

Continuing Competency in Physical Therapy

...an ongoing discussion

- Purpose**
- › Provide factual info from a variety of sources
 - › Encourage exploration of issues
 - › Promote sharing of opinions
 - › Pose questions for consideration
 - › Provide a common foundation for further discussion among physical therapy stakeholders

Is Continuing Competency Important?
YES!!!

- › Citizens Advocacy Center (CAC) April 2004
"Patients have every right to assume that a health care provider's license to practice is the government's assurance of his or her current professional competence, and clinicians themselves would like assurance that those with whom they practice are current and fully competent. Unfortunately, this is not the case."

PEW

› *Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century*

"The skills, competencies and values for a successful lifetime of professional practice cannot be learned in a single educational encounter. Rather, the health professions must recapture the tradition of a continuing commitment to learning. The rate of change in the health care system makes this commitment imperative for the practitioner and society alike. This commitment must transcend passive, continuing professional education and move towards clear standards of continuing competence."

Defining Continuing Competence

› July 2006 AARP report
Implementing CC Requirements for Health Care Practitioners

Cross cutting competencies identified by IOM

- › Patient –centered care
- › Interdisciplinary teams
- › evidence-based practice
- › quality improvement
- › informatics

Assumptions regarding CC

- › Protect the public
- › Shaped/guided by profession
- › Shared responsibility
- › Personal responsibility
- › Level of expertise
- › Domains of practice

3 Elements in the Definition of CC

Purpose

Why.....Who....How.... When career paths differ?

Responsibility

Who should do it? Who should pay? What happens when you aren't competent?

Approach

How do you evaluate/measure effectively?

One method or a variety of methods?

What standards should be used?

How frequently should assessment occur?

Definition includes Complex Mix

- › academic learning
- › mental and physical acuity
- › the application of knowledge in clinical situations
- › adherence to standards related to professional values, such as public health, ethics, or professional roles

Current Definition....APTA

- › PROFESSIONAL DEVELOPMENT, LIFELONG LEARNING, AND CONTINUING COMPETENCE IN PHYSICAL THERAPY (HOD P05-07-14-14)

Competence: *The possession and application of contemporary knowledge, skills, and abilities commensurate with an individual's (physical therapist or physical therapist assistant) role within the context of public health, welfare, and safety.*

Continuing Competence: *The ongoing possession and application of contemporary knowledge, skills, and abilities commensurate with an individual's (physical therapist or physical therapist assistant) role within the context of public health, welfare, and safety and defined by a scope of practice and practice setting.*

Current Definitions...FBPT

Competence is the application of knowledge, skills, and behaviors required to function effectively, safely, ethically, and legally within the context of the individual's role and environment.

Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

Other Definitions in Health Care....

Physicians

A competent physician is one who demonstrates the requisite knowledge, technical skills, judgment, and interpersonal and communication skills to provide safe, effective patient care within the scope of professional medical practice while engaging in ongoing, practice-based learning and improvement.

Occupational Therapists

(OTA) Standards for Continuing Competence

- › examination of current competence
- › development of future capacity
- › ongoing
- › lifelong learning
- › dynamic
- › multidimensional process...knowledge, performance skills, interpersonal abilities, critical and ethical reasoning skills
- › future roles/responsibilities

Speech and Language Pathologists

(ASHA) Clinical Certification Standards

Professional development: an instructional activity: where the certificate holder is the learner;

- › Related to the science or contemporary practice
- › Acquire new/enhance current
- › Personal responsibility for determining that the professional development activity is appropriate.
- › Attendance can be documented by a third party

Professional Development

(APTA)

The ongoing self-assessment, acquisition, and application of knowledge, skills, and abilities that meet or exceed contemporary performance standards described by continued competence and are commensurate with an individual's (physical therapist or physical therapist assistant) role and responsibilities within the context of public health, welfare, and safety.

Lifelong Learning

Systematic maintenance and improvement

Ongoing

Evaluation on a continuous scale

Why? To provide better care

Standard of Minimal Competence for the National PT Exam

The minimal

- › knowledge,
- › judgment
- › technical skills, and
- › interpersonal skills

required to safely and effectively practice physical therapy, considering current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventive physical therapy services.

Summary of Definitions:

Significant Overlap between...

- › Competency
- › Continuing Competency
- › Professional Development
- › Lifelong Learning

Current Continuing Competency Models

Continuing Education

- › A CEU is a measure of the time involved in participation in a continuing education activity.
- › Often required for licensure renewal.
- › Standards and mechanisms in place for approval (PC Committee of KPTA, BoHA)

Limitations of CEUs

- › Little evidence exists to prove mandatory CEU makes you competent
- › Selection based on ease vs need
- › Limited ways to assess individual learning
- › Standards used to approve CEU are variable, ill-defined and difficult to measure
- › Credit is based on time not learner outcomes

Examination

- › Most prevalent to ensure entry-level competence
- › Provides the missing assessment component and easy to administer
- › Provides feedback in specific content areas

Limitations of the Exam

- › Acceptance as a requirement
- › Fear of failure and its consequences
- › Challenges the regulatory body to deal w/ failure...revoke or remediate
- › Does a knowledge based exam ensure competency in a clinical situation?

Self Assessment

- › Portfolio w/ 5 step process
 - Clinician reviews past education/clinical experiences
 - Self reflection to identify learning needs..strengths/weakness
 - Clinician identifies activities
 - Implement and document if plan met needs
 - Cycle repeated...continuous and ongoing

Advantages...easy to administer, no high stakes exam, has been identified as part of professionalism

Self Assessment Limitations

} Paperwork

} No evidence that practioners are able to accurately self assess

Peer Assessment/Chart Review

} Bridges gap between assessment of knowledge and relevance to clinical practice

Chart review (AAFP uses METRIC)
On-site clinic visit

Limitations of Peer Review

} No ability to measure competencies such as patient interaction, cultural competence

} Difficult to administer
one-on one visits
trained impartial reviewers
interrater reliability in pool of reviewers...are they uniform and accurate in their assessments

Combination Model

- › Many professions have moved to this concept
- › AOTA (CEU, publishing, presenting, fieldwork supervision and mentorship)
- › American Board of Medical Specialties
 - licensure
 - self assessment and education
 - secure knowledge-based examination
 - assessment of performance in practice

Limitations of Combination model

- › Feasibility????
 - Requires a lot of resources to monitor all of the activities including the approval process
- Can be Complex and Cumbersome

Other Thoughts...

Federation of State Boards of Physical Therapy Model...aPTitude

aPTitude...optional for jurisdictions
System to identify/track CC activities

National certification process for approving CC activities

Two requirements:

- 30 CCUs of certified or approved activities ea 2 yr period
- At least 15 CCUs must be certified

Best Practices in Continuing Competence Models

- › According to the NOCA
National Organization on Competency Assurance

Assessment/planning
Development
Implementation
Documentation/review
Reassessment

Roles Related to Continuing Competence

- › Individuals vs Licensing Board
- › The IOM's 1999 report recommended that licensing boards should implement periodic reexamination and relicensing based on both competence and knowledge of safety practices. This was re-emphasized in the IOM's 2003 report, *Health Professions Education—A Bridge to Quality*:

Recommendation 4:

All health professions' boards should move toward requiring licensed health professionals to demonstrate periodically their ability to deliver patient care—as defined by the five competencies identified by the committee—through direct measures of technical competence, patient assessment, evaluation of patient outcomes, and other evidence-based assessment methods.

Roles Continued...

- › CAC: **Licensing Boards** are the only entities that have the ability, provided they have been given authority by the legislature, to require continuing competency and suggest that mandating it will lead to successful implementation.
- › Recognize and promote collaboration among **stakeholders**.

Stakeholders

- › **Licensing Boards**: protect the public
- › **Educational Institutions**: importance of life-long learning
- › **Employers**: Influence the professional development
- › **Professional Associations**: foster and advance their profession for the good of the public
- › **Individuals**: part of professionalism, livelihood

Consider this... based on the evidence

Higher Risk of Not Being Defined Competent

- › Practitioners who are > 25 yrs post graduation
- › Those who work by themselves
- › Internationally educated outside US or Canada

Most Likely to Be Deemed Competent

- › Those who interact w/ peers, and network
- › Those who like what they do
- › Those who express satisfaction w/ their personal lives

Perhaps.....

Our goal is not to create competent practitioners but engaged practitioners...people who are interested in their profession, their patients and their practice.

APTA Resources to promote CC

- › CI Education/Certification

**Professional Development and
Lifelong Learning Resources**

- › APTA Learning Center
- › APTA Events and Meetings
- › Annual Conference and CSM
- › Audio Conferences
- › Open Door
- › OPTIMAL
- › Hooked on Evidence
- › Home Study Courses
- › CEU Opportunities

PTA Resources...

- › Recognition of Advanced Proficiency

- › PTA Continuing Education

Post-Professional Credentialing Programs

- } Board Certified Clinical Specialists
- } Clinical Residencies/Fellowship Credentialing

- } Self –Assessment Tools
- } Assessing Competence: A Resource Manual

Standards and Policies...

- } Background: APTA Continuing Education Standards and Policies

Additional Resources

- › Institute of Medicine: [Redesigning Continuing Education in the Health Professions](#)
- › Citizens Advocacy Center: [Continuing Competency Requirements](#)

Thank You for listening!

**Susan Harris, PT, MHS
Chief Delegate**
