



ISWP Training Working Group

March 22, 2017 Meeting Recap

The ISWP Training Working Group met by conference call on Wednesday, February 22, 2017, from 9:30am to 10:40am U.S. Eastern Time. This provides a recap.

Meeting Recording Link: <https://iswp.adobeconnect.com/p5nvnykcg9v>

Next Meeting: Please use the following link to select your preferred timing (9:00am U.S EST or 9:30 am U.S. EST) for the Training Working Group calls in the upcoming months here: <http://doodle.com/poll/tspa3a6dbpkabz6d>

Action Items

1. Working Group members to select preferred meeting time using the link above.
2. Alex to double check Google Groups to be sure everyone is included on the distribution list.
3. Working Group members are asked to double check their junk mail folders and add iswp-training-wg@googlegroups.com to their e-mail system address books.
4. Working group members to contact Krithika Kandavel if you are interested in reviewing the Intermediate Test case studies.
5. Working group members to contact Krithika Kandavel with any training updates for the ISWP calendar.

Discussion

1. **New Members:** Scott Ward, Department Chair of Physical Therapy and Athletic Training at University of Utah, joined the Working Group as a guest.
2. **Previous Minutes:** Change date of previous meeting from February 23, 2017 to February 22, 2017.
3. **Distribution List:** Alex to double check Google Groups to be sure everyone is included on the distribution list. Working Group members are asked to double check their junk mail folders and add iswp-training-wg@googlegroups.com to their e-mail system address books.
4. **Subcommittee Updates**
 - a. *Hybrid (Lee Kirby):* University of Pittsburgh IRB approved the follow-up survey for Hybrid participants. Yohali is sharing survey with Integration Subcommittee for input, although there cannot be major changes to the survey without submitting to the IRB for review/approval.

A one-day Hybrid course will take place at RESNA's pre-conference session on June 27, 2017. The session will be a mixture of practical content from the WHO WSTP-Basic





package included in the three-day in person portion and some wheelchair skills training. Participants will have the option to use the online Hybrid-Basic before or after the session. The online modules will include all 8 steps of the WHO WSTP-Basic. Participants also will receive access to wheelchair skills materials online. The presenters will evaluate whether participants preferred having optional online materials and how a Hybrid online course would work. The session also provides an opportunity to promote the Hybrid and wheelchair skills courses.

The Integration Subcommittee approved folding the Hybrid Subcommittee (SC) into its group. Nicky Seymour suggested that on the next Integration SC call, the Hybrid SC representatives provide background about the initiative.

Training Working Group members on this call approved folding the Hybrid SC into Integration. Lee Kirby and Yohali Burrola, current Hybrid SC members, will join the Integration SC.

- b. *Integration (Paula Rushton and Nicky Seymour):* As a result of the discussion at the February 7, 2017 high-level meeting in Geneva, Mary Goldberg drafted a joint action plan. The draft is currently in review by the SC chairs and will later be circulated to the meeting attendees including representatives from WCPT, WFOT, ISPO, ISPRM, HI, ICRC and Motivation.

The plan is to roll out an integration toolkit comprised of outputs from the high-level meeting and other sub-committee activities at 2018 WFOT in Cape Town.

Karen Fung, a University of Montreal student working with Paula Rushton, conducted 11 interviews with professionals across a variety of income settings to learn barriers and facilitators to integrating wheelchair content in programs worldwide.

Integration pilot sites project has 14 partners who meet monthly. Beginning with the April call, in addition to regular agenda, one member will present a challenge he/she experienced with integration, strategies to overcome the challenge, and the outcome. This approach will invite more active participation and discussion.

The SC received feedback on the integration article submitted to *African Journal of Disability* article with minimal changes to make.

Conferences: The Integration SC representatives presented twice at ISS in Nashville, TN in March 2017. Presentations were made on the integration survey study and on ISWP's work combined with two clinicians' survey.

Upcoming conferences: ISPO in May 2017. The subcommittee did not submit an abstract to WCPT. However, Sue Eitel will be attending so there may be an opportunity to present or host a meeting. The subcommittee plans to submit to WFOT 2018 and OT Africa Regional Group 2018.



Mary Goldberg, Sue Eitel and Yohali Burrola submitted a proposal to American Physical Therapy Association (APTA) for Hybrid two-day session at APTA's February 2018 combined section meeting. The pre-conference includes professors and students and is a good opportunity to present the Hybrid course and discuss what could be useful in their current environments. Also, the SC submitted for a panel discussion on global trends (WHO 2030, GATE, ISWP).

Jon will be speaking at ISPRM May 2017 and will highlight the Integration progress.

- c. *Testing (Dietlind):* Intermediate knowledge test: The beta testing phase is completed. Another 50 individuals took the test. Experts have reviewed all Intermediate test questions for correctness, terminology, and format. They will be uploaded to test.com.

Intermediate skills test: Six (6) case studies have been submitted and reviewed. After the first round of reviews, experts realized the case study template, rubric and scoring sheet needed to be revised; revisions are now complete. All case studies submitted scored low so the subcommittee and external experts are discussing additional input on scoring.

Credential: Currently materials are being reviewed for a prep course as a refresher for the basic test and a short pre-test as an exam readiness tool. The credential application and re-certification application process will also be piloted in the trial. ISWP sent an e-mail to recruit individuals for pilot.

Basic test is currently available in 7 languages: English, Spanish, French, Romanian, Urdu, Portuguese and Arabic. Testing was just completed for Russian, Mandarin and Khmer. Vietnamese, Albanian and Lao are in development. MSH is working on the Hindi translation. 30 people per language are needed to validate the test translation. A subject matter expert is translating the Intermediate test into Spanish.

- d. *Mentoring (Alex Miles):* Alex contacted additional prospective subcommittee members. The IRB has been approved to follow up with individuals who participated in the initial mentoring survey. ISWP is looking to contract trainers for 40hrs to mentor trainees, starting with those who did not pass the intermediate skills assessment. Mentors would provide the subcommittee with updates throughout the mentoring process. Materials collected from organizations in initial survey plus contracted mentors would help to develop a mentoring toolkit.
5. **Wheelchair Service Professional Credential** (*Mary Goldberg*): Mary provided an overview of the WSP Credential Project. A PVA grant was awarded to develop the current ISWP basic test certificate into a certification. A certificate is presented when a course is completed as opposed to a certification which is a voluntary process once a person meets predetermined, standardized criteria. The grant called for a revised assessment process to reflect an ethics and professionalism section, which is standard in a certification exam. The grant also called for a prep course for the exam, which ultimately would be optional --- lectures, case studies and selected readings to cover all domains. The prep-course would be a refresher for someone who completed a training – not a replacement training. Sample



pre and post knowledge check questions would be included in the prep course to measure certification exam readiness. A certification pathway is being developed and WIN would be used to track the process. Participants would be required to: a) pass the test; and b) verify they completed basic wheelchair service provision training. They would submit an initial application, provide evidence of successful completion of WHO WSTP-B or comparable training (recognizing there are several qualified training programs available). The pursuant would upload a certificate of completion (or equivalent, e.g. transcript from a university program) to be reviewed by ISWP staff and outside reviewers.

Mary pointed out the challenge is that ISWP has not yet accredited training programs. The ISWP Strategic Planning Subcommittee and Advisory Board discussed both certification and accreditation during the strategic planning process. The next strategic plan includes objectives to investigate pros and cons of both but not necessarily pursue. In interim, ISWP would pursue validation of training in different way – through review. Trainings would be added to a list and documented on the ISWP website.

Recertification would be required every two years. Those certified would complete an application and provide documentation of experience (# clients served and minimum number of hours of continuing education, which could include conferences, workshops and other sessions). If certification would lapse, there would be additional certification requirements, such as passing test again.

A parallel subcommittee has provided feedback. While it is outside of ISWP, it is a natural next step related to the Basic test and discussed as part of the strategic plan.

Lee stated he had some reservations about training. People are well qualified through grandfathering. Perhaps documentation of that and taking the test successfully might be sufficient. If it becomes a requirement that a person takes a particular course, it narrows the growth of people who have the certification.

Elsje asked will there be certification for Basic and Intermediate level service providers? Mary explained demand is at Basic level. Learnings could be applied to Intermediate level at some point in the future. Elsje responded will it only be linked to knowledge test? There is no clinical component. As experienced trainers, after training, there is a difference between book knowledge and applying to clinical setting. Elsje feels it is important that someone with a credential demonstrates his/her ability to apply skills. Mary acknowledged it would be important to look at competencies associated with certification; initially, would be a do no harm certification. Hopefully, additional training is more than what is occurring now and a step in the right direction.

Nicky asked if there was any time delay between doing training, taking the test and being certified? Can a person be certified immediately after taking the test? For example, people without any practical skills. Essentially, carrying the credential would give a person a lot more credibility, although they may not have sufficient actual clinical experience. Mary indicated there would not be a time window requirement between training and testing. Mary acknowledged that the definition of certificate and certification are being used



interchangeably. People say they completed a basic course and are certified by WHO, even though that isn't the case. This creates a process to define what certified means.

Tamsin agrees with need to have a practical test and acknowledged constraints. She advocated for the credential to be in the strategic plan, but the pilot needs to be done within a controlled group with learnings considered before rolling out. She said we need to roll out the right approach to avoid further confusion.

Elsje is concerned about the speed at which we drive this, but accepts the long-term goals. She stated there are no mentors after basic training. Service providers are practicing and have continuing education, but there is a lack of trainers, particularly at the intermediate level. We need to build capacity among trainers who can build capacity at the service level first. At the moment, she is seeing people practicing and going through the motions of the different steps, but it's guesswork and none fit together as presented in the case studies for the Intermediate skills test. People can answer the knowledge questions, but are making clinical errors when dealing with user. None of the users in the case studies have been seated safely. The ultimate goal is that users are safe in the community. She doesn't believe the knowledge test alone can reach that goal. Nicky said similar challenges are happening at the basic level.

Jon said he would like to cast a wide net to affect the sector. We are rolling out the Basic test, but it's just a test with a certificate of completion. He would like to start marching down a path with more structure, specifically for vast numbers of volunteers who are going on trips around the world who have some experience, but don't have fundamental knowledge related to wheelchairs. There is a big population to capture. This is just a start. We have not described a rollout plan that we would launch in six months. We want to start as soon as possible to get to the point where we all feel comfortable and there is standard for wheelchair service provision. The current standard is observation by lead trainer to build confidence in the fact that the trainee has skills.

Nicky said to consider the terminology – entry level. If this is a starting point and do no harm, it is entry. If things should be done on top of that, there should be a competent basic level provider. The test does not do that. Elsje agreed. We need to be able to translate the level of credential to where the person is practicing – to that country's educational framework. For South Africa, for example, WSTP training package is targeted to undergraduate students. Qualified therapists wouldn't get any continuing education. We need to be clear on how we translate standards of test to local context. Jon agreed, but said this could be a template that national levels could build off.

Elsje asked should we focus on building capacity with trainers before service providers? Trainers of trainers and trainers need to this type of support so they can appropriately guide service providers locally.

Lee said that maybe we should accept something that is good – not perfect. If you could say you are certified based on passing a certain knowledge test, it is a starting point and can be built on as time goes on. Given complexity of assessing skills, it could stall us if we



don't move forward on what we can assess – which is knowledge.

Jon said he understands the need to support trainers to get them to a higher level of skill to provide training and improve the existing cohort. Also, there is a push to increase the volume. He sees a two-prong approach: 1) more people we can get to become aware of proper wheelchair service provision, more will be drawn to become trainers and will help to build capacity – this is an important part of what ISWP has been charged to do. 2) Help people to become qualified. The credential is a way to recruit talented clinicians and other skilled people into the sector and build them to trainers. The reason Mary got the grant is there is a clear need to have this happen in many countries.

Elsje said she understands fully. As reviewers who have reviewed the Intermediate case studies, people who scored 80% on Basic test couldn't score 20% on the case study. This shows there is a huge gap in their knowledge and ability to apply it. The mentoring aspect is the biggest need at this stage. It does not help if we drop the bar too low to get acceptable test scores. We need to focus on developing clinical capacity. It can be done through the mentoring process with good trainers who can help do it – even remotely. She is worried about things happening too quickly.

Mary explained the intermediate test is in the validation stage. We have begun recruiting for the certification pilot. The grant has a finite end in the coming months so we will learn a lot in a short period of time. It will not be a final product. She recommends keeping the discussion going through the Training WG or through a town hall type meeting for community to share ideas and concerns.

6. **ToT** (*Mary Goldberg*): ISWP is requesting that individuals who completed the 3 recent ToTs, the 2016 ToT in Nashville and the Experts Session beforehand to provide ISWP with their competency forms to be recognized. ISWP is approached regularly by people who completed ToT and would like to be recognized by ISWP. We would like to use WIN to recognize these folks and pair with co-trainings or opportunities to lead training on their own. Please send their completed forms to Mary Goldberg and Krithika Kandavel. A final TCA will be published in the coming weeks. The form and process for submitting TCAs will be published on ISWP's website.
7. **Intermediate Skills Test** (*Mary Goldberg*): ISWP is recruiting volunteer external reviewers who can review graded case studies to see if the scores would be similar. At least two subject matter experts have scored each study, but they are the same individuals who developed the process. It would help to have external feedback on the case study process overall and grading in particular. **Working Group members** to contact Krithika if you are interested.
8. **Training Events**: Working Group members to provide ISWP staff (krithikak@pitt.edu and krobinson@pitt.edu) with training updates for ISWP website calendar.



Participants (check mark indicates participation on call)

	<i>TWG Members</i>
	Dave Calver, UCP Wheels, <i>U.S.</i>
✓	Barbara Crane, University of Hartford, <i>U.S.</i>
✓	Eliana Ferretti, Federal University of Sao Paulo (UNIFESP), <i>Brazil</i>
	Ritu Ghosh, Mobility India, <i>India</i>
✓	Lee Kirby, Dalhousie University, <i>Canada</i>
✓	Tamsin Langford, Motivation UK, Chair , <i>United Kingdom</i>
	Xavier Lemire, HI, <i>Mozambique</i>
	Sergio Mainetti, CBM, <i>South Africa</i>
	Kylie Mines, Motivation Australia, <i>Australia</i>
	Abdullah Munish, Motivation Africa, <i>Africa</i>
✓	Jamie Noon, Consultant, <i>U.S.</i>
✓	Elsje Scheffler, DARE Consult, <i>South Africa</i>
	Samantha Shan, Northumbria University, <i>England</i>
	Catherine Sykes, <i>United Kingdom</i>
✓	Eric Wunderlich, LDS, <i>U.S.</i>
	Tchai Xavier, Consultant, <i>Philippines</i>
	Marc Zlot, ICRC, <i>Switzerland</i>
	<i>SC Members</i>
✓	Sue Eitel, Eitel Global, <i>U.S.</i>
✓	Dietlind Gretschel, Dietlind Gretschel Physiotherapy, <i>South Africa</i>
	Patience Mutiti, Motivation, <i>UK</i>
✓	Paula Rushton, University of Montreal, <i>Canada</i>
✓	Nicky Seymour, Motivation, <i>South Africa</i>
	<i>Guests</i>
	Nicole VanderZouwen, Free Wheelchair Mission, <i>US</i>
	Maggie Lemiell, MSH, <i>US</i>
✓	Scott Ward, University of Utah
	<i>ISWP Central Team</i>
✓	Mary Goldberg, University of Pittsburgh
✓	Jon Pearlman, University of Pittsburgh
✓	Alexandria Miles, University of Pittsburgh
✓	Nancy Augustine, University of Pittsburgh
✓	Krithika Kandavel, University of Pittsburgh
✓	Yohali Burrola, University of Pittsburgh
	Elaine Yates, University of Pittsburgh

Prepared by: Nancy Augustine, Alexandria Miles, and Mary Goldberg