



Continuing Professional Development Quick Reference on Credits

PREAMBLE

This list of activities is not inclusive. If the activity you wish to use for CPD credits does not reasonably fit under one of the descriptions in this table, please contact the Credentials Committee to complete the Application for CPD Credit Approval form. CPD credit assessment can be done after an event, but it is recommended to have credit assessment done prior to the event/activity.

NSCMIRTP's CPD Program is a 2 Year Cycle, reporting from November 1–October 31.

Each registrant must complete 30 credits/2 years. Prorated credits are available for new/returning registrants.

	Activity	Credit Value	Max/2years
Clinical Skills	Student Preceptorship	1 credit = 8 hours	15
	Lead Preceptorship	1 credit = 1 year	2
	Workplace Training/Inservice/CPR	2 credits = half-day	20
	QA/Case Study Review	1 credit = 1hour	10
	Annual Peer/Performance Review	2	4
	Lab Demonstrator/Super User	2 credits/course	8
Academic	Short Self-Study Course	2 credits/activity	10
	3 Credit/hour Course or Equivalent	15 credits/course	15
	Organizing Journal Club/Lunch and Learn (Lead)	2 credits/activity	20
	Journal Club/Lunch and Learn (Attend)	1 credit = 1 hour	10
	Medical Rounds	1 credit = 1hour	10
	LMS Courses/Webinars/Podcasts	1 credit = 1 hour	15
	Read Journal Article	1 credit/activity	5
	Develop Educational Activity	*Rubric	20
	National Exam Development	5 credits/year	10

Professional	Volunteer Professional Committee	Member = 3 credits/year Chair = 5 credits/year Board =7 credits/year	20
	Volunteer Workplace Committee	Member =2 credits/year Chair = 3 credits/year	12
	Attend Conference/Seminar/ Workshop/AGM	1 credit =1 hour	20
	Present a Lecture	5 credits/activity	20
	Complete Jurisprudence Module	2 credits	2
	Part of Accreditation Panel	15 credits/activity	15
Research	Author of Article	15 credits/article	15
	Reviewer for Peer Reviewed Journal	2 credits/article	10
	Participate in Research	*Rubric	20
	Scientific Poster	5 credits/activity	10

Please see full <u>CPD Program</u> document on our website for more detailed descriptions, examples, and info on what documentation/proof is required. All activities require a reflective statement.

A reflective statement is one that you think deeply or carefully about. Within healthcare, Reflective Practice is a process by which you stop and think about your practice, consciously analyze your decision-making, draw on theory and relate it to what you do in practice. For your CPD portfolio, the reflective statement that goes with each activity should reflect why the activity is related to your practice and how you will apply to it.

This may be simple such as learning the new standards related to CPR to ensure you are confident in the event of a code that you can deliver the required care to your patient. Or it may be more complex. For example, how would taking a change management course be applicable to your practice. The reflective answer to this will vary based on the individual's current practice environment and skill base.

Below are several examples of strong and weak reflective statements made in the past CPD cycle by NSCMIRTP registrants.

Self-Reflection Examples

1. Reading a peer reviewed journal article

a. Out of scans done on 492, 29 asymptomatic patients had lung infiltrates. Of those 29, 45% were later positive on PCR tests, all patients had a distribution of opacities, and 7 patients had thoracic lymphadenopathy.

This is a weak self-reflection as it only describes the content of the article and not what the registrant took from the article that they can bring into practice

2. Accessing Webinars

a. I watched this webinar in an attempt to make myself more aware of how stress can affect my everyday life at home and at work and how to better recognize when I am stressed and hopefully learn some strategies to help alleviate some of that stress or those stressors that come up before they become major problems in my relationships at home and at work. I also wanted to educate myself more on the ways that I can help others alleviate some of their stressors and be able to recognize and be more patient with others in stressful situations.

This is a good self-reflection as they now have strategies to help with stressful situations as and when they arise in the workplace or at home.

3. Peer Reviewing

a. Being a peer reviewer gives me an opportunity to support authors in their publications and the journal by identifying content that would interest their audience. Providing suggestions to reviewers provides an opportunity for improvements to their information dissemination which overall will have an impact on how the research is received by others. Participating also allows me to reflect on my past research and incorporate lessons learned in my future dissemination of information. Ultimately, this impacts research potentially being used to improve practices and services provided to patients.

This is a **strong self-reflection** as it considers the skills, they are personally learning related to MIRTP research but also the potential broader impact that quality research can have on improving care and services for patients.

4. Lunch and Learn

a. There were some changes requested to the current protocols, allowing staff to understand why they were needed, what we were looking for and if there were any effects to the workflow/process. It was informative, as we also compared the imaging pre and post protocol change.

This is a **strong self-reflection** as the registrant highlights it is not just knowing a protocol has changed but understanding why the change is needed and how it impacts the exams as well as workflow within the department.

b. Attending rounds is an important step in connecting our service with other departments in the hospital and to have a well-rounded approach to patient care. Going forward I will attend more



rounds that add to my base of knowledge so that I can help our students get a more holistic view of our patients.

This is a great self-reflection, they have given reasons as to why is was useful and how they will use this in the future to improve patient care.

5. Written Articles

a. As we continue to develop in radiation oncology, we need to develop newer platforms for information Transfer including patient reported outcomes.

This is a weak self-reflection as there is no information on how this has impacted the reader of the article related specifically to their practice.

b. Advancement in radiation oncology is continually evolving and the need to provide patients with the opportunity to have an input in their care is growing. Paperless systems are the future in oncology.

This is a weak self-reflection as there is no information on how reading this article has impacted the registrant in their own practice.

6. Completing a Course

a. Furthering my leadership knowledge supports me in developing leadership skills to advance our field and team into the healthcare future by giving me the tools to lead team's success

This is an adequate self-reflection but could be improve by giving some examples of specific tools and how they will be implemented.

7. Preceptorship

a. As I helped teach, I understood where my own strength and weaknesses were in my field and how I can work to become better in these areas.

This is an adequate self-reflection, they have learned from the experience and realised where they can improve, but more detail could have been provided.

8. Attending in service workshops

a. This was a phenomenal conference with a focus on the complexities of teamwork. It was interesting to learn about conflict, and specifically the types of ways that people show up (analytical, direct, accommodating). I was able to recognize these traits in myself and in others as a potential source for friction. COVID has been hard on MRTs, not only personally but professionally. This has made for additional conflict at work. It was nice to see applicable tools for working as teammates.

This is a **good self-reflection**, they learnt about themselves and how to recognize several types of conflicts and tools available to help reduce conflict in the workplace



b. CPR 1 2 3 Go

This is a **poor self-reflection**, no information regarding the relevance of the course to their role, or how they will apply what they have learned.

9. Lead Preceptorship

a. I supervised the work of XXXXX. Their work was excellent, thoughtful and they were fully aware of what "provincial" initiatives mean.

This is a **weak self-reflection** as it only talks about the student, not what the Lead has learned.

10. Volunteer

a. This was a working group of radiologists, physicists, and technologists. It is exciting to be part of setting standards for education and competence.

This is a **weak self-reflection** there is no detail on how this working group relates to the individuals working practice or what was achieved.

