It's a New World – New PT and PTA Coursework Tools

This article is based on a presentation by Susan K. Lindeblad, PhD, PT, FSBPT Staff, and Emilee Tison, PhD, DCI Consulting Group, Inc., at the 2016 FSBPT Annual Meeting.

In the fall of 2015, the Federation of State Boards of Physical Therapy (FSBPT) appointed two task forces — one to review the PT coursework tool and one to review the PTA tool — based upon the new Evaluative Criteria from CAPTE. Taskforce members had varied backgrounds — practicing PTs and PTAs, representatives of large employers, former CAPTE executive director, and CAPTE reviewers, educators, and program directors. The Federation also hired DCI Consulting to develop the design methodology for the review, to facilitate the workshops and taskforce process, to oversee and analyze those processes, to conduct the inter-rater reliability studies, and to produce the final report.

Both task forces met in early 2016. The outcomes of the workshops are two new versions of the CWT: CWT 6 for the PT and PTA Tool 2. This presentation took the audience through the methodology of the reviews, as well as a demonstration of the major changes to be found in both tools.

It's a new world that necessitates periodic changes to the tools
The Commission on Accreditation of Physical Therapy Education (CAPTE), which determines the standards and evaluative criteria for U.S. programs, designs what is required for entry-level education in the United States. Every five or six years CAPTE reviews and revises those criteria. The last changes were published in 2014 and were implemented with graduates after January 1, 2017 who graduate with a clinical doctorate.

History of the Tool
In 1996, the Federation developed the first form to be suggested to all jurisdictions. The Federation formed a committee that surveyed all the jurisdictions to learn their method of determining foreign education graduate equivalency. From those findings in 2000, the first CWT, which had been developed from the normative model, was adopted by the Delegate Assembly. In 2001, the Federation presented some adjustments to the tool and, the Delegate Assembly decided it was not going to change the model every year. Instead, it decided there needed to be a validation study of the tool and proof that the tool had content validity and inter-related reliability. It also needed to fit the CAPTE criteria at the time --- so it shouldn't change until CAPTE made changes.

In 2002, the faculty of Northwestern University completed the first validation study. They

did a course-by-course comparison of the CWT being presented at that time to the CAPTE evaluative criteria for the same period. They also did inter-rated reliability studies and a comparison pulling the bulletin descriptions from U.S. CAPTE-accredited programs to that tool. It was determined there was content validity. After the validation study, the Delegate Assembly adopted the first fully validated CWT, which later became known as CWT 4.

In 2005, the Delegate Assembly charged the Federation Board of Directors with designing tools based on year of graduation for the concept of foreign graduates moving by endorsement from state to state. Retro tools therefore were developed going back to the first AMA criteria in 1955 up to the first course work tool, which became CWT 4. In 2016, CWT 6 was developed and went into effect January 1, 2017, at which time CWT 5 became a retro tool. The first tool to assess Foreign Educated PTAs was developed in 2007, and the PTA tool 2 was adopted by the Board of Directors in February of 2017.

Use of the Tool

Credentialing agencies that hold a current licensure agreement can use the copyrighted tool. The new agreement that went into effect in January 2017 requires agencies to submit completed responses to the Foreign Education Standards (FESC) committee's standards documents on such things as its resources and how the agency ensures quality services. The completed documents are submitted to FSBPT and made available to any of the licensure boards, upon request, so boards can compare agencies. Agencies pay $1 for use of the tool.

Once a credentialing agency completes a review for an applicant, using the tool, a report comes back to the corresponding jurisdiction board to take a look at the applicant's educational equivalency or deficiencies. Starting in January 2018, successfully completing the tool will be one of the requirements for sitting for the National Physical Therapy Exam (NPTE), but the board still determines the requirements for licensure.

Guidelines for Interpretation

Reviewers undergo training at least every three years. The tool is accompanied by a document titled *Guidelines for Interpretation*. The tool is a checklist of content areas. The *Guidelines* are used by reviewers as a working document to improve the consistency of interpretation and inter-rater reliability.

The *Guidelines* are a confidential document available to board members in the member-only section of the Federation website. Board members may find value in reviewing it while reviewing a final report from a credentialing agency for ease of interpretation. It's a confidential document as educators should not have it available from which to write a syllabus.

CWT Revision Process

The Federation hired DCI Consulting Group, Inc. to increase the validity and reliability of the new coursework tool. DCI looked at the tool as a framework for evaluating the qualification of foreign-educated PT and PTA graduates from the viewpoint of comparability or substantial equivalency, focusing on the coursework content. The tool is intended to be the standardized, professionally-accepted method for evaluating the equivalence of foreign physical therapy education to the U.S. standard based on CAPTE accreditation requirements. DCI used one process to create both CWT 6 and PTA tool 2.

The study was done in three phases.

- Phase 1 researched how CWT 5 and PTA tool 2007 (the then current tools) linked to the new CAPTE Evaluative Criteria, looking at what was/wasn't covered.
- In Phase 2, current items were refined and revised as needed, new items were created to ensure alignment, new sections were developed, CWT items were shuffled as needed, and 100% linkage to CAPTE was confirmed. At the end of Phase 2, the validity of the content was confirmed.
- Phase 3 consisted of writing the guidance document and performing reliability research to ensure use and interpretation of the tool was consistent among user groups.
    - This was done in three steps: training, finalization of content, and an inter-rater agreement study.

Subject matter experts were leveraged to develop the tool's content. Experts in the PT/PTA field, with an average of 10 years of experience as practitioners and/or educators, participated in all phases of the research. Participants were given a total of 60 reviews to complete. DCI used Fleiss-Kappa to evaluate the ratings and found a high level of agreement.

The study and executive summary are available on the Federation website at https://www.fsbpt.org/Portals/0/documents/free-resources/CWTDCIreport201605.pdf.

Foreign Education Standards Committee (FESC) Review

The task force sent their findings and recommendations to the Foreign Education Standards Committee (FESC). The full committee reviewed CWT 6 and the guidelines for interpretation in May 2016 and was asked to determine the defensible minimum credits, because the task force looked at content only.

The committee went back to CAPTE and looked at the most recent reported Annual Review (AR). To be defensible, the minimum, not the optimal, criteria must be met. Looking at the AR, CAPTE requires a minimum of 170 credits, or about $5^{1/2}$ to six years of study, from an accredited program, though most programs exceed the minimum. It requires pre-professional and professional work. (CAPTE defines professional work as being 90 credits.)

Board Acceptance

The board accepted the FESC recommendation to adopt the PT tool (CWT 6) in May 2016, with a scheduled effective date of January 2017. The PTA tool 2 final drafts went to the board by the end of 2016 for approval.

Summary of CWT 6

For the PT CWT 6, the FESC determined PT applicants need 170 credit hours overall, 90 of which must be professional credits. Of those, 22 must be clinical hours. The FESC decided for 22 hours were the minimum and maximum, with the other 68 credit hours being didactic. The remaining 80 credits can be general or additional professional credits. The minimal content areas for general education remain the same—humanities, biological sciences, the chemistry of physics, and general psychology. These determinations of minimum credits are defensible based on the American Association of College Registrars and Admissions Officers (AACRAO) Edge — a study of the number of years of study needed per degree title — and the CAPTE Annual Report.

The clinical hours required is one of the big changes, going from a minimum of 800 hours to

a requirement of 1,050 hours. CAPTE prescribes 30 weeks of full-time clinical education. Full-time is defined as 35 hours per week (30 wks x 35 hours/wk = 1,050hrs). The conversion to credits is 48 hours of clinical education =1 credit, so 1,050 hours equals 22 semester credits.

There are 57 changes in CWT 6. Some are conceptual and some reflect categorical changes, expanding some of the previous concepts.

- Under the Basic Health Sciences, the additions are genetics, histology, nutrition, exercise science, and diagnostic imaging.
- Each system is recognized in the review, as well as system interactions and differential diagnosis. Medical science was fully revised and now takes a systems approach.
- The once single section, Examination and Evaluation, has been separated. In the Examination section, all 23 of the specified tests or measures are required. The Evaluation section breaks down the steps in the evaluation process of data analysis, problem identification, knowing when to refer, goal formation, and plan of care development.
- Interventions was renamed Plan of Care Implementation and the section was expanded. All 13 previously recommended interventions are required. Plan of Care management now includes delegation and supervision. Outcome assessments, discharge planning or progressions, and safety also fall under Plan of Care Implementation.
- The Clinical Internship requirement of 1,050 hours must be conducted in at least two different type settings and must demonstrate treatment of multiple types of disabilities or conditions. This will require universities to send the credentialing agencies more information on clinical instruction to include the sites and dates.
- Related Professional Coursework has also been reworked.
- Community Health, or the community as a whole, has been separated from Health and Wellness of the individual.
- Documentation was separated out of Communication.
- Legal and Ethical Aspects of PT have been separated.
- The Research and Clinical Decision Making has been renamed Clinical Decision Making Processes and Evidence Based Practice for clarification. It no longer means doing a research project, but rather that applicants have learned the clinical decision-making process that uses evidence-based practice.
- Screening is now a subset of Examination.

Summary of PTA Tool changes

The PTA tool had fewer changes. (The PTA tool 2 can be found on the Federation website.)

- The Minimum Credit Requirements of an associate's degree remains the same.
- Basic Health Sciences remains basically the same, except systems knowledge was added.
- Medical Sciences includes general medical knowledge. It uses a systems approach and includes conditions across the lifespan from pediatrics to geriatrics.
- Clinical Science is now called Physical Therapy Management. Except for the name change, it pretty much remains the same. It addresses the general management by the major systems — Integumentary, Musculoskeletal, Neuromuscular, and Cardiopulmonary, as well as first aid and emergency care.
- A new section clarifies the role of the PTA. It makes it clear a PTA is not a watered-

down PT. A PTA has a particular role in physical therapy in the United States that doesn't exist in most other countries.

- The Clinical Decision Marking within the Plan of Care (POC) addresses the interpretation of the POC developed by the PT, review of the healthcare record, discontinuation of episode of care and discharge planning with the PT, reporting changes of status and how and when to do that, and when to withhold interventions that are outside the scope of work for the PTA.
- The Data Collection Skills Content Area remains required, with the added subcategories of wheelchair management; physical environment and the measure of physical spaces; and safety barriers in home, community, and work environments.
- The Intervention Content Area was adjusted to match the CAPTE requirements. Some things were added and some condensed. Airway clearance, application of devices and equipment, and biophysical agents were added.
- Functional Training in Self-Care in Domestic, Education, Work, Community, and Social and Civic Life needs more clarification in the guidance document.
- Manual Therapy was divided into Passive Range of Motion and Massage.
- Therapeutic Exercises have been collapsed into one subcategory.
- Clinical Education remains at 520 hours, but like the PT tool, requires two different types of settings and demonstration of delivery to a variety of diseases and conditions.
- Related Coursework was renamed Additional Required Coursework to clarify it is, in fact, required.
- It expanded the descriptors of the Role of the PTA to show an understanding of the direction and supervision of the PTA by the PT, as well as inter-professional collaboration, or teamwork.
- Evidence-based practice was added, more from the standpoint of how to read the literature.
- Patient and Healthcare Provider Safety also was added.
- Previously, the *Guidelines for the PTA tool* were included in the *Guidelines for the PT tool*. It is now a separate document. It, too, is available on the Federation website.

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