

CERTIFICATE PROGRAM

CT IMAGING CERTIFICATE
for the
RADIOLOGICAL and/or NUCLEAR MEDICINE
TECHNOLOGIST



CANDIDATE HANDBOOK

2021

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Introduction

CT imaging has become an important diagnostic tool in medical imaging. It produces a volume of data that can be manipulated to clearly demonstrate bodily structures in various 3D representations.

With advances in image quality and reduction in scan times CT has experienced enormous growth in clinical use. The advances have led to increased utilization and in some cases the elimination of some previously performed x-ray procedures.

CT Imaging has become routine in the digital world of medical imaging.

Candidates who successfully complete the didactic and clinical components are eligible to receive a Certificate in CT Imaging and can use the credential "CTIC".

Individuals with questions about the CT Imaging Certificate program are encouraged to contact:

CAMRT
1300-180 Elgin St. Ottawa ON K2P 2K3
Tel: 1-800-463-9729 or (613) 234-0012
Email: specialtycertificates@camrt.ca.
Web site: www.camrt.ca

CTIC PROGRAM UPDATES 2021

The CTIC program has been revised to reflect changes to the entry to practice requirements and to ensure the programs continue to reflect current and emerging practice. The revisions ensure this certificate program continues to provide MRTs an opportunity to enhance their knowledge and to gain recognition for their clinical expertise in CT Imaging.

One of the key changes to the CTIC Program, effective 2021, is a mandatory CT Anatomy Exam.

This new anatomy requirement is a prerequisite for the CT Imaging 2 and CT Imaging 3 courses*. It is delivered in a self-directed format and is accompanied by a Study Guide, recommended textbooks and sample exam questions.

Candidates can register for this exam online.

What does this mean?

If you have not completed CT2 or CT3 prior to January 2021:

- You will be required to successfully complete the prerequisite CTI Anatomy exam as part of your CTIC didactic requirements

If you have completed CT2 but not CT3 (or vice versa) prior to January 2021:

- You will have until **Winter 2022** to complete the remaining course*. If you do not complete the course in this timeframe you will be required to complete the CT Anatomy exam before accessing your remaining course.
- Eligible candidates **must contact** cpd@camrt.ca **for the registration link** as the previous versions of these courses are no longer available in the CPD catalogue.

** Effective Winter Term 2021, CT2 and CT3 will be significantly revised. Candidates who have until Winter 2022 to complete their remaining course will be enrolled in the previous version of the CT series courses (not the revised version). This will ensure that all those completing the CT Imaging Certificate program will acquire the full set of required didactic objectives, as content between the courses will shift and change in the redesign.*

Purpose of the Program

The intent of the Certificate in CT Imaging is to provide a mechanism for radiological technology **and/or** nuclear medicine technologists (MRTs) to demonstrate knowledge and competence in CT Imaging, to promote standards of excellence within this clinical area, and to identify those who have met a nationally recognized standard.

This certificate is intended to:

- be dynamic and progressive in nature
- address the current and future challenges in CT Imaging
- provide a Canadian credential that is sought by MRTs
- provide a Canadian credential that is advocated by employers
- provide an opportunity for continuing professional development for continuing competence
- enhance safe and effective practice as described by the *CAMRT Member Code of Ethics and Professional Conduct*– see www.camrt.ca.

Program Eligibility

The CAMRT Certificate in CT Imaging is available to:

- Medical Radiation Technologists who have been certified by the CAMRT in the practice of radiological technology or nuclear medicine
- Internationally educated medical radiation technologists (IEMRTs) in the specialty of radiological technology or nuclear medicine who are graduates of medical radiation technology programs similar to Canadian accredited programs
 - Documentation required from IEMRTs*
 - **Original letter** from entry-level education program verifying length of program to include both didactic and clinical components of the program
 - **Notarized copy** of diploma/degree/certificate from entry-level education program
 - **Letter of Attestation – APPENDIX A**

Required documentation not received within 30 days of program registration will result in a program cancellation/partial refund. **CAMRT strongly recommends candidates obtain required documentation prior to program registration and send by courier within the required timeframe.*

Candidates may begin working on the Summary of Clinical Competence only upon confirmation and approval of received documentation from CAMRT.

Contact specialtycertificates@camrt.ca for further information.

Program Registration

Registration for the Certificate in CT Imaging (CTIC) program is done through the CAMRT website.

The prerequisite for this Certificate Program is the successful completion **or** Prior Learning Assessment and Recognition* (PLAR) of CAMRT's CT Imaging (CTI) 1 exam or first eligible course from the CT series. A minimum exam mark of 75% is required.

The Summary of Clinical Competence for the CT program will be made available in the candidate's personal profile on the CAMRT website at the time of program confirmation. **Competencies performed before program registration will not be considered for this program.**

Required documentation for IEMRTs not received within 30 days of program registration will result in a program cancellation/partial refund.

**See Appendix B for PLAR eligibility criteria*

Program Overview

The CTIC program has both didactic and clinical components.

The CTIC program must be completed within 5 years of the successful completion of the first eligible CT course in the series.

The subsequent components: CT Anatomy Exam, CTI 2, CTI 3, the Discipline Specific Supplement, and the clinical component can be worked on simultaneously however the Summary of Clinical Competence **may not be submitted until all didactic courses are complete.** All components must be completed within the five-year timeframe.

To ensure consistency in clinical experience the candidate must practice in CT at least 16 weeks within any 18-month block within the five-year timeframe.

After review and approval of all components by the CT Imaging Committee, the Certificate in CT Imaging is granted to the technologist. The credential granted is **CTIC**.

It is the intent that those who earn the CTIC credential will continue their professional development. Ongoing continuing education is recommended to remain current in the dynamic field of CT Imaging.

Didactic Component

The didactic component consists of:

- CAMRT CT Imaging 1 (or PLAR) *
- CAMRT CT Anatomy Exam**
- CAMRT CT Imaging 2***
- CAMRT CT Imaging 3***
- Discipline Specific Supplement (*Quick Self Study*)
 - *CT Colonography, Cardiac CT or Stroke and CT Perfusion*
 - *Must be completed within the five years prior to SCC submission*

**See Appendix B for PLAR criteria*

***This CT Anatomy exam is a **mandatory** requirement for ANY candidate who did not successfully complete CT Imaging 2 and/or CT Imaging 3 as of January 2021.*

****Candidates who have successfully completed either CT Imaging 2 or CT Imaging 3 prior to January 2021 must complete the remaining course by May 2022. Candidates should contact cpd@camrt.ca for **the correct registration link**.*

See Appendix C for course objectives.

Candidates must pass the courses and achieve a minimum score of **75%** on the final examinations of each of the didactic courses to be applied to the CTIC.

See Appendix D for exam blueprints.

Candidate are allowed two (2) rewrites within two years of their initial attempt on the CTI 1, CTI 2 and CTI 3 exams (if required) while only one (1) rewrite opportunity applies for the CT Anatomy Exam. After two failed attempts, candidates will be required to complete the two Sectional Anatomy full length courses.

Candidates who do not obtain the required pass mark on the Discipline Specific Supplement must contact the CAMRT. A rewrite fee will apply.

Candidates who feel that they have the essential knowledge gained through relevant work experience and professional development may **challenge** the final exams in each of the three CT courses. A minimum mark of 75% must be achieved on each challenged exam. **Rewrites are not allowed for Challenge exams for the CT courses.**

If the candidate fails a challenged exam and wishes to continue in the program, they must take the required course.

Clinical Component

Only competencies performed after program registration will be accepted.

The clinical component is a practicum that requires the candidate to practice in CT with the following conditions

- Practice under the supervision of an eligible clinical advisor (one per site)
- Practice for at least 16 weeks (80 full time shifts) in an 18-month block within the allowed 5-year timeframe and;
- Complete a Summary of Clinical Competence

It is the candidate's responsibility to obtain a clinical advisor and site for the clinical component of the program. If multiple sites are used, a Clinical Advisor must be identified for each site.

The Summary of Clinical Competence is a list of procedures and associated competencies that must be assessed by a clinical advisor or delegated assessors.

The candidate is responsible for ensuring that all sections of the Summary are complete. A resubmission fee will apply for any incomplete submission, including outstanding didactic requirements.

Random audits will be conducted to ensure the proper process has been followed.

Clinical Advisor

It is the candidate's responsibility to identify a clinical advisor (CA) at the clinical site and to ensure the clinical advisor/delegated assessor is made aware of their role. If the candidate has more than one clinical site, a CA must be identified at each site. Each Advisor is ultimately responsible for assigning their own delegated assessors and to ensure they have signed all forms and pages where these signatures appear.

The Role of a Clinical Advisor (CA) can be found in APPENDIX E.

The clinical advisor must:

1. Be a medical radiation technologist with a CAMRT CTIC credential **and/or** a medical radiation technologist having a minimum of five years' experience in the practice of CT Imaging*
2. Be currently practicing in CT
3. Not be currently registered in any of the CT Certificate programs
4. Identify others delegated to assess the candidate and ensure they are credentialed and competent in their practice
5. Perform the assessment on the candidate for all procedures/associated competencies or delegate the assessment to another credentialed technologist
6. Attest to overall competency of the candidate by signing at the end of each module.

**If this is not possible, please contact CAMRT.*

Delegated Assessor(s)

*It is the **Clinical Advisor's** responsibility to identify and assign delegated assessors (DA) at their clinical site and to ensure they are aware of their role.*

The delegated assessor must:

1. Be a medical radiation technologist with a CAMRT CTIC credential **and/or** a medical radiation technologist having a minimum of two years' experience in the practice of CT imaging
2. Be currently practicing in CT
3. Not be currently registered in the CTIC Certificate program

The Clinical Advisor or Delegated Assessors will observe and assess each procedure/competency and sign/date the Summary of Clinical Competence (SCC) on the same date the competency is verified and confirmed.

All professionals acting as delegated assessors must be identified on the **delegated assessors' form** in the Summary of Clinical Competence.

Clinical Advisors outside of Canada:

The following must be submitted within 30 days of program registration*:

- A notarized copy of the advisor's credentials (degree, diploma, or certificate)
- A letter on **institutional letterhead** from the clinical advisor's immediate supervisor verifying that the clinical advisor is a practicing technologist with a minimum of 5 years' experience in the practice of CT Imaging as a radiological technologist.

**Required documentation not received within 30 days of program registration will result in a program cancellation/partial refund.*

CAMRT strongly recommends candidates obtain required documentation prior to program registration and send by courier within the required timeframe.

Candidates may begin working on the Summary of Clinical Competence only upon approval of received documentation from CAMRT.

Format of the Summary of Clinical Competence

The following provides an overview of the requirements in the Summary of Clinical Competence:

- Demographic information
- CTIC Checklist
- Verification of practice in CT
- Identification of the clinical advisor and delegates
- Guidelines for assessment of competency requirements
- List of procedures and associated competencies required, presented in the following modules:

Module 1 – Patient Care (**all mandatory**)

- CPR
- Patient vital signs
- Patient assessment
- Universal precautions
- Exam indicators
- Patient transfer
- Monitor O₂ administration
- Verify informed consent
- Patient education

Module 2 - Contrast media administration (**all mandatory**)

- Evaluate lab results
- Contrast media selection
- Contrast media preparation
- Site selection
- Venipuncture
- Use of power injector
- Patient monitoring

Module 3 - Image manipulation and quality assurance

- **Four (4) mandatory**
 - Measurement
 - ROI
 - Calibration
 - Dose reduction strategy
- **Three (3) electives**
 - MPR
 - MIP
 - 3D reconstruction

Module 4 - Head procedures

- **Seven (7) mandatory**
 - Enhanced head
 - Unenhanced head
 - Trauma
 - Orbits & Facial bones
 - Sinuses
 - Temporal bones
 - Circle of Willis
- **Three (3) electives**
 - TM joints / IACs
 - 3D bone reconstruction
 - Pituitary gland

Module 5 - Neck & chest procedures

- **Five (5) mandatory**
 - Enhanced neck
 - Enhanced chest
 - Unenhanced chest
 - Pulmonary embolism
 - Thoracic aorta
- **Three (3) electives**
 - High resolution chest
 - Carotids
 - Cardiac

Module 6 - Abdomen & pelvis procedures

- **Six (6) mandatory**
 - Enhanced abdomen / pelvis
 - Unenhanced abdomen / pelvis
 - Abdominal Aorta
 - Liver
 - Kidneys
 - Pancreas
- **Four (4) electives**
 - Trauma abdomen / pelvis
 - Colonography
 - Adrenals
 - 3D vascular reconstruction

Module 7 – Spine and extremities

- **Six (6) mandatory**
 - Cervical spine
 - Lumbar spine
 - Post-processing / retrospective (Spine/extremity)
 - Lower extremity
 - Upper extremity
 - Bony Pelvic Structure
- **One (1) electives**
 - Thoracic spine

Module 8 - Other Modalities/Miscellaneous (**all electives**)
involve performance, participation, or observation - as indicated.

- CT-guided Intervention
- SPECT CT
- PET/CT
- CT Sim
- CT Pediatrics*
- CT Perfusion

**For the purpose of the CTIC, a pediatric exam must include the use of adapted scan parameters that are specific to an infant, child or adolescent.*

Candidates must complete a minimum of 10 elective competencies. Electives must be performed clinically unless the SCC procedure indicates otherwise.

Proficiency for achievement of competency for this program is characterized as follows:

- When presented with situations, the MRT performs relevant competencies in a manner consistent with generally accepted standards and practices in the profession, independently and within a reasonable timeframe. The MRT anticipates what outcomes to expect in a given situation, and responds appropriately, selecting and performing competencies in an informed manner.
- The MRT recognizes unusual, difficult to resolve and complex situations which may be beyond their capacity. The MRT takes appropriate and ethical steps to address these situations, which may include consulting with others, seeking supervision or mentorship, reviewing literature or documentation, or referring the situation to the appropriate healthcare professional.

Program Extension

Extensions beyond the five-year time frame are available under exceptional circumstances. Contact CAMRT **prior to your program expiration date** for information.

There is a fee associated with an extension request.

Submission of Summary of Clinical Competence

Candidates must submit the completed Summary of Clinical Competence to the CAMRT for review and approval by the CT Imaging Committee.

Electronic copies submitted as one file may be submitted to specialtycertificates@camrt.ca or the document can be mailed to the CAMRT Office.

Incomplete Summary of Clinical Competence – Resubmission Fee

Any Summary of Clinical Competence deemed incomplete by a reviewer will be subject to a resubmission fee. This also applies to incomplete didactic requirements.

Continuing Professional Development

It is the intent that those who earn the CTIC credential will continue their professional development. Continuing education is recommended to remain current in the dynamic field of CT Imaging.

**INTERNATIONALLY EDUCATED MEDICAL RADIATION TECHNOLOGISTS
CERTIFICATE PROGRAM REGISTRATION
ATTESTATION STATEMENT**

Included with this signed statement, is the required documentation to finalize my Certificate Program Application with the Canadian Association of Medical Radiation Technologists.

Candidate Name: _____

Certificate Program: _____

Title of Program Completed: _____

Name of Diploma/Degree: _____

Educational Institution for theoretical instruction: _____

Institution for Clinical Training: _____

Length of Total Program: Theoretical (months) **Clinical (months)**

By signing below, I verify that:

- ✓ All statements and documentation in this application are accurate. I understand that a false or misleading statement, omission or misrepresentation may compromise my registration request.
- ✓ The documentation attached regarding my education program and/or my clinical advisor is original and has not been modified in any way.
- ✓ I authorize CAMRT to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in my application and related documents.
- ✓ I understand that I may be required to submit further information if required.

Signature of Applicant

Date (month/day/year)

Prior Learning Assessment and Recognition (PLAR) for CT Imaging 1 – ELIGIBILITY REQUIREMENTS

The following criteria has been established to determine eligibility for consideration of PLAR for CT Imaging 1:

1. Graduated from a Canadian accredited radiological technology or nuclear medicine program, **April 2018** or later and whose applicable courses have been reviewed and approved by the CAMRT.
2. Graduated from the accredited education program within the last 3 years
3. Provide evidence, via official transcript*, of an overall 75% average (or greater) in all relevant didactic courses. A resubmission fee will apply for candidates submitting unofficial documents.
4. Pay a non-refundable \$75 prior learning assessment and recognition fee.

Approval of the prior learning assessment and recognition for CT Imaging 1** will trigger the candidate's CTIC 5-year timeline. This program start date will be automatically defaulted to the closest CAMRT exam date (May or November).

An **official transcript is a complete and final representation of a student's **academic** record on **school letterhead**. It must bear the embossed seal, date issued and the Registrar's signature.*

**** or upon completion of any of the other CAMRT CT Imaging courses (whichever occurs first).**

Applications are accepted online. Search for "PLAR" in the course catalogue.

For more information, please contact cpd@camrt.ca

CT Imaging 1 Course Objectives

Upon completion of this course, you will be able to:

- outline the process of CT.
- chart and break down the four basic steps to achieve a CT image.
- discuss the concept of digital processing.
- recognize the role of CT applications.
- explain the principle and role of mobile CT.
- explain the principle and role of CT fluoroscopy.
- explain the principle and role of dual source CT.
- explain the principle and role of CT simulation.
- explain the principle and role of CT in Nuclear Medicine.
- characterize the various acquisition components comprising a CT scanner.
- evaluate and diagram the various types of multi-row detector systems.
- compare and contrast the two types of detector arrays.
- defend the advantages of the higher slice scanners.
- discuss the principle and role of the data acquisition system.
- outline and evaluate the options available in a CT scan set-up.
- determine and demonstrate the optimal use of scan parameters.
- classify and characterize the four factors that affect radiation.
- explain and apply the concept of CT numbers.
- illustrate the concept of back-projection form of reconstruction.
- assess the role of adaptive statistical iterative reconstruction.
- explain and demonstrate the concept of windowing.
- contrast and compare typical CT number ranges for various tissues.
- evaluate the role of & implement image display & analysis software available.
- analyse the role of the diagnostic imaging workstation and the CT simulator workstation.
- explain the concept of maximum intensity projection and three-dimensional imaging.
- explain the concept of isocentre marking and contouring.
- characterize the placement of radiation treatment fields.
- assess the role of shielding in therapy.
- evaluate the role in therapy of fusion involving CT, MRI & PET images.
- classify and illustrate image quality parameters.
- determine the factors that affect image quality parameters.
- recognize and illustrate patient-related & equipment-related artifacts.

- determine the factors that cause patient-related artifacts.
- develop and design a CT preventative maintenance program.
- evaluate current CT preventative maintenance program.
- develop and design a CT quality assurance program.
- evaluate current CT quality assurance program.
- compare, contrast and determine dose expression quantities and measurements.
- evaluate typical patient dose values.
- determine scanner design factors, parameter factors and patient factors that affect patient dose.
- implement steps to reduce patient dose for each of these factors.
- apply recommendations of dose reduction campaigns.
- evaluate current site radiation protection program.
- implement a program of radiation protection.
- evaluate the role of patient screening.
- discuss the concept of consent and develop a consent form.
- evaluate the role of patient education regarding contrast media injection.
- apply tools to assess and monitor the patient for contrast medium injection.
- assess the risk of contrast-induced nephropathy.
- assess the patient for signs of adverse reactions.
- compare and contrast the various types on contrast media available.
- apply measures to reduce the risk of contrast-induced nephropathy.
- evaluate current site IV injection program.
- implement an IV injection program.
- evaluate current site contrast media handling and administration.
- implement a contrast media handling and administration program.
- determine the factors that affect contrast enhancement and scan timing.
- implement steps to optimize contrast enhancement.

CT Imaging 2 Course Objectives

Chapter 1

At the conclusion of this section, the learner will be able to:

- » Indicate reasoning for performing or not performing CT scans of the head
- » Recognize when contrast media is indicated and contraindicated when imaging the head
- » Outline different features of different contrast media injection techniques
- » Recognize key indicators for performing head scans for trauma and headache and spine

- » Outline key principles of dual energy scanners and their applications to imaging of the head and neck

Chapter 2

Upon completion of this chapter, the learner will be able to:

- » Recognize normal features and variants in soft tissue areas of the brain
- » Recognize how contrast media enhances diagnosis of some pathology
- » Identify features that describe pathological processes in the brain
- » Select and modify the correct scan protocol to confirm the diagnosis
- » Adapt scan parameters to optimize imaging of brain or cranium for interpretation based on provisional diagnosis
- » Identify key indicators of pathology in the brain and the impact they have
- » Identify common CT findings of congenital, infectious, and neoplastic pathological processes of the brain and the resulting radiographic manifestations

Chapter 3

Upon completing this chapter, the learner will be able to:

- » Adapt scan parameters to optimize imaging of facial bones, sella, and temporal bones for interpretation based on provisional diagnosis
- » Interpret the appearance of most common pathologies seen on computed tomography (CT) scans of the skull, facial bones, sella, and temporal bones
- » Illustrate the pathological process behind the most common pathologies seen on CT scans of the skull, facial bones, sella, and temporal bones
- » Assess, and solve for diagnosis, a case study presentation involving facial bones, sella, and temporal bones
- » Make a diagnosis based on patient symptoms and injuries
- » Identify the target anatomical area based on the diagnosis

Chapter 4

Upon completing this chapter, the learner will be able to:

- » Adapt scan parameters to optimize imaging of orbits and sinuses for interpretation based on provisional diagnosis
- » Interpret the appearance of most common orbit and sinus pathologies seen on computed tomography (CT) scans
- » Illustrate the pathological process behind the most common pathologies seen on CT scans of the orbits and sinuses
- » Assess, and solve for diagnosis, a case study presentation involving the orbits and sinuses
- » Make a diagnosis based on patient symptoms and injuries
- » Identify the target anatomical area based on the diagnosis
- » Select and modify the correct scan protocol to confirm the diagnosis

Chapter 5

Upon completing this chapter, the learner will be able to:

- » Adapt scan parameters to optimize imaging of the neck and spine for interpretation based on provisional diagnosis
- » Interpret the appearance of most common neck and spine pathologies seen on CT scans
- » Illustrate the pathological process behind the most common pathologies seen on CT scans of the neck and spine
- » Identify features that describe pathological processes in the brain and arteries that supply it
- » Assess, and solve for diagnosis, a case study presentation involving the neck and spine
- » Make a diagnosis based on patient symptoms and injuries
- » Identify the target anatomical area based on the diagnosis
- » Select and modify the correct scan protocol to confirm the diagnosis

CT Imaging 3 Course Objectives

Chapter 1

At the conclusion of this section, the learner will be able to:

- » Indicate reasons for performing a CT scan of the thorax.
- » Acknowledge the role of technologists in preparing for CT scans.
- » Recognize the importance of contrast media administration in thoracic CT.
- » Outline features of different contrast optimization techniques.
- » Identify unique features of thoracic CT protocols.

Chapter 2

At the conclusion of this section, the learner will be able to:

- » Indicate reasons for performing a CT scan of the abdomen and pelvis.
- » Recognize the different forms of contrast media for abdominal CT.
- » Identify contraindications of IV contrast media.
- » Identify unique features of abdominal CT protocols.

Chapter 3

Upon completing this chapter, the learner will be able to:

- » Determine the role of CT in extremity evaluation
- » Identify unique features of extremity
- » Reflect on various positioning considerations
- » Identify features that describe pathological processes in the extremities
- » Identify common CT findings of pathological processes in the extremities

Chapter 4

Upon completing this chapter, the learner will be able to:

- » Describe what CT guidance provides during interventional procedures
- » Indicate three types of interventional procedures that utilize CT imaging
- » Compare the two acquisition methods used for CT guidance
- » Describe the benefits that CT guided intervention provides
- » Recognize the role of technologists in CT guided procedures
- » Explain the importance of laboratory values prior to CT guided procedures
- » Recognize the value of skin marking and breathing instructions in CT guided intervention
- » Compare two techniques used to introduce a biopsy needle
- » Compare fine needle aspiration and core needle biopsy
- » Describe the single step and two step techniques used to introduce percutaneous drainage devices.
- » Indicate how a joint injection differs from percutaneous biopsy or drainage
- » Describe the needle tip artifact
- » Outline potential contraindications to CT guided procedures
- » Recognize potential complications from percutaneous procedures

CT Colonography QSS Learning Objectives

Upon completion of this course the learner will be able to

- understand the clinical indications for CT colonography.
- describe the bowel preparation.
- understand the rationale behind fecal tagging.
- understand the procedure and value of colonic distension.
- identify the protocol for appropriate scanning.
- gain awareness of the process of interpretation and the importance of accurate measurement.
- understand the role of computer-aided diagnosis.

Cardiac CT QSS Learning Objectives

Upon completion of this course the learner will be able to

- understand the basic concepts of CCT
- understand the clinical indications & contraindications for a CCT
- understand basic cardiac anatomy
- describe the patient preparation for exam
- describe the process of scan acquisition
- describe image post processing
- understand the concepts behind image interpretation
- understand the potential clinical applications of CCT

Stroke & CT Perfusion Learning Objectives

Upon completion of this course the learner will be able to

- Understand the types of stroke
- Recognize the signs and symptoms of stroke
- Describe the treatment options for acute ischemic stroke
- Recognize stroke on non-contrast enhanced CT
- Identify the purpose of CT angiography in acute stroke
- Explain the principles of CT perfusion
- Describe the terms cerebral blood flow (CBF), cerebral blood volume (CBV), mean transit time (MTT) and time to peak (TTP)
- Understand the risks associated with CT Perfusion
- Identify other indications for the use of CT Perfusion

CAMRT CT Imaging 1 Exam blueprint

| Item presentation - % of question types | |
|--|---|
| Multiple Choice: 100% | |
| Label: 0% | |
| Short Answer: 0% | |
| Exam structure | |
| Exam length: 2 hours 15 minutes | |
| Number of questions: 100 | |
| Exam delivery format | |
| On-line | |
| Course Content and question weighting | |
| Chapters | Percentage weighting of number of questions/chapters |
| 1 – CT Principles and CT Physics | 15-18% |
| 2 – Data Acquisition and Image Reconstruction | 15-18% |
| 3 – Image Manipulation and Management | 15-18% |
| 4 – Quality Control and Quality Assurance | 15-18% |
| 5 – Radiation Dose, Patient Dose, and Protection | 15-18% |
| 6 – Contrast Media and Injection Techniques | 15-18% |

CAMRT CT Anatomy Exam Blueprint

| Item presentation - % of question types | |
|---|---|
| Multiple Choice: 100% | |
| Exam structure | |
| Exam length: 2 hours 15 minutes Number of questions: 100 | |
| Exam delivery format | |
| On-line | |
| Course Content and question weighting | |
| Chapters | Percentage weighting of number of questions/chapter |
| 1 – Brain | 15% |
| 2 – Cranium and Facial Bones | 15% |
| 3 – Neck | 10% |
| 4 – Spine | 10% |
| 5 – Chest | 15% |
| 6 – Abdomen and pelvis | 30% |
| 7 – Extremities | 5% |

CAMRT CT Imaging 2 Exam Blueprint*

| Item presentation - % of question types | |
|---|--|
| Multiple Choice: | 75% |
| Case Studies (multiple choice): | 25% |
| Exam structure | |
| Exam length: | 2 hours 15 minutes |
| Number of questions: | 100 |
| Exam delivery format | |
| On-line | |
| Course Content and question weighting | |
| Chapters | Percentage weighting of number of questions/chapters |
| 1 – Introduction to CT of the Head Neck and Spine | 5-10% |
| 2 – Brain | 24-28 |
| 3 – Skull, Facial Bones, Sella & Temporal Bones | 16-20% |
| 4 – Orbits and Sinuses | 12-16% |
| 5 – Neck and Spine | 18-22% |

**Blueprint for 2021 version of CT Imaging 2 exam*

CAMRT CT Imaging 3 Exam Blueprint*

| Item presentation - % of question types | |
|--|--|
| Multiple Choice: | 100% |
| Exam structure | |
| Exam length: 2 hours 15 minutes | |
| Number of questions: 100 | |
| Exam delivery format | |
| Online | |
| Course Content and question weighting | |
| Chapters | % weighting of number of questions/chapters |
| Thorax | 25-30% |
| Abdomen & Pelvis | 25-30% |
| Extremities | 20-25% |
| CT-Guided Interventional Procedures | 15-20% |

**Blueprint for 2021 version of CT Imaging 3 exam*

The Role of a Clinical Advisor

To maintain the integrity of CAMRT Certificate programs, it is essential that all parties involved in the training and evaluation of certificate program candidates follow the procedures set out in the Program Handbook and Summary of Clinical Competence (SCC). A CAMRT Certificate indicates a level of competence above entry-to-practice that has been verified through the requirements of the program.

Clinical Advisor's responsibilities include:

- review the Program Handbook and SCC with the candidate.
- mentor and support candidates in their skill development
- assess firsthand competency/procedures performed by the candidate and verify competence by signing and dating each procedure in the SCC at the time competence is established and/or
- delegate assessment duties to individuals who have the expertise and qualifications outlined in the Program Handbook.
- ensure all delegated assessors have read the most current version of the Program Handbook and SCC. These documents are updated on an annual basis, so clinical advisors and delegated assessors must review the handbook and SCC with each new candidate.
- attest to overall competency by signing at the end of each module
- verify the overall competence of the candidate at the end of the clinical placement by signing the Declaration of Completion.

During clinical placements, the following criteria must be upheld:

All competencies must be **performed** independently by the candidate on a patient. A candidate cannot be deemed competent if they have only observed or simulated a procedure, unless otherwise indicated in the SCC.

The clinical advisor/delegated assessor must witness competent practice for a procedure/competency multiple times prior to the date of the final assessment. A signature in the SCC verifies that the technologist has **consistently shown** they have the knowledge, skill and judgement to be declared competent in each aspect of practice. It is recognized in some circumstances that procedures are not performed frequently; however, it is appreciated that there is a transference of skills between many procedures. ***It is the responsibility of the clinical advisor or delegated assessor to ensure this expected level of competence as evidenced by their signatures in the appropriate areas.***

If there are procedures in the SCC that are not performed at your clinical site it is the responsibility of the candidate to contact CAMRT to determine an alternate option (if any).

Detailed guidelines for assessment of competency are found in each module of the SCC. The guidelines listed provide an overview of the expectation for assessment by the clinical advisor or delegated assessor.

It is recognized being a clinical advisor or delegated assessor adds to your already heavy workload and responsibilities in your daily practice. The CAMRT appreciates your professionalism and commitment to help the candidate continue their education in an ever-changing healthcare environment.