



ISWP Competency Subcommittee

May 13, 2020 Meeting Recap

The ISWP Competency Subcommittee met by conference call on Wednesday, May 13, 2020 from 9:30 a.m. to 10:30 a.m. U. S. Eastern Time. This provides a recap.

Meeting Recording Link: <https://iswp.adobeconnect.com/ph562qvre5em/>

Next Meeting: ISWP staff to send a poll in mid- to late-July requesting Subcommittee members' availability in August 2020.

Discussion:

1. **Approval of Agenda:** Agenda approved.
2. **ISWP Update:** As of May 12, there have been 4,422 Basic test attempts from individuals in 96 countries, up 161 since March 31. The pass rate is 65%. No new countries added.

For the Intermediate knowledge test, there have been 589 test attempts from individuals in 23 countries -- 538 English and 51 Spanish test attempts, up 11 from March 31. The pass rate for English test takers for the knowledge test was 56% and 33% in Spanish. No new countries added.

ISWP received one additional case study for the Intermediate skills test. Candidate #8268 is still working to submit case studies in the new forms. There have been no submissions yet for the Spanish skills test.

3. **WSP Basic Certification:** To date, there 69 certified wheelchair service providers from 21 countries, an increase of 8 providers since the February meeting with one new country recently-- Canada. The certification process is available in English, French and Spanish and will be available in Portuguese. We anticipate having 80 additional providers by July 2020, based groups from University of Manitoba, Loh Medical, University of Montreal and SESOBEL, Lebanon.
4. **Final Recommendation for Intermediate Test Takers:** Krithika to incorporate Subcommittee members' suggestions and send to the group.
5. **Alternative Ways to Submit Case Studies:** Subcommittee members discussed alternatives for submitting case studies during the global pandemic. After further discussion and considering that ISWP has only received one request recently, Krithika will draft communications explaining that trainees interested in submitting case studies who do not have access to clients currently should wait until clinics in their areas



reopen, then proceed with the case study component. If possible, the communications should: Include links for resources promoting safe practice; and emphasize that access to users should be based on risk-based assessment and in line with service restrictions in providers' areas which should be followed at all times.

6. **Challenges within Wheelchair Service Delivery and Tips:** Elsje Scheffler explained current regulations within a country or region decide the extent to which wheelchair services are provided. In South Africa, in the previous stay-at-home level (Level 5), any ambulatory patient services were cancelled to minimize contact. Even routine assessments and assessments for new users were postponed. The service provider had to do a risk assessment for each client to determine if the risk of not treating them would have a greater impact than the virus. The client would need to agree to terms of being seen. Only people who were in hospitals and treated in rehab facilities received routine, standard care. The current level in South Africa, Level 4, is a slightly more open situation. However, if a situation is not critical, and contact can be delayed, then it should be delayed. Where possible, service providers are using video, Whats App or other interventions for existing users. If a complete reassessment and physical contact assessment are necessary, the service provider would have to weigh risks and decide whether to proceed with intervention. Then, the provider would need to follow prescribed guidelines and regulations, including wearing of certain PPE both for provider and user. There are general international guidelines; providers need to see how they can be applied within regulations governing their country, district and profession. In some cases – depending on regulations – the profession requires that even though a service provider may have an existing signed consent, a client must sign a new consent with every consultation. Health risk screenings for both the service provider and client need to be performed, whether in-patient or out-patient; this applies to everyone, not specific to wheelchair users.

Communications from ISWP could include links from WHO and recent webinars.

Next Call: ISWP staff to send a poll in mid- to late-July requesting Subcommittee members' availability in August 2020.



Participants (check mark indicates participation on call)

- Sue Fry, Motivation Africa
- ✓ Sarah Frost, Motivation UK
- Ritu Ghosh, Mobility India
- ✓ Dietlind Gretschel, Rehab Lab
- Tamsin Langford, Motivation UK
- Abdullah Munish, Motivation Africa
- Patience Mutiti, Motivation Africa
- Jamie Noon, Independent Consultant
- ✓ Elsjie Scheffler, DARE Consult
- Celia Stubbs, Motivation UK
- Mr. Sudhakar and Ms. Venilla, Mobility India
- Nekram Upadhyay, Indian Spinal Injuries Centre
- ✓ Maria Toro Hernandez, University of Pittsburgh
- Megan D’Innocenzo, University of Pittsburgh
- ✓ Mary Goldberg, University of Pittsburgh
- Jon Pearlman, University of Pittsburgh
- ✓ Nancy Augustine, University of Pittsburgh
- ✓ Krithika Kandavel, University of Pittsburgh

Prepared by Nancy Augustine and Krithika Kandavel