

## ISWP Testing Subcommittee

### May 3rd, 2017 Meeting Recap

The ISWP Testing Subcommittee met by conference call on Wednesday, May 3rd, 2017 from 11:00 a.m. to 12:00 p.m. U. S. Eastern Time. This provides a recap.

**Meeting Recording Link:** <https://iswp.adobeconnect.com/pkjdgixds8f/>

**Next Meeting:** Wednesday, June 7<sup>th</sup> at 11:00 am. U.S. EST. Doodle poll two weeks before the call to see who can attend based on the person's location at the time.

#### Discussion:

#### **1. Intermediate Knowledge and Skills Test:**

The modified questions have now been uploaded to test.com. The Spanish version of the Intermediate knowledge test is also uploaded. Alpha testing phase for the Spanish Intermediate test started on May 2<sup>nd</sup>, ISWP team has been recruiting participants to take the knowledge test.

Since the last meeting, 4 additional case studies from 2 people has been received– they are waiting to be reviewed by volunteers. To date, 10 case studies from 5 people have been received. Recruitment message for volunteers along with volunteer criteria and messages to volunteers after they express their interest to review case studies along with next steps are being internally reviewed and will be passed on to the SMEs for feedback in the coming week.

#### **2. Mentoring Subcommittee merging with Testing Subcommittee:**

During the past couple of months, discussed mentoring subcommittee activities so far, including a survey conducted last year and ongoing discussions about mentoring which often is cut from training budgets but a vital piece of training programs. ISWP survey was to learn what was happening throughout the community to develop a repository of materials for organizations' use and recommended approaches, depending on training contexts.

A subcommittee was formed to discuss mentoring. In addition to logistic challenges, the testing subcommittee was finding that trainees were struggling with intermediate skills portion of the intermediate test; while they passed the knowledge portion, they struggled with skills. Discussed value of mentoring as a missing piece and how it can assist in the testing process.

Talked with co-chairs of testing subcommittee about incorporating mentoring component. Seemed like it was a natural time to bring groups together. Testing subcommittee has had a large number of activities which are mostly completed.

Alex Miles has been focusing on mentoring, which will be part of her PhD dissertation.

**Discussed co-chairs for the group:** Alex would co-chair Competency Subcommittee with Dietlind leading related to testing. Elsje agreed with proposed co-chairs and asked how does committee activities fit in with dissertation; where does one start and one stop. Dissertation has not started yet. Alex passed her comprehensive exam recently but has not started her proposal. The mentoring activities, evaluation of the mentoring activities which occur in September, would feed into her proposal as preliminary data. In addition to parallel activity of gathering mentoring materials from the community. Both pieces would comprise background section to dissertation.

Sarah requested clarity on relationships between having a work plan and having a subcommittee and the linkage to the dissertation. How do they relate? What happens if there is a work plan, but if the subcommittee has a different idea than the plan? Mary explained that it is largely a new territory. The subcommittee would continue to function like all ISWP subcommittees – work plan is agreed on; opportunity for SC to apply for funds to support activities (funding dependent). It is not limited by the dissertation in any way; the same way it worked with Hybrid course. It is not her dissertation but preliminary work. Have worked to publish a paper on the effectiveness of the pilots, which were motivated by the work plan efforts. Locations were recommended by folks in working group, for example. It is a collaborative effort. Activities still remain within working group.

Elsje – usually anything generated through dissertation becomes IP of the university. Want to develop mentoring program that is universally applicable, which can evolve and develop over time. Would the IP automatically be Pitt? If committee works and contributes to the group, and information drawn into a project or publications from the work, will committee be invited to co-write and author papers? Will members sign release and participate in projects as contributors/participants?

Mary: Intent of training activity coming from ISWP is to make it universally available. We would want to put mentoring initiative into the WIN platform (presented on last TWG call). Any ISWP and open-source materials would be available and shared. Regarding IP of the university, we would work toward allowing universal access so don't see that as a problem. SC members are welcome to contribute to publications and conference abstracts. Integration SC has published one paper already based on WC training in curriculum survey results. Regarding regulatory components, Pitt has IRB approved that includes mentoring work as well as all trainings. Indicate all materials collected in context of training are used for research purposes, provided all participant information is de-identified. SC would be driving involvement on research side. ISWP would not ask any more of SC members on research piece. ToR – members contribute 1-2 hours per month in addition to 1-hour monthly meeting. If someone is piloting, working group funding request would be submitted for Advisory Board approval.

Elsje request information be shared with everyone and consensus reached.

### 3. Terms of Reference:

Sarah Frost asked for clarification 1.2, Aim: Talks about effectively applying knowledge and skills of WSTP-B and I. 1.3.1, provide ....on needs of wheelchair sector globally. Are we connecting strongly to the Basic and Intermediate course, but not excluding others, or trying to think globally about everything? She feels more comfortable starting with Basic and Intermediate. Mary explained a struggling clinician could be referred to ISWP and linked with a mentor. Could take many forms – ISWP just makes referral. Mary doesn't see it as being very narrow. Looking across members of group, there may be some members who are experienced trainers from various settings, who are familiar with Basic and Intermediate. Sarah – more her initially thinking that there are some situations where she could not be a good mentor depending on the context. However, there are different people in group coming with different levels of experience. That is point of having a wide group.

Questions in mentoring survey – over 12 people indicated they are doing some mentoring in their practice but don't know how closely linked they are to Basic and Intermediate. Also asked how willing they would be to share. Asked if they had any mentoring in general, not specific to Basic or Intermediate. Elsje explained mentoring programs are often very specific to an organization, occupational group or context. May have more clinical focus, technical focus or combined. Appears to be clinical application of knowledge and what can be done to improve skill sets and competency – in remote fashion on global level. Completely different from most mentoring programs, which usually are organizational or regional based. Should be very clear on what we are trying to do here. There may be more than one type of program running and how do they compare/differ from mentoring programs which are being used in other contexts.

Alex highlighted responses on mentoring survey: 16 respondents; most worked for NGOs, most with a wheelchair service program. Two programs without mentorship still felt mentorship was necessary and very important. All respondents indicated an interest in some type of mentorship facilitated by ISWP.

Mary – framework of WHO training would be helpful but people are coming in with a variety of experience and backgrounds and may need mentoring even outside of WSTP. Reflecting and using WHO materials in pilots is useful but wouldn't be surprised if mentors bring in additional materials beyond those recently prepared by WHO.

Elsje: Materials in general are very similar – cover same content and key clinical principles of managing posture support. Where the trick and difficulty come in is clinical reasoning around context, function of user, environmental barriers user experiences and hardware available. That's where people struggle. She has seen people trained with different materials problem is that once you have basic theoretical knowledge and applying it across as many users as possible to get as much exposure to variety of postural needs, functions, hardware and environments.

Often, people don't have guidance, experience, mentors who can help them assimilate and transfer those skills. Problem isn't the base materials. It's the application – having support to develop skills, feedback to identify and learn from errors from a clinical perspective.

**Subcommittee members** to review Terms of Reference again and provide Alex Miles with feedback before next Mentoring SC call.

Elsje – TOR and drafting mentoring program need to be in sync.

#### 4. Draft Mentoring Protocol:

Sue Fry described proposed protocol. Proposed 24-25 individuals participate in the first pilot. Among the group, we would develop another list of 20 people who could benefit from mentoring at intermediate level. To get representative sample, will need to limit to English language proficiency. Sue doesn't see a problem recruiting 24; however, baseline is that they did not pass the intermediate test with the goal that at the end of the process they would pass the test.

Elsje – how would we assure needs are uniform, and that participants will benefit from mentoring we provide? Suggestions: Target organizations where there isn't mentoring and support currently; recommendations from intermediate trainers – people who are passionate about wheelchairs and could benefit from mentoring, not ready to retire in the near future. Preliminary list of criteria of people who would benefit from mentoring to be distributed to trainers and request referrals. Mary thinks we will get more people than we are able to take but will seek regional distribution on a first-come, first-served basis. Sarah – also make sure the participant has a clear idea of commitment required to participate in mentoring. Elsje – have they had enough clinical exposure to apply skills. For someone to apply skills across a variety of needs – can't have someone who just completed intermediate training 3 months ago. Not enough time to have sufficient practice to apply principles, make errors and learn. Intervention and additional training must be enough for trainee to understand apply. Training alone is not enough.

Mary: Take 5 test takers who have submitted case studies to date. Remaining candidates – include prerequisite of number of years/time in practice; and number of clients seen/frequency. Sarah suggested not making it too stiff initially; criteria are important, but passion is critical initially. **ISWP to draft criteria.**

Materials – strategies on how to gather information – June call agenda.

**Alex** to circulate draft mentoring protocol for feedback.

**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
- ✓ 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
- ✓ Nancy Augustine, University of Pittsburgh
- ✓ Krithika Kandavel, University of Pittsburgh

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