

Clinical Knowledge and Theory Exam

The Clinical Knowledge and Theory (CKT) exam is an online exam that replaces the two previous written exams.

The CKT exam has 150 multiple choice questions and requires three hours to complete. This exam assesses a candidate's foundation in health and sciences, and an ability to apply principles of the physical, biological, social, and behavioral sciences to clinical practice. A working knowledge of massage therapy principles, assessment techniques, presenting conditions, approaches to treatment, treatment planning, and therapeutic exercise will be assessed.

Candidates are advised to review both the **Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice (PCs-PIs)** (PDF) and **Guidelines for Foundational Knowledge GFK** (PDF) for an overview of knowledge requirements for successful completion of the Clinical Knowledge and Theory exam.

The CKT exam is held in a proctored computer lab. **See Exam Dates & Locations** (PDF).

FAQs on the Clinical Knowledge and Theory exam

1. How many questions are there on the exam, and what is the style of the questions?

There are 150 multiple choice questions.

Each question consists of a stem – the question – followed by four possible answer options, one of which is the correct answer. Candidates must choose the correct option to receive a mark for that question. Incorrect answers result in zero.

Questions are made up of both independent and case-based questions. Independent questions do not connect to other items on the exam. Case-based questions relate to a case scenario. They begin with a description of a clinical case scenario, followed by two to four multiple-choice questions that relate to the case. Questions related to a case scenario do not build on each other, which means that if a candidate answers one question incorrectly, it does not follow that other case-related questions will necessarily be answered incorrectly.

2. How do you recommend I prepare/study for the Clinical Knowledge and Theory exam?

CCHPBC suggests you review the **Entry-level requirements section** and the following documents in particular:

- *Inter-jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at entry-to-practice (PCs-PIs), and*
- *Guidelines for Foundational Knowledge in Massage Therapy Educational Programs (GFK).*

Review the required competencies (PCs-PIs) and the required foundational knowledge (GFK). When reviewing the PCs-PIs, read the document in its entirety including the preface and the appendix – they contain critically important information about how the practice competencies are applied when CCHPBC assesses applicants' readiness for practice.

Applicants for entry-level practice as an RMT are required to demonstrate practice competencies that apply foundational knowledge outlined in the GFK. CCHPBC's registration examination addresses this requirement in three ways:

- In the Performance Based Assessment, where demonstrable behaviours are assessed,
- In the Law, Ethics and Professionalism online exam where your knowledge of non-technical skills are assessed, and
- In the CKT exam where your application of foundational knowledge to clinical practice is assessed.

Ensure that you understand the material outlined in the GFK to the depth and breadth that is laid out in the document. Please refer to the most updated version of entry-to-practice documents available on this website.

3. CCHPBC uses palpation and posture as examples of assessment techniques. Which special tests are candidates expected to understand and apply for assessment?

Candidates are advised to refer to **CCHPBC's Massage Therapy Recommended Resources for Exams** (PDF).

4. The external blueprint states that "...exam candidates are expected to have a foundational knowledge base that is common to regulated healthcare professionals in Canada." Currently BC's

registrants are required to have very extensive foundational knowledge. Is this changing?

The **external blueprint** (PDF) summarizes the Statement on Foundational Knowledge, found on page 11 of the **PCs-PIs document** (PDF). An excerpt follows:

"Massage therapists require a strong foundational knowledge base common to all licensed health professionals in Canada, and a more specialized foundational knowledge base related to the structure, function and inter-relationships of the body systems and their response to manipulation. ...Entry-level massage therapy education programs are expected to provide a foundational knowledge curriculum of sufficient breadth and depth to enable their graduates to perform the Practice Competencies with entry-level proficiency."

CCHPBC is aware that foundational knowledge can differ in its application and context amongst regulated health professions. The educators, practitioners, and regulators who participated in the development of the *Inter-Jurisdictional Practice Competencies and Performance Indicators* determined that RMTs interact with health professionals who share a deep and broad base of foundational health sciences. RMTs require foundational knowledge that informs their clinical practice, and allows them to fully participate in the provision of seamless health care to patients who receive support from a range of health professions.

5. The external blueprint indicates that knowledge from the GFK will continue to be assessed and tested in the Clinical Knowledge and Theory exam, is this correct? How do graduates of schools accredited by the Canadian Massage Therapy Council for Accreditation (CMTCA) – which doesn't require adherence to the GFK – manage this?

Yes, knowledge requirements outlined in CCHPBC's **Guidelines for Foundational Knowledge in Massage Therapy Educational Programs** (PDF) are assessed in the Clinical Knowledge and Theory exam.

Massage therapy education programs accredited by the Canadian Massage Therapy Council for Accreditation (CMTCA) must meet requirements published in Standard 1.0, Curriculum Content of the [CMTCA Accreditation Standards for Canadian Massage Therapy Education Programs](#) (PDF).

An excerpt from that standard states that curriculum includes "... foundational health sciences ... to a breadth and depth sufficient to enable

[graduates] to perform the practice competencies ..." outlined in the PCs-PIs document.

It's important to note that while CCHPBC's registration examination has changed, and that two written exam components have been replaced by one online exam called the Clinical Knowledge and Theory exam, the College's entry-level requirements have not changed. The PCs-PIs and GFK define the competencies and knowledge requirements of RMTs at entry-level.

6. Why has the written registration exam changed from two exams to one exam? Will the Performance-Based Assessment format also change?

Realistically, foundational knowledge and its application to clinical sciences should seamlessly blend, so it makes sense to provide one exam instead of persisting with two. The "multiple hurdle" approach of needing to pass multiple exams is lessened by this change, and benefits candidates while maintaining high entry-level requirements.

An additional and significant benefit of creating one new exam instead of maintaining two separate exams, is that CCHPBC's registration examination will better align with exam processes in other Canadian jurisdictions where the massage therapy profession is regulated. CCHPBC is presently the only massage therapy regulator that has four exam components.

The Performance-Based Assessment is not undergoing change at this time.

7. Are there alternatives to taking the Clinical Knowledge and Theory exam? Multiple choice questions are too difficult for me because English is not my first language.

Fluency in English is a practice competency to ensure that health professionals in BC are able to communicate with patients in the official language of BC. There are no alternatives for a different format of exam.

8. Will there still be an opportunity for candidates with learning or physical disabilities to apply for special accommodations?

Yes. CCHPBC's registration examination is a standardized exam; all candidates are provided the opportunity to succeed. Exam accommodations enable candidates to demonstrate their knowledge and competencies in cases where a disability or temporary condition may impact their ability to do so under standard exam conditions.

CCHPBC's approach to requests for accommodations is set out in the **Policy on Accommodating Candidates with Disabilities** (PDF).

9. Who marks the Clinical Knowledge and Theory exam when it's completed? When will I get my results?

The exams are marked by an external assessment provider, with a human touch (statistical analysis and verification) at the end. CCHPBC is not the scorer; the external assessment is provided by psychometricians using an extensive security software system. Candidates' scores are provided to the College on completion of the scoring. Candidates receive official notification of results in *all* components of the registration examination by email, approximately six weeks after the last scheduled component is complete.

10. Can I see the questions I got wrong?

No. Incorrect responses are not shared. Unlike exams in an educational setting, where review of incorrect answers provides an additional teaching and learning opportunity, the registration examination is a point of entry to a health profession. Candidates are required to demonstrate their readiness for practice.

11. How will the exam be administered? Will the exam be completed on computer "bubble" sheets?

The exam will be administered on a computer. The exam will not use bubble sheets. Candidates will have an opportunity to take a tutorial on the exam platform well in advance of the exam date, to familiarize themselves with how to use the platform. Candidates will answer sample questions and learn how the exam platform works.

12. Will candidates be required to pass the Clinical Knowledge and Theory exam prior to taking the Performance Based Assessment?

No. When an applicant is accepted to CCHPBC's registration examination, they are called a "candidate" (for registration). On their first attempt at the registration examination, candidates complete all exam components:

- Clinical Knowledge and Theory,
- Law, Ethics and Professionalism, and
- Performance Based Assessment.

13. When the Clinical Knowledge and Theory exam is provided via computer, it's easier to administer, right? Will there be more opportunities in the year to write the Clinical Knowledge and Theory exam? Is there a plan to change the timing and sequencing of exams?

The Clinical Knowledge and Theory exam is one component of a three-component registration examination. It will be available twice a year, approximately March and September, together with the other exam components as the registration exam process currently is.

14. Will the online exam be in a hosted venue? Will the number of venues for writing the exam increase due to the new format?

The Clinical Knowledge and Theory exam will be completed on a computer provided in proctored computer labs in several centres across the province. Exam locations will be announced well in advance of the exam date on the Exam Dates & Locations PDF found on the website.

15. Will there be a break during the exam?

No. Candidates are permitted a bathroom break if required during the exam, during which they will be accompanied by an exam attendant.

The exam has 150 questions; candidates have three hours to complete the exam. The time taken for bathroom breaks is included in the three hours.

16. Will candidates have to rewrite the Clinical Knowledge and Theory exam if they are unsuccessful? How many attempts are permitted?

Yes, candidates will be required to write the Clinical Knowledge and Theory exam if they are unsuccessful. Please refer to the Rewrites section of the **Registration Examination Section** for details about additional attempts.

17. The Clinical Knowledge and Theory exam seems to be based on treatment and assessment and points to the PCs-PIs document as the driver for examination questions.

Correct, the Clinical Knowledge and Theory exam assesses competencies from the PCs-PIs document relating to assessment and treatment. The *Inter-Jurisdictional Practice Competencies and Performance Indicators* document groups competencies into three major areas of practice:

1. professional practice,
2. assessment, and
3. treatment.

CHCPBC's Law, Ethics and Professionalism online course and exam deal exclusively with the first section, on professional practice. The Clinical Knowledge and Theory exam assesses competencies listed in the PCs-PIs for:

- section 2, Assessment, and
- section 3, Treatment.

18. What mark do I need in order to pass the new written exam?

Candidates are required to obtain a passing score that is set at each exam sitting by psychometric analysis. CCHPBC works with psychometricians who set the "cut score" – a pre-determined level that differentiates who passed and who failed – for each exam sitting. Cut scores may vary slightly from one exam administration to the next.

However, each exam version assesses the same content, because the exam is aligned to the exam blueprint. Although this variation exists, the exam content consistently assesses candidates' foundational knowledge at a comparable level of knowledge. Working with psychometricians provides reliability and validity to CCHPBC's examination results.

19. Will I be told my exam score?

No. You will not be given a percentage score, nor a score out of 150. The outcome will be either pass or fail.

20. Reading the section of the external blueprint about cognitive levels (percentages of each level) of the Clinical Knowledge and Theory exam, it appears there will not be any level 1 cognitive questions (that assess remembering/recall). Is this true?

Yes. The cognitive levels for this exam are blueprinted to align with entry level requirements, as described in the *Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice* (PCs-PIs). Questions are written at a complexity level of either 2 (comprehend) or 3 (analysis) in order to align with the relevant PCs-PIs for this exam.

Online course and exam: Law, Ethics and Professionalism

Examination candidates are enrolled in CCHPBC's online course: Law, Ethics and Professionalism. The College developed the course to ensure that candidates from all streams of entry – graduates of recognized education programs in BC, foreign-educated and others applying through the prior learning assessment process, and RMTs from other regulated provinces in Canada – have a shared knowledge base of jurisprudence, ethical decision-making, communications, and professionalism reflecting the requirements for clinical practice in BC.

Law, Ethics and Professionalism consists of 7 modules. At the end of each module, candidates must successfully pass a quiz on the contents of that module to progress to the next one. All material required to succeed is provided within each module. Candidates are encouraged to take their time with the material, follow the links, use the interactive learning tools, and reflect on their practice.

On completion of all 7 modules, candidates are eligible to complete the online exam in a proctored environment at a scheduled date and time. Details will be provided to each candidate by email prior to the exam. See Exam Dates & Locations Section on the website.

Performance-based assessment

The performance-based assessment (PBA) provides an opportunity for candidates to demonstrate their readiness for practice through completion of competencies outlined in the **Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice** (PDF).

Candidates will receive an email with information about the PBA, including safety protocols and a link to a video that provides details about the PBA. See Exam Dates & Locations Section on the website.

To learn more about the PBA, watch the following [video](#) and read the description below.

Description of PBA

The PBA is held in clinic rooms with one observing examiner and one standardized patient-examiner, both of whom are RMTs.

Candidates are required to demonstrate palpation, muscle testing, interview skills, assessment techniques appropriate to the presenting condition, massage treatment, home care including hydrotherapy, stretch and strengthening recommendations, and suggestions for modifications to activities of daily living.

The examiners observe and experience how the candidate's treatment relates to the presenting condition, in addition to draping and support during the treatment. Limb handling and treatment modifications for the patient's ability are assessed. Candidates are also assessed on communications, professionalism, integration of academic knowledge into practical competencies, and their skill at building a therapeutic relationship.

The performance-based assessment takes place in two different clinic rooms. Candidates have 5 minutes preparation time prior to beginning each of three parts, described below.

Part 1: Muscles and structures. 25 minutes duration.

Before entering Room 1

The candidate receives written instructions outside the exam room – several minutes are provided to review the information.

Palpation

Inside the exam room, the candidate has 15 minutes to palpate the origin, course, and insertion of four muscles listed on the instruction sheet, and to demonstrate all actions of each muscle followed by a complete muscle test for each muscle.

Muscles are **palpated and muscle-tested** on the standardized patient-examiner. Muscle actions are **demonstrated** by the candidate **on their own body**.

The candidate has 5 minutes to record the results of each muscle test on a chart provided; charting is graded throughout the PBA.

The candidate has 5 minutes to identify or palpate on the standardized patient-examiner four other anatomical structures listed on the instruction sheet.

Prior to leaving the room, the candidate gives the chart and instruction sheet to the examiners in Room 1. An examiner guides the candidate to a chair outside the next room.

Part 2: Interview and assessment (case scenario). 25 minutes duration.

Note that Parts 2 and 3 occur in Room 2.

Before entering Room 2

The candidate receives written instructions outside exam Room 2. The candidate also receives:

- patient history form partially filled in by the patient,
- interview chart, to record findings,
- assessment chart, and
- treatment plan.

The assigned condition is indicated in the patient's history form.

Five minutes are provided to review this information prior to entering Room 2.

Interview and assessment

The candidate has a total of 15 minutes to interview the standardized patient-examiner (7.5 minutes) and to perform two assessments (7.5 minutes). The candidate interviews the standardized patient-examiner. Based on information gathered in the interview, the candidate selects two physical assessment tests or techniques they consider most appropriate.

After assessments, the candidate charts their findings. Candidates may make quick chart entries while conducting the interview and while performing assessments, but may not extend the time dedicated to the interview (7.5 minutes) and the assessments (7.5 minutes). Complete chart entries are made in the additional time provided for charting. Instructions are provided.

Part 3: Treatment and home care. 55 minutes duration.

Before starting Part 3

The candidate receives written instructions for Part 3. Five minutes preparation are provided prior to starting Part 3. The candidate charts a treatment plan based on their interview and assessment findings, and the candidate's knowledge of the patient's condition.

Treatment

The candidate provides massage therapy to the standardized patient-examiner. The 30-minute treatment must be effective, safe, and delivered ethically, and the treatment must be appropriate for the condition indicated.

After treatment, candidates complete treatment notes on a chart provided to them.

Home Care

Ten minutes are available for the candidate to instruct the patient on hydrotherapy, therapeutic exercise (stretching and strengthening), and recommendations for modification to activities of daily living.

Candidates complete all chart entries in the remaining time available, and hand all paperwork to the examiners prior to leaving the room. An examiner directs the candidate to the reception area.