



Using FSBPT's Supervised Clinical Practice Performance Evaluation Tool

This article is based on a presentation at the 2014 FSBPT annual meeting by Lisa Hahn, MPA, Executive Director, Virginia Board of Physical Therapy, and Mary T. Keehn PT, DPT, MHPE.

The Federation of State Boards of Physical Therapy has been working to solve problems dealing with licensing Foreign Education Physical (FEPTs) in the U.S. The State of Virginia took part in FSBPT's pilot program in trying to smooth the way for FEPTs while maintaining the integrity of the system.

Virginia's pilot program tested FSBPT's new Performance Evaluation Tool (PET) for the FSBPT Supervised Clinical Practice (SCP) Model for FEPTs in Virginia.

As background, Virginia had been using the Clinical Evaluation Form developed by the New England Consortium comprising the Board of Medicine and Advisory Board, and the APTA's Clinical Performance Instrument.

However, both tools were developed to be used for PT students and not for foreign graduates having to fulfill a traineeship. The tools were inappropriate so the board began developing its own evaluation tool. Fortunately, Virginia learned that last year FSBPT's Foreign Educated Standards Committee (FES) had developed the PET and that motivated Virginia to become the FSBPT pilot.

In determining current clinical competence of the FEPT, the FES considered the use of any of these alone or in combination.

- Multiple choice exam
- Oral exam
- Live clinical exam
- Standardized patient exam – multi-station Objective Structured Clinical Exam (OSCE)
- Supervised clinical practice
- Letters of attestation
- Verification of independent practice without disciplinary action.

This article focuses on the FSBPT Supervised Clinical Practice (SCP) and PET.

The purpose of a supervised clinical practice is to promote public protection by evaluating the

FEPT's ability to practice competently within the U.S. healthcare system.

The committee's rationale for developing the FSBPT SCP Model is:

- There is no international or universal accreditation standard.
- Levels of English language proficiency vary.
- Characteristics of the U.S. healthcare system are unique.
- U.S. billing, coding and documentation requirements are unique.
- Expectations for independent clinical judgment are high in the U.S.
- Direct access varies across jurisdictions and internationally,
- Current credentialing processes are limited.

A generic model for supervised clinical practice would include:

- Length: Recommendation is 1,000 hours.
- Supervisor: Currently in practice with at least three years experience.
- Onsite Supervision: Supervisor is continuously onsite and is immediately available, if needed.
- Disclosures: Employment, financial arrangements, personal relationships within the setting.
- Written Agreement: Rights and responsibilities of each party.
- Performance Evaluation: Midterm and final evaluations, at a minimum; assessment and feedback needed throughout.

There are 14 states that require a supervised clinical practice for initial licensure: Alaska, Arizona, California, Georgia, Kentucky, Louisiana, Minnesota, North Dakota, Oklahoma, Pennsylvania, South Carolina, Tennessee, Virginia and Wyoming.

The top 10 states in 2014 in which FEPTs register to test (from most to least) are New York, Texas, California, Florida, Delaware, Illinois, Maryland, Indiana, Connecticut, North Carolina.

Only California is on both lists!

In developing an evaluation of an FEPT's clinical performance, the committee considered the following:

- Content – What knowledge, skills and attitudes should the evaluation be paying attention to?
- Consistency – How many instances of competent (or incompetent) behavior is necessary for judgment?
- Critical Incidents – What are the consequences?
- Intention – Is it to provide feedback or render judgment?
- Frequency – Formative process vs. summative evaluation

The FSBPT PET has the following strengths.

- It offers greater public protection because it is a valid, legally defensible tool that can be consistently applied by supervisors and licensing jurisdictions.
- It was developed to standardize assessment across jurisdictions.

- Other tools being used have not been developed or validated for use with FEPTs.
- The committee considered input from FSBPT annual meeting attendees and stakeholder surveys.
- The validation process is ongoing.

The content of PET is based on:

- An analysis of many resources including other performance evaluation tools, documents relating to professional standards and educational standards.
- Knowledge, skills and attitudes necessary for safe and effective practice stated in behavioral terms
- An intention to create the minimum burden possible but still achieve valid evaluation of performance.

Categories of clinical behaviors included in PET:

- Professional behaviors
- Communication and documentation
- Examination
- Evaluation, diagnosis and plan of care
- Intervention
- U.S. healthcare system

PET Structure

- Category
 - Categories were used to divide up the knowledge, skills and attitudes that are required for safe and effective practice in the U.S.
 - For each category, behavioral criteria were identified.
- Essential Criteria
 - An Essential Criteria refers to areas of performance that must be demonstrated competently.
 - Candidate does not have to demonstrate all anchor behaviors to meet criterion.
- Evaluative Criteria
 - Evaluative Criteria refer to areas of performance which are not expected to be observed in all settings or with all populations OR in which behavior may be inconsistent.

The Federation and Virginia developed the following process for the pilot:

- The applicant applies for a traineeship, after being approved and credentialed.
- Once traineeship is approved, trainee is notified.
- Board mails a letter to the Supervisor with the PET, including instructions and forms.
- Board notifies FSBPT of new trainee and provides contact information.
- Mid-point – Board provides a copy of the PET to FSBPT.
- Final Report – Board provides a copy of the PET to FSBPT.
- FSBPT sends both Supervisor and Trainee a survey.

Based on survey results, the eight trainees/supervisors in the pilot have found the PET easy to use.

Next steps for FSBPT's Foreign Educated Standards Committee:

- Implement an education plan for the SCP Model and PET.
- Monitor the impact of changes in NPTE eligibility on FEPT.
- Monitor the impact of modifying distinction between General Education and Professional Hours.
- Develop model for best practices in FEPT endorsement.
- Recommend options for determining clinical competence for initial licensure and endorsement.
- Evaluate outcomes related to SCP and PET.

Virginia is grateful to FSBPT for allowing them to pilot the PET. Virginia needed a more comprehensive and reliable method of evaluation and they found PET to be very satisfactory. Virginia plans to continue to use PET.



Lisa Hahn, MPA, currently serves as the Executive Director for the Board of Long-Term Care Administrators, as well as the Board of Funeral Directors and Embalmers and the Board of Physical Therapy for the Department of Health Professions. Ms. Hahn has over 25 years of regulatory experience. She has previously served as the Executive Director for other health regulatory boards as well as serving as the Deputy Director of Enforcement for the Department of Health Professions.

Additionally, she served as the Chief for Private Security at the Department of Criminal Justice Service and was a former Richmond City Police Officer. Ms. Hahn holds a Master's Degree in Public Administration from Virginia Commonwealth University, a Bachelor's Degree in Criminal Justice from the University of Maryland. Lisa is the past President of an international association called CLEAR (The Council on Licensure, Enforcement and Regulation). She currently serves on the leadership team for the National Association of Long-Term Care Administrator Boards (NAB). She also serves on three national committees for the Federation of State Boards of Physical Therapy. Ms. Hahn was born in Virginia. She is married and has two children. In her spare time, she enjoys reading, exercising and watching her children in their sporting activities.



Mary T. Keehn, PT, DPT, MHPE received her Physical Therapy degree and a Master's Degree in Health Professions Education from the University of Illinois at Chicago (UIC), and a Doctor of Physical Therapy from the Massachusetts General Hospital Institute of Health Professions. She was a faculty member and Director of Rehabilitation Services at the University of Illinois at Chicago for over 30 years. Dr. Keehn served on the Illinois Physical Therapy Licensing and Disciplinary Board from 2007 - 2013. She is currently a PhD student at UIC and also holds the position of Associate Dean for Clinical Affairs at UIC. Other professional activities include serving as an onsite visitor for CAPTE and providing consultation services in rehabilitation, education and administration through her consulting practice, Rehab Knowledge Exchange.

Mary chairs the Foreign Education Standards Committee for FSBPT.