

ADVISORY COMMITTEE ON CONTINUING COMPETENCE

Nevada Physical Therapy Board

Definition of Continuing Competence

Continuing competence in physical therapy is the lifelong process of maintaining and formally documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment. The continuing competence is intended to develop and increase the knowledge, skills and professional performance while trying to prevent professional obsolescence by staying current with the new developments in theory and practice and preventing skill and knowledge deterioration.

Definition of Evidence Based Practice:

Evidence based practice is the integration of best research evidence with clinical expertise and patient values. This definition states that clinical decision-making should be based on three components:

1. Best Research Evidence
2. Clinical Expertise
3. Patient Values and Preferences

(as defined by Sakett DL, Straus SE, Richardson WS, et al. Evidence- based medicine: how to practice and teach EBM. 2nd ed. Edinburgh: Churchill Livingstone, 2000 as found in the Internet Journal of Allied Health Sciences and Practice, Vol. 3, No. 4)

Clinical Physical Therapy Practice (A)

Clinical physical therapy practice implies that the continuing competence course must meet criteria in the categories listed below.

1. The course must address at least one topic that covers an aspect of clinical practice directly related to patient care along the continuum of active pathology, impairment, functional limitations and disability.*
 - a. Core Knowledge
 - b. Examination and Evaluation
 - c. Prognosis
 - d. Diagnosis
 - e. Clinical Decision Making
 - f. Clinical Guidelines
 - g. Evidence-Based Practice (as defined above)
 - h. Interventions
 - i. Wellness, Health Promotion, and Fitness
 - j. Clinical Outcome Measures
 - k. Psychosocial issues (including but not limited to: mental health, ethics, gender issues, cultural issues including spirituality and racial issues; **as they relate to the practice of physical therapy**)
 - l. Injury Risk Reduction and Prevention
 - m. Technology (directly related to patient care)
 - n. Any of the nine specialty exams through the A.B.P.T.S.

2. The course must be taught by one individual or a team of individuals who hold a comparable level of competence as a physical therapist and/or who have:
 - a. Exhibited experience in the topic**
 - b. Demonstrated expertise in the topic**

3. The course must be sufficiently rigorous to be contemporary and beyond/above entry level physical therapist or physical therapy assistant practice in any areas of physical therapy practice including:
 - a. Hospital (e.g. wound care, critical care, intensive care, acute care, and sub acute care settings)
 - b. Outpatient clinics
 - c. Rehabilitation settings
 - d. Sub acute, extended care, skilled nursing or hospice facilities
 - e. Home Health
 - f. School Based
 - g. Industrial, workplace, or other corporate/occupational environments
 - h. Athletic, Fitness or sports training facilities
 - i. Mobile/Concierge settings
 - j. Telehealth

4. If the course is self-paced (e.g., CD, DVD, Journal, Audio or Web-based course), then a sufficiently rigorous post- test must be administered **AND** reflect/match the stated objectives.
 - a. Hybrid courses with self-paced portions (in addition to onsite coursework) will be required to submit a post-test to receive credit for the self-paced portion.
 - b. Journal Reading/Review will qualify for 0.1 units regardless of length of article or time spent.

Non-Clinical Physical Therapy Practice (B)

1. The course must address at least one topic of an aspect of physical therapy practice.
 - a. Healthcare Policy and Administration
 - b. General Healthcare Competence
 - c. Interdisciplinary/Intradisciplinary Healthcare
 - d. Physical Therapy Documentation
 - e. Physical Therapy Insurance and Reimbursement
 - f. Physical Therapy Research
 - g. Physical Therapy Case Management
 - h. Medicolegal Pertaining to Physical Therapy
 - i. Patient Satisfaction
 - j. Language (directly related to physical therapy practice)
 - k. Professional Development/Professionalism (including leadership, communication, conflict resolution)

2. Other Approved Activities to receive credit under Non-Clinical Physical Therapy Practice (B)

- a. Utilization of [aPTitude program](#): = 1 hour/ (0.1 unit)
- b. Completion of [oPTtion Self-Assessment Tool](#): = 8 hours/ (0.8 units), *once only every 5 years.*
- c. Primary Clinical Instructor: up to 8 hours/ (0.8 hours), *3 hours per instance (student), with a 6 week minimum, only the primary instructor will receive the credit*
- d. Attendance of a Board Meeting: 1 hour/ (0.1 units) per meeting.

Denials- Courses not likely to receive approval or non-clinical education credit (C)

1. Courses that are:
 - a. Beyond the scope of physical therapy practice
 - b. Clearly under the purview of another discipline
 - c. Too basic or elementary for entry-level physical therapy or physical therapy assistant clinical practice
 - d. General Business Practice Management/Improvement (including marketing strategies, expanding clinical practice, revenue generation)
 - e. About issues related to an area of clinical practice for which the scientific evidence has clearly invalidated the topic
 - f. About a practice that is not accepted by contemporaneously practicing physical therapists
 - g. About general self-improvement (e.g., self-help courses)
 - h. Employment law
 - i. Language courses unrelated to physical therapy practice
 - j. University course work unrelated to healthcare
 - k. Computer competency courses (unrelated to PT practice or telehealth)
 - l. Animal Physical Therapy related courses
 - m. Training faculty
 - n. Insufficient documentation (*Approved with Condition Courses only*)
 - o. Outdated Material(s)
 - p. Self-paced Reading of Textbooks/Chapters of Textbooks

Approved with Condition- Courses that do not provide sufficient documentation including (D)

1. Courses that do not provide sufficient documentation will receive a letter via mail, or email, indicating that one or more of the following components below are missing and need to be submitted in order for the course to be approved. If request for additional documentation is not completed and received within 30 days from date of the letter, then the course will be denied based on insufficient documentation see subsection(C.1.n.).

- a. Course overview of objectives
- b. Hour-by-hour timeline (for courses 4 or more hours in length)
- c. Biosketch of their instructor(s)
- d. No post-test for self-paced courses
- e. Course certificate (with appropriate course title/instructor/units that match the application)

*Courses that are tangential or indirectly related to clinical practice will be reviewed and evaluated on a case-by-case basis.

**Experience and expertise will be reviewed on a case by case basis