ASSESSING OUTCOME PERFORMANCE COMPETENCIES IN PHYSICAL THERAPY

Future Directions of Credentialing Research in Nursing: A Workshop
Jody Frost, PT, DPT, PhD, FNAP
- Employed by the American Physical Therapy Association.
- Served as one of the developers and authors of the Clinical Performance Instruments.
- Provided presentations about the CPI to other health professions including Nursing.
PRESENTATION GOALS

1. Identification of challenges that served as the catalyst for change.
3. Lessons learned in developing the outcome performance assessment.
4. Top 4 recommendations for Nursing Credentialing.
5. New research considerations in assessing performance competencies.
Risk of Losing Practice Sites for Clinical Education

- Health care changes
- Curriculum requirements and changes
- No standardized training in performance assessments
- Litigation and academic grievances
- Needs of and demands on practitioners
- Proliferation of student assessments

CHALLENGES IN PHYSICAL THERAPY EDUCATION
ADDRESSING CRITICAL PERFORMANCE ASSESSMENT ISSUES

- Validity
- Reliability
- Acceptability
- Feasibility
- Sound principles of evaluation
- Legal issues
  - Incorporate an EWS with a defined timeline for improvement
  - Provide candid and objective evaluation
  - Enable dismissal when warranted
## DEVELOPMENT OF CPI: VERSION 1997 (1993-97)

<table>
<thead>
<tr>
<th>Phase I: Development First Drafts</th>
<th>Phase II: Conduct Pilot Studies of 2\textsuperscript{nd} Draft</th>
<th>Phase III: Field Study 3\textsuperscript{rd} Drafts</th>
<th>Phase IV: Modified 3\textsuperscript{rd} Drafts</th>
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<tbody>
<tr>
<td>Literature review</td>
<td>Reviewed feedback from 50 content experts</td>
<td>3\textsuperscript{rd} Drafts reviewed by stakeholders</td>
<td>Modified PT/PTA CPIs based on outcomes of field study</td>
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<tr>
<td>Reviewed performance assessments</td>
<td>Hosted 10 regional forums in US and Canada</td>
<td>Conducted field study to include validity, reliability, factor analysis, feasibility, and user satisfaction</td>
<td>APTA Board of Directors approval and copyright</td>
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<td>Identified targeted behaviors</td>
<td>Conducted pilot study to refine CPIs</td>
<td></td>
<td>CPIs made available for use in print</td>
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<td>Developed rating system</td>
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<td>Publication\textsuperscript{1}</td>
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<td>Instructional protocol</td>
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Phase I: Review of Literature
- Reviewed CPI and other research and contemporary literature
- Integrated current relevant APTA documents

Phase II: Conduct Survey & Revise CPI
- Surveyed stakeholders to identify strengths and deficiencies of CPI: Version 1997
- Revised CPI in response to identified deficiencies

Phase III: CPI Pilot Study
- Developed online training program
- Developed electronic CPI for pilot
- Conducted pilot study with 66 US and 4 Canadian PT programs

Phase IV: PT CPI Web, Online Training
- Created online training program in APTA LMS
- Completed Final PT CPI
- Developed, tested, implemented PT CPI Web through external RFP
- Publication:

CPI ASSESSMENT COMPONENTS

- Multidimensional system with internal triangulation
- 18 performance criteria (outcomes-based) observable for all clinical experiences with 5 red flag items
- Sample behaviors
- Qualitative narrative comments for each performance criterion
- 5 defined performance dimensions
- Rating scale: 6 well-defined anchors with 5 intervals
- Significant concerns indicator
- Summative comments
## CPI ASSESSMENT PROCESS

<table>
<thead>
<tr>
<th>Selection of Performance Assessment</th>
<th>PT CPI Voluntarily Used by ~93% of PT Programs</th>
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<tbody>
<tr>
<td>Register for Use of the CPI Web</td>
<td>Required Annual Program Registration Fee for Faculty, Students, and Clinicians to Access the System</td>
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<tr>
<td>Complete Required Standardized Web-based Training (.2 CEUs)</td>
<td>Application of learned concepts through practice questions &amp; case scenarios; develop experience in rating student performance</td>
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<tr>
<td>Preceptor completes CPI on Student Student completes CPI Self-Assessment</td>
<td>System documentation available throughout the internship</td>
</tr>
<tr>
<td>Notifications: Immediate access to performance assessment by program and clinic coordinators after sign-off</td>
<td>System includes Learning Objectives, Weekly Planning Forms, Critical Incident Reports, and Learning Contracts</td>
</tr>
<tr>
<td>Retrieval and Management of Data</td>
<td>Individual: Student and preceptor data</td>
</tr>
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</table>
LESSONS LEARNED: CPIs
COLLABORATION! COLLABORATION! COLLABORATION!
1. Essential to establish an open culture to solicit comments and to listen and affirm feedback without defensiveness.
2. Stakeholders view student performance assessment differently so *debate* is an integral part of the process.
3. Essential to balance “buy in” of the professional community with “psychometric” rigor while incorporating legal essentials.
4. Enhanced credibility by incorporating ALL of the elements of effective assessment.
5. Use of academic jargon in performance assessment intended for use by clinicians is problematic.
MORE PHYSICAL THERAPY LESSONS LEARNED

6. Standardized training for all users is essential and empowers clinical educators, students, and academic faculty equally.

7. The CPI has been upheld with student grievances, including situations with solely affective performance issues!

8. Support may be required to assist academic and clinical faculty in transitioning to new performance assessments.

9. Enabling programs to voluntarily use the CPI increased its overall use.
10. Any assessment system must be affordable, accessible, evidence-based, and cost-effective.

11. Student clinical assessments need to be dynamic to ensure consistency with entry-level practice and changes in professional education and health care.

12. The resource investment was worthwhile in determining graduates’ readiness for practice, and advancing physical therapy education and the profession.

13. The CPI has been incorporated into some state licensure regulations requiring supervised practice for foreign-educated PTs, curricular rubrics, new professional performance measures, and requests for translations into other languages.
RECOMMENDATIONS FOR NURSE CREDENTIALING

1. Consider with any new initiative there will be early, middle, and late adopters so facilitate the process by inviting all perspectives!
2. Develop consistent, profession-based outcome competencies for nursing graduates at entry-level relative to patient/family/caregiver-centered care.
3. Given agreed-upon outcome competencies, develop a psychometrically sound outcome-based assessment(s) for nursing students that incorporates critical performance assessment components for use throughout students’ clinical education.
4. Provide consistent training in the use of the assessment(s) to enhance the instrument’s reliability by raters/assessors.
NEW RESEARCH OPPORTUNITIES

1. Mechanisms to make outcomes performance assessments more dynamic in response to ongoing changes in accreditation, program curriculum, and health care.
   - Patient/family/caregiver-centered care
   - Team-based collaborative care
   - ACA, Medical Health Homes, Hospice and Palliative Care, etc
2. Assessments that incorporate the patient’s perspective regarding care delivered by students/interns.
3. Potential for some common aspects of outcomes assessment to be shared across health professions (eg, safety, accountability, professionalism, communication, etc).
4. Assessments that can be sensitive to preceptor time demands (can less do more?)
5. Imagining a funded centralized resource with an interprofessional team for developing outcome assessments to be used across health professions to collect aggregate data!