

## ISWP Competency Testing Subcommittee

### March 1, 2017 Meeting Recap

The ISWP Competency Testing Subcommittee met by conference call on Wednesday, March 1, 2017 from 9:00 a.m. to 10:00 a.m. U. S. Eastern Time. This provides a recap.

**Meeting Recording Link:** <https://iswp.adobeconnect.com/p249pp9879s/>

**Next Meeting:** Please indicate your availability for the April month Testing subcommittee call through this link: <http://doodle.com/poll/893m3k75r8yca3av>

### Action Items

1. Subject matter experts – Dietlind, Elsje and Sue will finalize rubric and assessment templates. They will re-score current case studies using the new form. They also will send the updated rubric and templates to Mary and Krithika.
2. Mary to identify other professionals who have trained at Intermediate level who can review the scored case studies and provide input both on studies and evaluation methods. It will help to have input from a wider audience.
3. Krithika to provide Dietlind, Elsje and Sue with cover note they can use to invite people they have trained to take the intermediate test.
4. After about 10 case studies are received, the group will re-evaluate the process.
5. Krithika to send poll requesting Subcommittee's availability for the April call.

### Discussion

Call focused on Intermediate Knowledge and Skills test.

1. **Intermediate Knowledge Test:** Beta phase was launched on December 5, 2016. Since then, 26 people have completed the Knowledge portion of the test. Of those, 11 passed, and Krithika sent all of them invitations to submit case studies.

Subject matter experts are reviewing all of the questions. Nine domains have been finalized; they hope to have up to Domain 21 completed the week of March 6, with the remaining questions a couple of weeks later. Krithika has added questions to test.com as they are completed.

2. **Intermediate Skills Test:**

- a. *Test statistics:* The beta phase also was launched on December 5. Invitations were sent to 32 individuals who passed the alpha phase, as well as 25 people who took the test between December 1 and January 31. Of those, 19 secured a pass score, for a total of 51 people.

Six case studies have been submitted so far. Subject matter experts have scored 4; no one has passed based on the criteria. The scores were quite low; for example, one was around 50%, and 80% is needed to pass.

The subject matter experts feel the bar to pass might be too high but need to consider the user's safety. Mary thinks it might be early to know whether this is a trend or a coincidence.

- b. *Rubric and assessment templates:* Subject matter experts realized there are some items on the rubric that are not clear and are making revisions. They also are making slight revisions to the assessment templates which are sent to test takers. They will review among themselves again then forward to Krithika and Mary. They also will score the case studies that have been evaluated again.
- c. *Mentoring:* Mary wondered if there are additional tools we can provide to help trainees improved their skills and if it would help to provide mentoring to the individuals who submitted case studies to date.

Elsje explained that for intermediate, practitioners need a good understanding of biomechanics and clinical reasoning skills. Many who work in less-resourced settings are not trained in these areas. The test is at the very basic, pragmatic, step-by-step process. In most countries, you have an educational framework where each level requires higher reasons. If a test is for therapists, we also need to look at whether it matches the educational framework of the country.

Elsje doesn't want to discourage intermediate test takers, who are motivated to take this international test, although the goal is to keep the bar high. It will be a shock to those who submit the case studies and score very low. How do we provide the feedback so that the person becomes confident to take the test again? At the same time, we cannot award a qualification, certification or acknowledgment if users will not be safe, and key problems have not been addressed. Mary thinks these individuals are excellent candidates for mentoring. It will result in stronger tool, stronger process and more confident providers. Mary said that the mentoring approach being developed includes 40 hours; it would help to know if that number is reasonable, although resources are limited. Elsje explained the mentoring model she has used and offered to provide additional information.

Elsje said there hasn't been proper professional development because of the lack of mentoring. This exercise might be proof of what is really needed. WSTP is the bare bones, and we expect people to develop the rest of the skills on their own. If we can learn and expand mentoring from this, it is a very positive outcome. Dietlind explained there is funding to do training, so the person trains yet there is no one in country to supervise/mentor following training. Dietlind has offered to mentor remotely, but few people have accepted her invitation.

Mary invited Elsje, Dietlind and Sue to participate on the next Mentoring Subcommittee call, Thursday, March 16, at 10:00 a.m.

- d. *Trainee prerequisites:* Mary asked whether prerequisites should be changed, such as more years of experience and clinical hours after completing training, and/or do we accept the current approach but re-evaluate after we receive 10 case studies. Elsje thinks it is difficult to change the prerequisites. Those who scored well on the Basic test demonstrated knowledge, but the question is whether they can translate that knowledge to assessment, fitting and provision. There are people who have been doing seating for a long time. However, organizations exist where people have skills and knowledge to apply principles in WHO-WSTP manual. Number of years of practice doesn't mean much if you are practicing the principles incorrectly.
- e. *Number of case study submissions:* Sue Fry suggested test takers submit one case study, not two at the same time. Reviewers can provide feedback after the first so it is a learning opportunity. It will be useful to evaluate improvement after the second case study.
- f. *Expanding the number of subject matter expert reviewers:* Mary suggested expanding the group of reviewers to evaluate the rubric and form and provide additional feedback to make sure the tools will be effective not only with the test taker but also with the reviewer. By Friday, March 10, Mary will contact some volunteers to request their input on the rubric and template, along with a case study that has been scored to review, as well.
- g. *Next steps:* Rubric will be finalized and changes to forms will be made the week of March 6. Elsje suggested continuing the process for another couple of weeks. They will re-score the case studies using the revised rubric and form and provide feedback.

Elsje said her group of Zimbabwe therapists has not taken the Intermediate test. Elsje does not do the WSTP program because in their educational framework, it is a Level 6. They have a different program which incorporates some of the same skills. Mary requested Elsje, Dietlind and Sue recruit their trainees to take the test.

Krithika to provide the test invitation, including instructions and links, and Dietlind,

Elsje and Sue will send to their contacts.

The current target number of test takers is 50, but Mary prefers to get the process right and let USAID know the outcomes; e.g., importance of having a mentoring initiative.

**Participants** (*check mark indicates participation on call*)

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

Prepared by: Krithika Kandavel and Nancy Augustine