Coming to America: Supervised clinical practice as a requirement for licensure

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Note: The following article was developed from an educational session at the 2012 FSBPT annual meeting.

In January 2010, the Foreign Educated Standards Committee (FES) began creating tools for supervised clinical practice (SCP). The committee believes SCP is a very important component of ensuring competence of foreign-educated physical therapists (FEPT).

Our rationale is that most foreign programs are not accredited. Accreditation programs look at an overall curriculum plan, faculty and expected outcomes and sets quality standards for programs. India, for instance, has more than 200 approved programs, but they are not the same as an accreditation process. There is no way to determine if the program is excellent or weak.

We have a lack of knowledge of the breadth, depth and content of the foreign-educated PT's clinical experience. The Coursework Tool (CWT-5) requires that the foreign-educated must complete 800 clinical hours in their country, but we don't know the quality of the supervisor, types of patients they are seeing, the level of autonomy and we don't even know how they are evaluated.

There are also limitations to the credentialing process, as much of the information we use to determine qualifications rely on transcripts from their schools.

Professional expectations and responsibilities in the United States may be different from the applicant's country of education. Not every country has the equivalent of an assistant. There are complexities of documentation and differences in supervisory expectations. There are variations in the level of English proficiency – we still have nine jurisdictions that do not require applicants to demonstrate English language proficiency. The rationale is that if they can pass an exam, it is good enough. But that does not address speaking skills.

Overall, there is a lack of exposure to the U.S. healthcare system, which is rather complicated and seems to change on a daily basis. It involves federal and state regulations, insurance, co-pays and authorization for visits, among other items.

The numbers

In 2011, first-time NPTE test-takers included 901 people from the Philippines, 831 from India, 29 from the UK and Ireland, 28 from other European Union countries, 13 from Canada, 6 from Australia/ New Zealand and 193 from other countries. First-time pass rates for six fixed-date exams for the past two years averaged between 20% and 29% for foreign-educated students.

Here are some other revealing statistics:

- 97% of U.S. educated take the NPTE within one year of graduation
- 98% of non-U.S. educated take the NPTE more than two years after graduation
- 58% of non-U.S. educated take the NPTE more than five years after graduation

What are these candidates doing professionally during this time period? Jurisdictions may get that information by asking for the candidate's work history. But jurisdictions may not feel comfortable licensing a person if they haven't worked in years. Supervised Clinical Practice could provide the bridge.

We believe SCP benefits both the FEPT and the jurisdiction. Completion of the SCP will better prepare a FEPT for successful entry into the U.S. workforce. The goal is to ensure that licensed foreign-educated PTs perform at the same level at U.S. graduates.

The SCP promotes clinical competence and the delivery of safe and effective care. It also promotes cultural competence, allowing candidates to adjust to US verbal and non-verbal communication and navigate interpersonal relationships.

The SCP also protects the public by assuring that the FEPT can successfully practice within the U.S. healthcare system.

State by state

Fourteen states requires SCP – Alaska, Arizona, California, Georgia, Kentucky, Louisiana, Minnesota, North Dakota, Oklahoma, Pennsylvania, South Carolina, Tennessee, Virginia and Wyoming. However, under certain circumstances, those requirements may be waived in some states.

The SCP Model

We are proposing a statutory authority with these prerequisites.

- A substantially equivalent education
- Demonstration of English proficiency
- Passing the NPTE
- Obtaining a provisional or restricted license for the purpose of completing the SCP

The duration would be 1,000 hours; essentially six months of full-time clinical practice.
We also expect the facility to provide a broad range of experience with adequate staffing, an adequate number and variety of patients and a variety of diagnoses. The board would review each of these items with the applicant.

The supervisor would be a currently practicing physical therapist clinician with 3+ years of experience. We recommend continuous onsite supervision and continued involvement in all aspects of patient care. The supervisor would also have to be immediately available to the applicant.

We would expect full disclosure from the supervisor, including their intent to hire the applicant, their relationship to the applicant and whether there is a salary or stipend involved.

We would expect a midterm and final report as well as informal feedback provided throughout the experience.

The SCP Performance Evaluation Tool being developed would:

- Be written specifically for the FEPT completing a SCP
- Be a single tool intended to be used in any clinical setting
- Have a rating scale that will result in a numeric score for the midterm and final
- Have an objective numeric score that gives the clinician and jurisdiction greater ease in determining if the applicant has met a minimum standard
- Be a tool tested for reliability and validity

The pilot tool, which currently has 72 different items, would include items in examination, evaluation and clinical assessment, federal and state regulations, insurance, direct access and autonomous practice, collaboration, billing, coding documentation, language and communication skills (speaking, writing, listening) and professional behaviors such as safe practice and professional demeanor.

What's next

A survey regarding the performance evaluation tool has been sent to a large stakeholder group; the feedback is essential to the development of this tool. We will also identify jurisdictions interested in piloting the tool; Virginia has indicated such an interest.

We believe supervised clinical practice is a feasible way for jurisdictions to bridge potential gaps in knowledge and clinical skills, to provide the needed education on the U.S. healthcare system and assure the competence of FEPTs.

Panel discussion

Questions posed to individual members of the panel:

Chuck Brown, Executive Director, Arizona

Q: Logistically, how difficult is it from an administrator's perspective to manage the supervised clinical practice program? What presents the biggest challenge for you in administering the supervised clinical practice? Do your applicants have a difficult time finding placements and/or appropriate supervisors?

A: We have a pretty low volume in Arizona. Managing that low volume has been fairly easy. Making sure the facilities that are chosen have the right number of supervisors is the biggest challenge. The board has to approve each supervisor. We have no difficulty in finding placements. We have rigorous process for foreign-educated applicants; they have to be dedicated.

Q: Do you see candidates actually fail the SCP, or is licensure simply delayed until all applicants eventually successfully complete the SCP?

A: Initially, they have 90 days or 500 hours to complete the process. The supervisor must submit a mid-term examination, and that is where issues are identified and brought to the board for appropriate action. Delegation seems to be a big issue. Sometimes we have to add another 500 hours to complete the process.

Nina Hurter, Administrator, Texas

Q: Can you please discuss what stage Texas is in regarding implementing mandatory supervised clinical practice? What promoted the interest and discussion initially? Were you aware of FSBPT's model?

A: We are just in the talking stage and not even committed to implementing one of these programs. It is overwhelming. Over the past five years, we have made it less restrictive for foreign-educated PTs to come to our state. We need therapists. As the number goes up, it has become more of a concern. Should we worry more about differences in clinical skills? I was aware of the FSBPT model. We do have a coursework tool, which addresses education. Content areas are rather vague.

Q: What are the most significant concerns of the board and the staff as supervised clinical practice for foreign educated therapists is discussed?

A: We had 89 applicants go through process in the past year, including current applicants and those who failed the test during that timeframe. We don't know that we've seen much documentation that foreign-trained PTs are not up to par. We don't want to make foreign-trained applicants do more than U.S. applicants if it is not justified. We want some assurance that SCP will be useful, and it appears that it will be useful. Our other concern is how to choose the right supervisors and how to find enough of them. In Texas, it will be a hurdle because we have so many applicants.

George Maihafer, Board President, Virginia

Q: In Virginia, has supervised clinical practice been an effective way to evaluate a person's ability to perform in the clinic? What is the greatest benefit you see to requiring the supervised clinical practice?

A: Yes, it has been effective; we've been being doing this for 20 years. It is important to get an assessment of navigating the U.S. healthcare system, delegation, documentation and billing and cultural competency. Our numbers are foreign-educated applicants are low, so they are easy to track.

Q: What current tool do you use for performance evaluation?

A: In the 80s, we evaluated various tools, and with our limited funds adopted the New England consortium tool. It was one of the best tools out there. But times have changed. We realize our current tool is designed for entry-level U.S. students, not foreign trained students.

Q: What is prompting your board's search for a new performance evaluation tool? What factors do you feel will most impact your choice of a new tool?

We realize our current tool does not provide what is necessary to improve performance. The tool also did not look at cultural competence, billing, delegation or direct access.

Joni Kalis, PT, *Chair of the Foreign Educated Standards Committee*

Joni Kalis is a physical therapist and has been involved with the Federation since 2002. She has served as an item writer, a delegate, chaired the 2009 Bylaws Task force, was a member of the Foreign Educated Standards subcommittee that led to the development of Quality Standards for credentialing agencies and received the Federation's outstanding service award in 2009. Joni is the current chair of the Foreign Educated Standards Committee and is the past president of the Arizona Board of Physical Therapy.

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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 has served on the Illinois Physical Therapy Licensing and Disciplinary Board since 2007 and is now a PhD student at UIC. Other professional activities include serving as a commissioner and on site visitor for CAPTE, and private practice as a practice, education and administration consultant. Mary serves on the Foreign Education Physical Therapy Committee for FSBPT.