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ISWP Competency Subcommittee

March 7th, 2018 Meeting Recap

The ISWP Competency Subcommittee met by conference call on Wednesday, March 7th, 2018 from 10:00 a.m. to 11:00 a.m. U. S. Eastern Time. This provides a recap.

Meeting Recording Link: **https://iswp.adobeconnect.com/pv1uo0mifx2t/**

Next Meeting: Wednesday, April 4th, 2018 at 10:00 am U.S. EST.

Discussion

1. Brief updates from ISWP

- **ISWP Wheelchair Service Provision Basic Test:** The test is now available in 14 languages: Albanian, Arabic, English, French, Lao, Hindi, Mandarin, Khmer, Portuguese, Russian, Romanian, Spanish, Urdu and Vietnamese. 2,319 Basic Test takers as of 28 February, 2018 with 70% pass rate.

- **ISWP Wheelchair Service Provision Intermediate Test:**

- **a. Knowledge Test** 298 test takers with 65% as the pass rate. 38 Spanish test takers with 15% pass rate. ISWP received a request to translate intermediate test in Arabic, ICRC Iraq will assist.

  b. Skills Test: For English, 21 case studies from 15 test takers (6 test takers submitted 2 case studies each) have been submitted so far. No case studies have been received yet for Spanish.

2. Update from Mentoring Phase 2: Megan Giljam is mentor for Phase 3. Megan updated the group that the mentoring program phase 3 is now complete. 4 tutor sessions focused on hip and pelvis posture screen, hand simulation, prescription of PSDs and unsupported seating. She had mentioned that the mentees were active and interactive throughout the program. The focus-group meetings will be held towards the end of the week. She added there were lots of connectivity issues during the sessions. 5 mentees participated in this phase of which 4 had participated in phase 1.

3. Intervention Update and Activities for Future Competency Subcommittee Meetings: ISWP needs 2 additional mentors for the intervention (Phase 4, part of Alex Miles' dissertation). Dietlind had already expressed her interest to participate. ISWP welcomes suggestions of other mentors and ideas on how to expand the mentor pool.

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Alex mentioned a short report will be written based on all the recommendations from all the three phases including mentors and mentees' feedback on how we can improve the program. These recommendations will then be considered for the intervention.

4. Alternatives to Intermediate skills test:

Sarah and Sue provided their combined feedback and recommendations in a document prior to the meeting. She explained each item in detail during the meeting.

Dietlind agreed on Sarah's recommendations that photos are essential where a process involves remote mentoring/assessment. She also agreed on considering looking at current rubric to review what is knowledge / skills / analysis / application and what relates to process.

Sarah then discussed suggestions with pros and cons:

ISWP recognition of own country certification system

Pros	Cons
For career progression in country, it is probably more valuable to have a national certification programme e.g. if someone is certified in NZ and ISWP have recognised that system, then automatically ISWP certified	If someone has national certification and this gives automatic international certification, that can bring some cons. See separate section on competence to work in other contexts *
This would help to avoid ISWP having different packages for different contexts	Systems for different countries could vary significantly so ISWP recognition should be tied to that specific country

Dietlind added it would be interesting to know how many countries have their own certification system. So far, we only know New Zealand. She added that we can possibly do a survey to know what is out there and what is happening in relation to the national certifications/crediting to help us understand the situation and need better.

ISWP certification system where no national system in place

Pros	Cons
ISWP certification could provide recognition where it currently does not exist	It is very difficult to measure without a standard package or accredited assessor
If someone has a national certification, then potentially ISWP could provide an international certification. Possibility of going through and passing the hybrid course on-line so that they become familiar with the rationale and process of WSTP –	* NZ presentation notes how difficult and potentially confusing it is when different approaches are used by different assessors. This can be the same when people come from a high resource setting and no familiarity with the WSTP, which is the most

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| particularly if both training and systems are different to WSTP | commonly used package in less resourced settings |

Example resources from other countries

Pros	Cons
Reliance on face to face mentor to meet 'observation'/'supported practice'/'independent' categories	Lack of mentors in less resourced settings
NWMF provides a clear framework, which shows a progression of skills development. It recognises that competency is a process gained by experience	Limited to contexts which have long-term opportunities for in-country mentoring Assumed knowledge of qualified therapy professionals is reflected in the 'clinical knowledge' section. The target audience of WHO WSTP (at least for basic) is the following: *This training package is for all personnel or volunteers who are expected to carry out wheelchair service delivery in their place of work. This may include* **health, rehabilitation or technical personnel, community health care workers, communitybased rehabilitation (CBR) workers**, *occupational therapists, physiotherapists, prosthetists, orthotists,* **local craftsmen, technicians and wheelchair users** It is important for the less resourced settings context that we continue to set a framework of skills assessment whereby this broader audience of w/c personnel can gain skills and acquire recognised competence.
Different forms of evidence to demonstrate competence e.g. observation in clinic.	These tend to rely on in-country mentors, which are currently very limited in supply.
Our bigger picture aim is to have in-country mentors who really understand the context and reduce communication barriers.	Chicken and egg situation. Most of the services in less resourced settings have limited personnel involved in wheelchair service delivery and this limits opportunities for peer support

Dietlind added that we lack skilled or competent mentor in so many countries and many discussions come back to that point.

Analysis of what is knowledge/skill versus process

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Pros	Cons
Analysis may allow a framework for each section, with some flexibility in the process	If we are too prescriptive about the process, this is the area where we may be too prescriptive for such broad international application

Case study presentation

Pros	Cons
Adobe case study presentation has the advantage that it can be recorded and perhaps a second assessor could moderate	Still requires a framework for assessors to assess by – possibly a document like the TCA (trainer competency assessment tool) Requires stable internet connection

Dietlind added that it's unclear at what point we look at the alternatives. Nancy and Dietlind agreed that it's important to work on the current process and modify the content to meet the current needs rather working on something new.

Krithika suggested if it will helpful to do a video explaining the process, more like a step by step instruction video.

Mary provided the following questions via email which will be discussed in the next meeting:

1   At what point do we shift to providing 'alternatives' to the case study submission process, given failure rate and disparity (# of knowledge test takers vs. skills test takers)?
2   Mentoring continues to be a reoccurring recommendation, but what are your recommendations for building a community of mentors and how might they be incentivized....or what would encourage them to get involved? Inside our 'narrower' group it seems like there is a pool, but how might that scale? Especially given lack of current 'sustainable' ISWP structure (i.e. not yet a membership model or certification fees to support activities like this).

Dietlind summarized that next steps is looking at the current process and rubric and adapt it to be more applicable for different context and maybe used with different processes but still testing the same knowledge, skills and clinical reasoning. We should be brainstorming about the steps required to achieve this.

Nancy added that the second point is to look at ways for improving the mentoring pool.

Subcommittee members to provide feedback on the recommendations and suggestions for discussion and think about the two discussion points in preparation to the next meeting.

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Participants *(check mark indicates participation on call)*

Sue Fry, Motivation Africa
✓ Sarah Frost, Motivation UK
✓ Dietlind Gretschel, Rehab Lab (chair)
Patience Mutiti, Motivation Africa
Charles Kanyi, Motivation Africa
Haleluya Moshi, KCMC
Maureen Story, Sunny Hill Health Centre for Children
✓ Megan Giljam, Shonaquip
Catherine Ellens, Sunny Hill Health Centre for Children
Sharon Sutherland, Consultant
Elsje Scheffler, DARE Consult
Nekram Upadhyay, Indian Spinal Injuries Centre
✓ Alex Miles, University of Pittsburgh (co-chair)
Mary Goldberg, University of Pittsburgh
Jon Pearlman, University of Pittsburgh
✓ Nancy Augustine, University of Pittsburgh
✓ Krithika Kandavel, University of Pittsburgh

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