

## ISWP Competency Subcommittee

### June 7, 2017 Meeting Recap

The ISWP Competency Subcommittee met by conference call on Wednesday, June 7, 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/pw77aghiaxgr/>

**Next Meeting:** Please indicate your availability for the July 5<sup>th</sup> Competency subcommittee call through this link: <http://doodle.com/poll/q5syac5b9xi2a462>

#### Actions:

1. **Subcommittee members** to report challenges/barriers for discussion on July 5th call.
2. Mentors and ISWP discussed variables to pair mentees with mentors, such as variations in score across domains, time zones and random selection. **Krithika** will propose and approach for mentors' feedback.
3. **Subcommittee members** are requested to review the Terms of Reference document prior to next meeting.

#### Discussion

**1. ISWP Wheelchair Service Provision Basic Test:** The test is now available in 10 languages: Arabic, English, French, Mandarin, Khmer, Portuguese, Russian, Romanian, Spanish and Urdu. Subject matter experts are reviewing the Vietnamese, Lao and Albanian versions of the test for final tweaks before the launch. The test was attempted by over 1450 test takers with a pass rate of 72%.

#### **2. ISWP Wheelchair Service Provision Intermediate Test:**

**a. Knowledge Test** 140 test takers with 68% as the pass rate. Sarah feels pass rate for Basic is much better than for Intermediate and would like to register that as point for discussion in future. The test is also being piloted in Spanish; 24 test takers have taken the test so far. Krithika sent them invitations to submit case studies in Spanish. No case studies received yet.

**b. Skills Test:** Ten case studies from 5 test takers have been submitted so far.

Elsje inquired about a comment that we received from someone who couldn't take the skills test because of perceived obstacles in service. Elsje responded with options but added that we should discuss. The test taker had said that in clinic setting, they would never get approval to

pass along information that we were requesting, for privacy purposes. Also, they suggested we approve team based approach, since it is done in that way in practice. Documentation should be on behalf of test taker and in their words. Elsjje agrees in principle. However, there are many comments and issues the individual presented.

Mary would prefer not to make changes during the pilot phase but record suggestions for subcommittee's discussion following pilot.

### 3. Discussion on unifying group, [ToR \(updates in suggesting mode\)](#), and suggestions on how to strengthen activities moving forward:

Mary isn't clear what the root causes of low participation are, other than specific feedback she received from one e-mail plus two people who worked with Sue Fry after they submitted their case studies. If process was straightforward or communications were different, Mary assumed there would be higher participation. Elsjje also commented that the level of effort could also be a barrier to participation relative to the end results, which may not be higher recognition. Elsjje suggests adding this as an agenda item –real and perceived barriers. **Subcommittee members** to report challenges/barriers for discussion on July call.

### 4. Mentoring:

Recruited 24 trainees for the pilot. Case study submission request was sent; each person is to submit one case study by June 26. Trainees also included 3 people who submitted case studies already. Their previous submissions have been considered, so they don't need to send another.

ISWP drafted a timeline which mentors are reviewing.

ISWP also gathered mentoring resources, which were shared with mentors. Elsjje said that all documents – except for one – are not related to mentoring. One is assessment which Motivation uses. Others are complex assessment forms from a large number of wheelchair users, actually completed, from a high-resource setting. Krithika explained some case studies were provided by Barbara Crane, University of Hartford, with permission to use and share. Mary suggested categorizing into cases based on high-resourced settings. Sarah suggested adding context for each. Letter of medical necessity provides information about client, condition and why a particular type of mobility would be required. If irrelevant, no pressure to use. As we gather additional materials, we would put in the folder.

Elsjje: If we stay in spirit of WSTP mandate, we are looking for documentation, training materials that are easy to understand, accessible to lay persons and community workers. Those forms are inaccessible and to use them would require them to be totally converted into the WSTP assessment forms. It also is difficult to gather clinical reasoning and development, especially without any photographs.

Mentors and ISWP discussed variables to pair mentees with mentors, such as variations in score across domains, time zones and random selection. Krithika will propose and approach for mentors' feedback.

## 5. Terms of Reference

Merger of Testing and Mentoring Subcommittees came as result of test development winding down. Larger group will help to comment on the tests. Some member from previous mentoring subcommittee were concerned their opinions weren't incorporated into the overall direction. Mary sees a key activity moving forward – outside of pilot – is to gather materials through field. Anecdotally and from field, there about 12 teams doing mentoring today. It would help to learn from their experiences. Mary suggested to conduct interviews/informal conversations to learn about their approach and document so it all is in one place, and provides better pulse as we modify the Mentoring program following the pilot.

How do we represent testing and mentoring best moving forward?

ToR has information about mentoring but not about the testing side. If we are going to include an overview – need to include both.

Mary updated what she saw as subcommittee aims – support capacity build.

Sarah: As a newly combined group, it is important that ToR is comprehensive. Mary will incorporate Sarah's comments and will send again to the group.

Sarah: WCRC did research on outcomes related to supportive management. We are looking at individual consequences. Only can develop skills if you get opportunity to apply. Sometimes, there aren't opportunities to do that.

Don't have supportive management, can be hard to develop skills. WCRC followed up with students at one time to see how supportive their management was to practicing skills.

Context, support, availability of trained peers and supervisors who can provide feedback – Elsjé said that is important. Dietlind wasn't aware, either.

Sarah thinks that is why the managers' course was developed – to help improve the network for skills development. Thinks about how it relates to ToR.

Sarah also thinks technical role – opportunity to get recognition of technical skills – is not part of the equation currently, just clinical.

Elsje and Sarah: Contrast on need for skills development and mentoring in low-resourced setting on technical aspect. One other end of spectrum, feedback on initial case studies shows the two are light years apart. Don't know if it is possible to bring the two together at this stage. Gap that can't be ignored.

WSTP training is clinically focused; technical people take the training, too, so they can pass the knowledge test. However, applying in clinical way in case studies as want, they won't pass them. Second branch should focus on technical aspect for the cohort. WSTP Intermediate has two distinct groups – technical is lagging behind in terms of support, content, mentoring, training and development.

Mary – another objective is to develop baseline content – training and reference manuals -- suited for technical side.

**Subcommittee members** are requested to review the Terms of Reference document here prior to next meeting.

**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

Prepared by: Nancy Augustine and Krithika Kandavel