

ADVISORY COMMITTEE ON CONTINUING COMPETENCE

Nevada Physical Therapy Board

Definition of Continuing Competence

Continuing competence in physical therapy is a way to formally document participation in activities that are intended to develop and increase the knowledge, skills and professional performance and competence of the licensee. Additionally, continuing competence prevents professional obsolescence by staying current with the new developments in theory and practice and preventing skill and knowledge deterioration.

Definition of Continuing Competence:

Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

Clinical Physical Therapy Practice (A)

Physical therapy practice implies that the continuing competence course must meet criteria in the three 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 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; defined at the end of this document)
 - h. Intervention
 - i. Wellness, health promotion, and fitness
 - j. Outcomes
 - k. Psychosocial issues (e.g., mental health, ethics, gender issues, cultural issues including spirituality, racial issues, professionalism as they relate to the practice of physical therapy)
 - l. Risk Reduction and prevention
 - m. Technology directly related to patient care
 - n. Any of the eight 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 comparable to at least the current entry level physical therapist or physical therapist assistant practice in any areas of physical therapy practice including:
 - a. Hospital (e.g., critical care, intensive care, acute care, and subacute care settings)
 - b. Outpatient clinics
 - c. Rehabilitation settings
 - d. Skilled nursing extended care, or subacute facilities
 - e. Homes
 - f. Schools

- g. Hospices Corporate of industrial health centers
 - h. Industrial, workplace, or other occupational environments
 - i. Athletic facilities
 - j. Fitness centers and sports training facilities
4. If the course is self-paced (e.g., CD, DVD, book, audio, web-based), then a sufficiently rigorous post-test must be administered.
- **Courses that are tangential or indirectly related to clinical practice will be reviewed and evaluated on a case-by-case basis.**

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
 - b. Healthcare administration
 - c. General healthcare Competence
 - d. Healthcare teamwork
 - e. Physical therapy documentation
 - f. Physical therapy reimbursement
 - g. Physical therapy safety issues
 - h. Physical therapy employment issues
 - i. Interdisciplinary issues involving physical therapy
 - j. Physical therapy research
 - k. Physical therapy case management
 - l. Medicolegal issues
 - m. Patient satisfaction
 - n. Language courses directly related to physical therapy practice

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

2. Utilization of [aPTitude program](#): = 1 hour/ (0.1 unit)
3. Completion of [oPTtion Self-Assessment Tool](#): = 8 hours/ (0.8 units), *once only every 5 years.*
4. 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)*
5. 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 therapist assistant clinical practice
 - d. Related to marketing strategies or expanding clinical practice
 - e. About revenue generating issues
 - f. About issues related to an area of clinical practice for which the scientific evidence has clearly invalidated the topic
 - g. About a practice that is not accepted by contemporaneously practicing physical therapists
 - h. About general self-improvement (e.g., self-help courses, communication improvement courses, business practice improvement courses)

- i. Employment law
- j. Language courses unrelated to physical therapy practice
- k. University course work unrelated to healthcare
- l. Computer Competence courses
- m. Animal physical therapy related courses
- n. Training faculty
- o. Insufficient documentation (*Approved with Condition Courses only*)

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 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.O).
 - a. Course overview of objectives
 - b. Hour-by-hour timeline (for courses 4 or more hours in length)
 - c. Biosketch of the instructor(s)
 - d. No post-test for non-onsite course

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
2. Clinical Expertise
3. Patient values