



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Education Program REVIEW

WORKSHEET

This form has been developed for the purpose of reviewing education programs for CRTO applicants who were educated outside of Canada. The review process is based on the competencies listed in the [National Competency Framework \(NCF\) Part I](#) National Standards for Entry-to-Practice. The NCF is a list of competencies (knowledge, skills, abilities, and judgment) considered essential for entering the practice of Respiratory Therapy in Ontario.

To help us evaluate your education program please complete the Education Program Review Worksheet and submit the form to the CRTO office together with supporting documentation. To complete this worksheet, you will need to review your curriculum and provide course reference(s) to demonstrate that each specific area was covered in the program. You may need to contact your school to obtain copies of supporting documentation (e.g., course outlines, and details of clinical placements). To do so, please use the Document Request Form attached to this Worksheet.

If any of the supporting documentation issued is in a language other than English or French, you will be required to have these documents translated word-for-word by a certified translator. The translator will be required to send the translations and original documents back to our office. You are responsible for the cost of the translation.

Please use one Worksheet per education program.

SECTION 1

First Name: _____ Middle Name(s): _____

Last Name: _____

Previous Name(s) (if applicable): _____

Student ID Number: _____

School of Graduation: _____

Country of Graduation _____

Year of Graduation _____

Name of Degree/Diploma: _____

Language of Instruction: _____

Length of the program:

Semesters of study: _____

Years: _____

INSTRUCTIONS

1. Review each competency area listed on the form.
2. Complete **section 2** by providing the following information for each competency area:
 - a. In section **2.1 Foundational Science**:
 - i. Total hours spent on the competency area in your program
 - ii. Course references, e.g., course name or number as listed on your transcript
 - b. In section **2.2 Clinical Competencies**:
 - i. Methodology, e.g., didactic, clinical, simulation lab
 - ii. Patient population, for example:
 - Neonate (birth to one month)
 - Pediatric (one month to 18 years)
 - Adult (18+ years)
 - iii. Total hours spent on the competency area in your program
 - iv. Course references, e.g., course name or number as listed on your transcript
 - c. In section **2.3 Core Competencies**:
 - i. Total hours spent on the competency area in your program
 - ii. Methodology, e.g., didactic, clinical, simulation lab
 - d. In section 2.4 - Information about the clinical rotations covered in the program.
3. Submit the complete form and supporting documentation to the CRTO office.

Notes:

For more details about the performance criteria for each competency, please see the [National Competency Framework \(NCF\) Part I](#) National Standards for Entry-to-Practice.

SUBMITTING THE FORM

Submit this form and supporting documentation to➔

College of Respiratory Therapists of Ontario
90 Adelaide Street West, Suite 300
Toronto, ON, M5H 3V9
Canada

CRTO Contact Information

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SECTION 2 – PROGRAM DETAIL**2.1 FOUNDATIONAL SCIENCE (NCF S1-S8)**

A. ANATOMY AND PHYSIOLOGY (S1)

- | | |
|--|--|
| 1. the organization and function of the human body | 9. the pulmonary system |
| 2. the stages of prenatal development | 10. pulmonary ventilation |
| 3. skin, bones and muscles | 11. the neurological control of breathing and respiratory compensation |
| 4. the nervous system: its regulation and integration of the physiological processes | 12. the functional physiology of blood |
| 5. homeostasis and the role of each contributing system | 13. gas exchanges |
| 6. the urinary system | 14. the functional physiology of the cardiovascular system |
| 7. fluid equilibrium, electrolytes and acid-base balance | 15. the electrophysiology of the heart |
| 8. the endocrine system | |

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all** of the competencies (provide information in the section below)

☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

B. CHEMISTRY AND BIOCHEMISTRY (S2)

1. chemical terms and concepts as they pertain to Respiratory Therapy
2. biochemical terms and concepts as they pertain to Respiratory Therapy

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all** of the competencies (provide information in the section below)

☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

C. PHYSICS (S3)

- | | |
|---|--|
| 1. the behaviour of gases | 5. fluid dynamics and gas mixing/entrainment |
| 2. the states of matter and change of state | 6. the behaviour of aerosols |
| 3. surface tension | 7. other physical principles |
| 4. gas diffusion | |

Did your program cover the competencies listed above:☐ **YES, the program covered:**

- ☐ **all** of the competencies (provide information in the section below)
- ☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

D. PHARMACOLOGICAL PRINCIPLES (S4)

- | | |
|---|--|
| 1. the application of medications | 4. the characteristics of specific classes of cardiovascular medications |
| 2. the pharmacologic response of adrenergic and cholinergic drugs | 5. drugs utilized in anaesthesia |
| 3. each class of medications | 6. inhalational anaesthetic agents |

Did your program cover the competencies listed above:☐ **YES, the program covered:**

- ☐ **all** of the competencies (provide information in the section below)
- ☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

E. MICROBIOLOGY (S5)

- 1. the mechanisms of infectious diseases
- 2. agents of infectious diseases

Did your program cover the competencies listed above:☐ **YES, the program covered:**

- ☐ **all** of the competencies (provide information in the section below)
- ☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

F. PULMONARY PATHOPHYSIOLOGY (S6)

- | | |
|--|--|
| 1. the pathophysiology of diseases and disorders of the pulmonary system | 4. the restrictive processes of the respiratory system |
| 2. obstructive processes of the lung | 5. extra-pulmonary disorders |
| 3. obstructive airway disorders | 6. the intra-pulmonary disorders |

Did your program cover the competencies listed above:☐ **YES, the program covered:**

- ☐ **all** of the competencies (provide information in the section below)
- ☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

G. CARDIOVASCULAR PATHOPHYSIOLOGY (S7)

- | | |
|---|---------------------------------|
| 1. coronary atherosclerotic heart disease | 5. congenital heart defects |
| 2. valvular heart disorders | 6. types of shock |
| 3. inflammatory heart disorders | 7. cardiovascular abnormalities |
| 4. peripheral vascular disorders | |

Did your program cover the competencies listed above:☐ **YES, the program covered:**

- ☐ **all** of the competencies (provide information in the section below)
- ☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

H. OTHER DISEASES AND DISORDERS (S8)

- | | |
|---|---|
| 1. disorders of the central nervous system | 4. specific metabolic disorders |
| 2. the disorders of the peripheral nervous system | 5. particular conditions that impair human physiology |
| 3. renal failure | 6. systemic infections |

Did your program cover the competencies listed above:☐ **YES, the program covered:**

- ☐ **all** of the competencies (provide information in the section below)
- ☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Total Hours:

Course reference(s):

Notes:

2.2 CLINICAL COMPETENCIES (NCF C1-C10)

A. PATIENT'S CARDIO RESPIRATORY ASSESSMENT (C1)

1. Collect pertinent information
2. Analyze the collected information
3. Interpret the collected data

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

B. OPTIMIZE PATIENT SAFETY (C2)

1. Contribute to a culture of patient safety
2. Manage patient safety risks
3. Respond to and report patient safety

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

C. ADMINISTER MEDICATION AND SUBSTANCES (C3)

1. Determine appropriateness and safety of medication and substances
2. Prepare medication and substances for administration
3. Administer medication and substances
4. Evaluate response to medication and substance administration

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

D. MANAGE AIRWAY (C4)

1. Manage artificial airway devices
2. Ensure patency of the airway

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

E. PERFORM ANAESTHESIA ASSISTANCE (C5)

1. Assist with anaesthesia
2. Manage homeostasis of a patient during anaesthesia
3. Manage the patient during sedation

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

F. PROVIDE OPTIMAL VENTILATION ASSISTANCE (C6)

1. Perform manual ventilation
2. Provide optimal invasive and non-invasive mechanical ventilation support
3. Perform non-invasive lung volume recruitment techniques

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

G. EXECUTE RESUSCITATION (C7)

1. Perform distinction, assessment and rapid intervention as per resuscitation guidelines
2. Perform basic life support (BLS) protocols according to the current standards
3. Perform adult advanced life support (ACLS) protocols according to the current standards
4. Perform paediatric advanced life support (PALS) protocols according to the current standards
5. Perform neonatal resuscitation program (NRP) protocols according to the current standards

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all of the competencies** (provide information in the section below)

☐ **some of the competencies** (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

H. ADMINISTER CARDIO-PULMONARY DIAGNOSTIC TESTS (C8)

1. Perform and interpret electrocardiograms
2. Perform and interpret pulmonary function testing
3. Perform diagnostic tests for sleep related breathing disorders

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all of the competencies** (provide information in the section below)

☐ **some of the competencies** (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

I. PERFORM ADJUNCT THERAPIES (C9)

1. Insert oesophageal or gastric tubes
2. Assist in thoracic suction or drainage therapy
3. Provide thermal regulation
4. Manage transport of a patient

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all** of the competencies (provide information in the section below)

☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

J. PERFORM INVASIVE VASCULAR PROCEDURES (C10)

- | | |
|---|--|
| 1. Manage vascular access through invasive procedures | 4. Assist with vascular access through central lines/pulmonary artery catheter |
| 2. Manage arterial lines | 5. Collect samples using indwelling catheter |
| 3. Perform an arterial, venous or capillary puncture | |

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all** of the competencies (provide information in the section below)

☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Patient Population: ☐ Neonate ☐ Pediatric ☐ Adult

Total Hours:

Course reference(s):

Notes:

2.3 CORE COMPETENCIES (NCF B0-B8)

A. PROVIDE EVIDENCE-INFORMED, PATIENT-CENTRED, RESPIRATORY CARE (B0)

- | | |
|---|-------------------------------|
| 1. Demonstrate empathy and respect towards the patient and family | 3. Plan respiratory care |
| 2. Establish partnerships with patients and families | 4. Apply evidence to practice |

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

B. DEMONSTRATE PROFESSIONAL BEHAVIOUR (B1)

- | | |
|---|---|
| 1. Exhibit professional behavior | 4. Adhere to institutional/organizational policies and procedures |
| 2. Adhere to the scope of practice | 5. Participate in professional development |
| 3. Adhere to professional clinical, legal, and ethical guidelines/regulations | 6. Participate in quality improvement processes |

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

C. COMMUNICATE EFFECTIVELY (B2)

- | | |
|---|---|
| 1. Demonstrate effective verbal and non-verbal communication skills | 3. Use information communication technologies |
| 2. Communicate effectively through documentation | 4. Manage conflict and difficult behavior |

Did your program cover the competencies listed above:

☐ YES, the program covered:

☐ all of the competencies (provide information in the section below)

☐ some of the competencies (provide information in the section below)

☐ NO (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

D. COLLABORATE IN THE INTERPROFESSIONAL HEALTH CARE TEAM (B3)

1. Collaborate in professional consultation in an interprofessional health care team
2. Apply therapeutic and diagnostic procedures based on research data, methods and results

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all of the competencies** (provide information in the section below)

☐ **some of the competencies** (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

E. OPTIMIZE CARDIO-RESPIRATORY HEALTH AND WELLNESS OF THE COMMUNITY (B4)

1. Provide cardio-respiratory health education
2. Participate in addressing cardio-respiratory health needs of the community

☐ **Did your program cover the competencies listed above:**

☐ **YES, the program covered:**

☐ **all of the competencies** (provide information in the section below)

☐ **some of the competencies** (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

F. DEMONSTRATE CRITICAL THINKING AND REASONING SKILLS (B5)

1. Analyze the data pertinent to the clinical situation in order to make a decision
2. Prioritize clinical activities according to the analysis of the situation
3. Manage problems

☐ **Did your program cover the competencies listed above:**

☐ **YES, the program covered:**

☐ **all of the competencies** (provide information in the section below)

☐ **some of the competencies** (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

G. PERFORM ADMINISTRATIVE DUTIES (B6)

1. Use relevant computer and electronic data applications
2. Participate in institutional or professional meetings
3. Demonstrate responsible use of resources to minimize costs
4. Complete administrative reports
5. Perform assessments other than those related to patients
6. Assess peer/student competence and performance
7. Facilitate student and new staff orientation

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all** of the competencies (provide information in the section below)

☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

H. IMPLEMENT PREVENTIVE MEASURES TO ENSURE HEALTH AND SAFETY (B7)

1. Analyze the risk posed by a clinical situation
2. Apply infection prevention and control precautions
3. Manage biohazardous materials
4. Handle dangerous substances and materials
5. Handle medical gases/liquids safely
6. Exercise the role of an RT in the event of an institutional disaster and mass casualty
7. Use respiratory care equipment and supplies safely
8. Manage stress

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all** of the competencies (provide information in the section below)

☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

I. DEMONSTRATE ACCOUNTABILITY APPROPRIATE TO ROLE IN THE HEALTH CARE TEAM (B8)

1. Engage in projects and professional initiatives
2. Facilitate change
3. Support and develop the team

Did your program cover the competencies listed above:

☐ **YES, the program covered:**

☐ **all** of the competencies (provide information in the section below)

☐ **some of the** competencies (provide information in the section below)

☐ **NO** (proceed to the next subject area)

Methodology: ☐ Didactic ☐ Simulation ☐ Clinical

Total Hours:

Course reference(s):

Notes:

Section 3 - Clinical Rotations

Did the clinical rotations cover the following clinical sites/practice areas:

Adult critical care unit	<input type="checkbox"/> Yes	Hours:
Paediatric critical care unit	<input type="checkbox"/> Yes	Hours:
Neonatal critical care unit	<input type="checkbox"/> Yes	Hours:
Operating Room	<input type="checkbox"/> Yes	Hours:
Emergency/Casualty Dept.	<input type="checkbox"/> Yes	Hours:
General Wards	<input type="checkbox"/> Yes	Hours:
Pulmonary Function Testing Laboratory	<input type="checkbox"/> Yes	Hours:
Cardiac diagnostics (i.e. holter, 12 Lead ECGs)	<input type="checkbox"/> Yes	Hours:
Home care (home oxygen therapy and related equipment)	<input type="checkbox"/> Yes	Hours:
Other (provide details)		

SECTION 4 - ADDITIONAL COMMENTS:

SECTION 5 - SUPPORTING DOCUMENTATION

List of supporting documentation submitted

- ☐ detailed course outlines that include how students are evaluated;
- ☐ program curriculum/syllabus (didactic and clinical components);
- ☐ information on the clinical rotations of the program including location and number of hours/weeks;
- ☐ other:

SECTION 6 - DECLARATION

- ☐ I declare/hereby certify that the statements made by me in this form are complete and correct to the best of my knowledge and belief.
- ☐ I understand that a false or misleading statement or representation may lead to refusal to issue a certificate of registration or to revocation of my certificate of registration with the College.

SIGNATURE: _____

DATE: _____