



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

CLINICAL SKILLS ASSESSMENT (CSA)

Applicant Guide

INTRODUCTION

The College of Respiratory Therapists of Ontario's (CRTO's) entry-to-practice assessment process provides a mechanism for applicants for registration to demonstrate that they have the required entry-to-practice **competencies** (knowledge, clinical skills and judgment) to provide safe, effective and ethical care. These entry-to-practice competencies are listed in the [National Competency Framework \(NCF\) – Part 1 Entry-to-Practice](#) developed by the National Alliance of Respiratory Regulatory Bodies.

The CRTO assessment process includes a program review, a structured interview and a clinical skills assessment (CSA). This Guide explains what the CSA is and what you can expect on the day of the assessment.

For detailed information about CRTO's assessment and registration process, please refer to the [Application and Assessment Guide](#).

The CSA Guide includes the following sections:

- A. Summary Overview of the CSA
 - B. Location, Schedule and Assessment Fee
 - C. Orientation Session
 - D. Structure of the Assessment
 - E. Equipment List
 - F. What to Expect on the Day of the Assessment
 - G. After the Assessment
 - H. Contact Info
 - I. Links
- Appendices
- 1. Payment Form
 - 2. List of Abbreviations

A. SUMMARY OVERVIEW OF THE CSA

The CRTO's entry-to-practice assessment includes a clinical skills assessment (CSA), which is an actual demonstration of clinical skills in a simulated environment (i.e., a clinical environment that mimics real-world practice, for example, an operating room, or intensive care unit).

The CSA evaluates the competencies (knowledge, clinical skills and judgement) required to practise respiratory therapy in Ontario. These entry-to-practice competencies are listed in the [National Competency Framework \(NCF\)](#).

For example, the assessment may cover such clinical entry-to-practice areas as:

- Airway Management
- Anesthesia
- Invasive Vascular Procedures
- Ventilation Management
- Cardiopulmonary Resuscitation & Stabilization
- Cardiac Diagnostics
- Pulmonary Diagnostics And Investigations:
- Adjunct Therapy

The CSA consists of a series of simulated clinical scenarios, each designed to measure whether applicants can demonstrate specific clinical competencies at an entry-to-practice level. These scenarios may range from single stations that require the demonstration of a single skill to more complex ones requiring integration of knowledge, clinical skills and judgement. Applicants will use a combination of real equipment, simulation mannequins and live people to demonstrate their clinical skills. In addition, applicants are assessed on their communication skills, professionalism, clinical problem solving and health and safety.

During the assessment, applicants are observed by trained assessors. The assessors use standardized evaluation rubrics unique to each scenario, to score the applicants' performance as being at or below the entry-to-practice standard for each competency.

To maintain test security, the content of the assessment is strictly confidential. All applicants are asked to sign a confidentiality agreement before the assessment.

In addition, each applicant's performance is videotaped or recorded. This is to allow the assessors to review the performance to ensure their scoring is accurate. The recording remains the property of the CRTO and will be destroyed once the assessment has been finalized. Prior to beginning the assessment, applicants are asked to sign a video release form to consent to the recording.

Reminder: The CSA is meant to appraise an applicant's current skill level. As such, the CRTO and its partner organizations will not educate or coach applicants in preparation for or during the assessment.

B. LOCATION, SCHEDULE AND FEES

The clinical skills assessments are conducted at a CRTO-approved simulation facility in Toronto on an as-needed basis.

To proceed with the CSA applicants must first complete the Program Review and Interview stages of their assessment, and meet with CRTO staff to review their interim assessment report and to discuss the next steps in the assessment process.

To proceed with the CSA, applicants will have to submit the CSA fee by completing a [Payment Form](#) (see Appendix A). The fee for the CSA is outlined in the [Schedule of Fees](#).¹ The CRTO will schedule and confirm the assessment date after the fee has been paid. It may take up to three months for the assessment date to be scheduled.

Cancellations – Applicants wishing to cancel their scheduled CSA session must notify the CRTO as soon as possible. Their cancellation request must be submitted by mail or email. Applicants will be eligible for a refund of the CSA fee if their written cancellation request is submitted to the CRTO at least 30 days before the scheduled CSA date. The fee is non-refundable if the applicant’s cancellation request is submitted less than 30 days before the scheduled CSA date.

Rescheduling requests must be submitted at least 30 days before the confirmed CSA date. Rescheduling requests submitted in less than 30 days before the scheduled CSA date are treated the same as cancellations.

C. ORIENTATION SESSION

Applicants registered for the CSA are required to attend a two-part orientation session.

- **Orientation Session Part 1** – conducted virtually prior to the assessment date. The session will focus on the following:
 - Overview of the Clinical Skills Assessment
 - Introduction to the simulated environment
 - Overview of the assessment components and expectations
 - Schedule for the day
 - Who will be involved in the assessment, e.g. roles of assessors, facilitators, etc.
 - Helpful reminders
 - Next steps in the registration process.
- **Orientation Session Part 2** - conducted at the simulation center, on the morning of the scheduled CSA session. The session will focus on the following:
 - Orientation to the simulated environment (e.g., space, equipment, mannequin)
 - Review of the assessment components and expectations.

¹ The fee for the CSA is **\$5,000.00** for applications received after March 1st, 2024. Applications received before March 1st, 2024 will be subjected to the CSA fee of \$4,250

D. STRUCTURE OF THE ASSESSMENT

The CSA consists of two parts:

1. **Clinical Skills Stations** - a series of five 10 - 15 minute stations, each followed by a short break. These will focus on the assessment of specific skill performance.
2. **Integrated Clinical Scenarios** – three 30 - 35 minute scenarios each followed by a break. These scenarios will assess the application of knowledge, clinical skills and judgement to address a combination of competencies.

Each part may take up to two (2) hours to complete.

What competencies will be assessed?

Any competency or combination of competencies from the NCF may be assessed. The assessment will not include any competencies that are not described in the NCF or its companion document.

Scoring

The scoring is based on the entry to practice competencies.

General Format for Each Scenario

Each simulated scenario will follow the same general format:

- The applicant will read the station/scenario instructions
- The applicant will start the scenario when prompted
- The applicant will have a specified amount of time to perform the required actions
- The applicant will then be cued to move to the next station/scenario.

The assessors may be in the room with the applicant or viewing remotely (through one-way glass, for example). The assessors may ask questions, for example, the applicant may be asked to explain why they changed a specific setting on a ventilator. There may also be a resource person or role player (e.g., someone playing the role of a physician or a respiratory therapist) in the room, depending on the design of the scenario.

Here are samples of the information that will be provided to the applicant before beginning the scenario:

Part 1 - Clinical Skills Station

The emergency department is preparing to discharge an 8 year old child who has experienced her first asthma attack. The physician has called you to teach the child and her parents how to use the metered dose inhalers (MDI), as well as how to know if she needs to come back to emergency.

Required Actions:

- Select the correct spacer device for the child;
- Teach both the child and the parents how to use the MDI properly;
- Ensure that both the child and the family are able to recognize if her asthma is worsening again; and
- Document appropriately.

Helpful Reminders

- To assist the assessors in understanding your critical thinking and reasoning, please verbalize your thinking throughout the scenario.
- Remember to use personnel protective equipment (PPE) as required
- You should speak to the mannequin as you would to a real patient.
- Inform assessors when you completed your scenario.

Based on the above sample scenario, the applicant would be evaluated on their demonstration of the following NCF competencies:

- Use professional and respectful language, behaviour, and attire
- Demonstrate support and caring towards patients/clients, co-workers and others
- Demonstrate effective oral, written, and non-verbal communication skills
- Maintain documentation and records
- Demonstrate critical judgement in professional practice
- Use personal protective equipment

Part 2 - Integrated Clinical Scenario

This scenario takes place in an Intensive Care Unit. The physician has asked you to assess a patient who has recently been extubated and whose work of breathing has worsened over the past 6 hours. The patient still has a radial arterial line in place and there are orders for an arterial blood gas (ABG) and/or for Non-Invasive Positive Pressure Ventilation (NIPPV), if required.

Required Actions:

- Perform a respiratory assessment;
- Request an ABG, if you determine that it is required;
- Discuss treatment options with patient;
- Place patient on NIPPV, if you determine that it is required;
- Document appropriately.

Helpful Reminders

- To assist the assessors in understanding what you're thinking, please verbalize your thoughts throughout the scenario.
- Remember to use personnel protective equipment (PPE) as required.
- You should speak to the mannequin as you would to a real patient.
- Inform assessors when you completed your scenario.

Based on the above sample scenario, the applicant would be evaluated on their demonstration of the following NCF competencies:

- Use professional and respectful language, behaviour, and attire
- Demonstrate support and caring towards patients/clients, co-workers and others
- Demonstrate effective oral, written, and non-verbal communication skills
- Maintain documentation and records
- Demonstrate critical judgement in professional practice
- Evaluate and address issues surrounding equipment application and/or operation
- Demonstrate problem-solving skills
- Use personal protective equipment
- Initiate non-invasive mechanical ventilation

E. EQUIPMENT LIST

The following is a list of current-generation equipment that may be used in the CSA. This is not a list of the exact equipment you are expected to be proficient with. It is included only to provide you with an example of the type of equipment you are likely to encounter.

- Personal Protective Equipment (e.g., cap, gloves, masks, eye protection)
- Current generation anaesthetic gas machine [e.g., S5 Avance (GE Datex Ohmeda)]
- Mechanical ventilator [e.g., Servo 300, PB 7200, Puritan Bennet 840 (Covidien); Servo-I (Maquet); Avea (CareFusion)]
- Non-invasive positive pressure delivery device [e.g., Vision (Respironics); V60 (Respironics)]
- Flow-inflating and self-inflating resuscitation bags
- Monitors with patient leads (e.g., EtCO₂, SpO₂, ECG, BP)
- Invasive monitors (e.g., Arterial lines)
- Multi-outlet head wall (e.g., O₂, air, suction)
- E-size gas cylinders
- Patient mannequins – task trainers (intubation heads and IV, or arterial arms) and high fidelity, eg., SimMan 3G (Laerdal) – for more information please click [HERE](#) to see a short video detailing the essential features of the Laerdal SimMan 3G
- Intubation equipment
- Artificial airways (e.g., ETTs, tracheostomy tubes)
- Arterial blood gas kit
- Oral and tracheal suction supplies
- Spacers and placebo-inhaled medication delivery devices
- Oxygen and humidity therapy devices
- Infant warmer

F. WHAT TO EXPECT ON THE DAY OF THE ASSESSMENT

The Day at a Glance

The assessment day will consist of the following:

- Arrival - arrive at least 15 minutes early.
- Orientation session
 - Break
- Assessment (Round 1 - Clinical Skills Stations)
 - Lunch Break (lunch will be provided)
- Assessment (Round - 2 Integrated Clinical Scenario 1)
 - Break
- Assessment (Round 3 - Integrated Clinical Scenario 2)
 - Break
- Assessment (Round - 4 Integrated Clinical Scenario 3)
 - Break
- Assessment (Round - 5 Integrated Clinical Scenario 4)
 - Break
- Completion of a post-assessment exit survey
- Sign out

You should plan on being at the assessment for a full day (e.g., 0745-1500 hrs). The actual start and end times will vary slightly and will be communicated directly to each applicant prior to the session.

What to Bring

- **Identification** – when you arrive to check in for your assessment, you will be asked to show a piece of valid government-issued photo ID (e.g. your driver's license, Canadian passport)
- A **stethoscope**, if you have one. If not, one will be provided (all other required equipment will be provided)
- **Snacks** – you will not be allowed to leave the facility, so bring any snacks you may require (lunch will be provided)

What to Wear

- Wear comfortable clothing that looks professional
- Wear comfortable shoes. You will be standing or walking for most of the assessment

Arriving at the Simulation Centre

- Arrive on time - it is recommended that you arrive 15 minutes prior to your scheduled assessment time
- Present your ID

- If you haven't done so already, sign a confidentiality agreement and a video release form
- Leave all food and drink, outside clothing, purses/backpacks, and electronic and wireless devices in the secure, designated area. You are not allowed to bring these items into the assessment area (a locker and a lock will be provided)
- Keep your stethoscope with you

Breaks/Lunch

- All breaks (including lunch) will be held in a designated area. For test security purposes, you will not be permitted to leave the assessment facility until your assessment is complete. Lunch will be provided. If you have any food allergies or dietary restrictions, please let us know at least two weeks before the assessment.

At the End of the Day

- Complete the post-assessment exit survey prior to leaving
- Pick up your personal belongings before leaving the site

Things to Remember During Your Assessment:

- Pay attention to staff members' verbal instructions, during both the orientation and the assessment – this will help you focus on what is required in a given scenario
- Read the instructions carefully. Read the stem for each station. A copy of the stem will be available inside the assessment room for your reference
- Verbalize and explain aloud what you are doing and why. This will further assist the assessors in understanding your reasoning and actions
- Interact with all standardized patients and mannequins as if they were real patients. E.g., introduce yourself, ask how the patient is feeling
- You should apply any infection control precautions as required for each clinical situation. PPE will be provided for your use. For more information on infection control, please review the [Infection Prevention and Control Clinical Best Practice Guideline](#)
- For all scenarios, you can assume that:
 - you have a valid order for all tasks that you are required to perform
 - you have consent from your patients in each scenario; and
 - you are treating the correct patient
- Unless specified, you can assume that the patient is an adult
- You should stay within the RT scope of practice; do only what is asked for in the stem. There are no extra points for performing additional interventions

G. AFTER THE ASSESSMENT

- **Assessment Report**

Within thirty (30) days of the assessment applicants will receive their CSA assessment report. The report will provide information on any competency gaps that were identified during the assessment.

H. CONTACT INFO

Should you have any questions, please contact Kelly Arndt, RRT, Manager of Quality Practice, CRTO at arndt@cрто.on.ca

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I. LINKS

The National Alliance of Respiratory Therapy Regulatory Bodies - **National Competency Framework** <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016/>

College of Respiratory Therapists of Ontario **Application and Assessment Guide**
www.cрто.on.ca/applicants/applicants-educated-outside-of-canada/

College of Respiratory Therapists of Ontario **Infection Prevention and Control Clinical Best Practice Guideline** <https://infection.cрто.on.ca/>

APPENDIX 2 - LIST OF ABBREVIATIONS

ABG	Arterial Blood Gas
AGM	Anaesthetic Gas Machine
BP	Blood Pressure
ER	Emergency Room
EtCO ₂	End-tidal Carbon Dioxide
ETT	Endotracheal Tube
HR	Heart Rate
ICU	Intensive Care Unit
NIPPV	Non-Invasive Positive Pressure Ventilation
NPO	Nothing by Mouth
OR	Operating Room
PPE	Personal Protective Equipment
RN	Registered Nurse
SaO ₂	Arterial Oxygen Saturation