'/clients' access to safe and ethical care.

- For more on FHTs visit the Ministry of Health and Long Term Care's website at:
www.health.gov.on.ca/en/pro/programs/fht/

How do I know what other regulated health care providers can do?

Here is the link to an important resource for you to consider as you are researching the roles and scopes of practice of other regulated professions:

- The Federation of Health Regulatory Colleges of Ontario ([FHRCO](http://fhrco.org/)) **IPC eTool** (<http://ipc.fhrco.org/>), released in November 2012. The e-tool includes:
 - o Controlled Acts Chart (Who can?)
 - o Scopes Chart (Who could? Who should?)
 - o Guide To Orders, Medical Directives and Delegation (Who could? e.g., via authorizing mechanisms)
 - o FAQs
 - o Team Workflow Tool (Who will? What's the plan?)

The College encourages all its Members to use the **IPC eTool** to facilitate interprofessional practice to establish teams, optimise teams, and create virtual teams where geographical boundaries exist.

Available to All Healthcare Professionals

New IPC eTool

This eTool is designed to assist interprofessional teams to coordinate care within the expanded (and overlapping) scopes and authorities established by the *Regulated Health Professions Statute Law Amendment Act, 2009*. It is a customizable, point of care, decision-making tool that will enable teams to optimize roles, responsibilities, and services for fulfilling patient/client needs.

Did you know...
The CRTO is a member of the FHRCO and participated in the development of this IPC eTool.

To access the new IPC eTool, go to <http://ipc.fhrco.org>



Registration Changes

September 1, 2012 to February 28, 2013

New Members

The College would like to congratulate and welcome the following new Members:

General Certificates of Registration (RRT) Issued:

ABBS, Sara
ABUBAKAR, Warsame
ACHEAMPONG, Abigail
AGUINALDO, Stephanie
AMEY, Danielle
AMYOTTE, Melanie
ARNOLD, Veronique
BAI, Yin
BELSITO, Amanda
BENDER, Edey
BROAD, Stacey
BROWN, Janice
BUCKLEY, Brittany
BYERS, Brandi-Lee
COBURN, Curtis
CURTIS, Austin
FITZGERALD, Amanda
GEERTS, Emily
GOMEZ, Kofi
HOLCOMBE, Michael
HOLMES, Mallory
HUANG, Chynna
HURST, Arthur
HYNES, Vanessa
INGLIS, Leanne
KIERYLO, Pawel
LEGAULT, Sasha
LINDNER, Amberly
LOWAS, Sarah
MCINTYRE, Curtis
MIZZI, Kailee

MURRAY, Candace
NAGHIZADEH, Azada
NGUYEN, Jennifer
NOAKES, Jenna
NUSRAT, Adjmal
PATEL, Jigna
PATTERSON, Danielle
PENTO, Fabio
PINEDA, Joey Ray
POTTELBERG, Chelsey
RYKSEN, Sara
SHOAIB, Nida
SINCLAIR, Michelle
SMAJIC, Aida
SMITH, Rachael
SO, Shirley
STEEDMAN, Janelle
TA, Quyen
TAMBURRI, Tanya
VANUDEN, Andrea
VIVEKANANDAN, Vinuja
WILLIAMS, Marilyn
YOUNG, Alicia

Graduate Certificates of Registration (GRT) Issued:

DEBOUTER, Angela

Resigned Members

General

BANK, Cynthia
BERUBE, Camille J.
CHEVRIER, Martin
GULYES, Ellen Judy
HALVORSON, Glen
JOHNSTON, Sheila
MASOTTI, Livio
RUIS, Deborah
SEBBEN, Rebecca
SIKORA, John
SNIDER, Lucy
SWAN, Jenna

Limited

BAGRIN, Tatiana

Revoked Members under Registration Rules

General

CHENG, Eric
DESSARIO, Kristen
DINNEY, Robin
GIBSON, Kevin
HAMID, Adam
JENNISON, Sarah
LOD, Elizabeth
MCLEAN, Suzanne
SIDHU, Poonam

Graduate

ALI, Safiya
LAFONTAINE, Crystel

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