Risks, Supports and Engagement:

An Alternative Approach to Promote Licensee Competence in the United States
Rethinking the direction of “Continuing Competence”
Members

• Michele Thorman (WI), Chair
• Gillian Cavezzali (NH)
• Brian Gilbert (MI)
• David Harris (TN)
• Jasmin Jimeno (CA)
• Sandy Levi (IL)
• Andrew Mix (ID)
• Talia Weinberg (KY)

FSBPT Liaisons

• Tom Caldwell, Board Liaison
• Rich Woolf, Staff Liaison
• Jeff Rosa, Staff Liaison
• Heidi Herbst Paakkonen, Staff Liaison
• Special thanks to Mark Lane, retired FSBPT Staff Liaison

2019 Continuing Competence Committee
It is the duty of regulators to ensure safe, effective and ethical practice.

The reality is that ...

- licensure does not guarantee ongoing competence.
- required CE units are arbitrary.
- there is no research proving CE alone assures competence and prevents harm.
- this model fosters a philosophy of meeting “minimal legal standards” ... *How low is the “floor”?*
“The purpose [competency assessment] is to assure patient safety and improve quality for health care practice – not to find “bad apples” among practitioners.”

Paradigm shift from requirements (“tick the box”) to personal engagement and customizable plans based on practice needs.

Citizen Advocacy Center
https://www.citizenadvocacycenter.org/
Risk Imagineering “Think Tank”
Vancouver, B.C. (4/18)

On site participants:
- Federation of State Boards of Physical Therapy
- Canadian Alliance of Physiotherapy Regulators
- PT regulators from British Columbia and Ontario

Contributing participants:
- PT regulators from Québec and Australia
- Canadian PT Malpractice Insurer

Should regulatory efforts focus more on risk and mitigating risk?
If so, how should this be done?
Defining and Prioritizing Risks and Harms

- **Risks**: Internal and external factors that impact professional judgement
- **Harms**: Risks that have a negative impact on the delivery of health care

“Harms are risks realized.”
Identified Risks & Supports to Competence

Risks
• Transitions between practice settings
• International education
• Lack of experience
• Age
• Gender
• Practice features
• Wellness
• Resources
• Lower entry exam scores

Supports
• Continuing education
• Mentorship/coaching
• Educational information
• Personal supports & feedback
• Quality Improvement participation
• Supportive employer
• Clinical experience
• Professional organization participation
• Self-reflection & assessment
• Performance review
• How can practitioners improve self assessment and awareness?
• How can practitioners be motivated to engage in continuous professional development?
• How can employers develop a culture of engagement in the workplace?
• What is “healthy practice”?

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What is the intersection between mitigating risk, regulation and practice?
Guidelines for Continuous Professional Development

- Jurisprudence & Ethics Assessment
- Risks and Supports Self-Inventory
- Practice/Work (Skills & Knowledge) Self-Inventory
- "Healthy Practice" Self-Inventory
• Strong value of Committee that the professional development model be grounded in both ethics & jurisprudence

• Self-inventory tool similar to the FSBPT Jurisprudence Assessment Module

• Jurisdictions could use its own tool/s

• The results of the jurisprudence tool would be shared with the jurisdictional board

Jurisprudence & Ethics Self-Inventory
Guidelines for Continuous Professional Development

- Jurisprudence & Ethics Assessment
- Risks and Supports Self-Inventory
- Practice/Work (Skills & Knowledge) Self-Inventory
- “Healthy Practice” Self-Inventory
• Evaluation of risks and supports (similar to College of Physical Therapists of British Columbia’s Annual Self Report)

• Licensee responds to questions to identify risks and supports
  • About the individual
  • About their practice

• Individual results not provided to the licensing board (3rd party aggregates data)

• Resources and supports are provided depending on the score

• Individual can compare their risks and supports to other licensees

Risks and Supports Self-Inventory
Guidelines for Continuous Professional Development

- Jurisprudence & Ethics Assessment
- Risks and Supports Self-Inventory
- Practice/Work (Skills & Knowledge) Self-Inventory
- "Healthy Practice" Self-Inventory
• Consists of a tool or menu of tools that provide the licensee with information on his/her knowledge and decision-making abilities within their practice setting
  – oPTion?
  – Alternative tools for PTAs or non-clinical PT/PTA (educator, administrator, researcher)?

• Resources will help licensee use the information to develop a learning plan

• Results would not be shared with the board

Practice/Work (Skills & Knowledge) Self-Inventory
Guidelines for Continuous Professional Development

- Jurisprudence & Ethics Assessment
- Risks and Supports Self-Inventory
- Practice/Work (Skills & Knowledge) Self-Inventory
- “Healthy Practice” Self-Inventory
Healthy (or NOT so healthy) Practice

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2. Healthy Practice
NOT so healthy practice!
Healthy Practice = conditions under which safe, effective, and ethical practice is most likely to thrive

Awareness of Risks & Supports — will include a self assessment of the items below

**Individual**
- **Practice**
  - Relational Competence
  - Professionalism
  - Professional Engagement
  - Use of Evidence in Decision-Making
  - Use of Outcome Measures to Evaluate Practice Effectiveness
  - Evaluation of One's Practice Performance
- **Personal**
  - Physical Well Being
  - Emotional Well Being
  - Social Well Being
  - Mental Well Being
  - Demographic Characteristics
  - Financial Well Being

**Practice Environment**
- **Support and Culture**
  - Supports for Pursuit of Professional Well Being
  - Resources for Professional Development
  - Compassion from (and for) Colleagues, Professionals, Patients, and Self
  - Wellness Programs: Physical, Social, and Emotional
- **Organizational**
  - Systems/Infrastructure/Technical Support
  - Operational Processes
  - Compliance
  - Ethics
  - Performance Expectations
Conditions for healthy practice are universal; emphasis may vary by practice setting.

A high number of healthy practice conditions does not guarantee that practice will be safe, effective, and ethical.

...conversely...

A low number of healthy practice conditions does not guarantee that practice will not be safe, effective, and ethical.
Next Steps:

- Develop self-inventory tool and metrics
- Develop supports and resources for the licensee based on the results of the self-inventory
- Collaboration with other stakeholders

Healthy Practice Self-Inventory

• Individual results not provided to the licensing board
  – Provided to external 3rd party; aggregated data provided to the board
  – Personalized “action plan”
Consumers
Educators
Employers
Licensees
Malpractice Insurers
Professional Associations (i.e. APTA)
Regulators

Insights Needed from Collaborators

If you want to go fast, go alone. If you want to go far, go together.

-African Proverb

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• Paradigm shift -> proactive, preventative and engaging regulatory approach

• Competence is more than technical skill and knowledge ... it’s about what people do.

• Global regulatory focus on:
  – Identification of risks and supports -> individualized feedback of “healthy practice”

Important Points Covered!

• Next steps: development of self-inventory tools and metrics
But how do we get people to engage?

Is it the role of regulators to motivate engagement and competence?
Need both Intrinsic & Extrinsic Motivation

Extrinsic Motivators work for clear-cut mechanical tasks
Intrinsic Motivation

• Drive toward mastery: personal autonomy and self-directedness to improve

• Flow: complete absorption

• Purpose: yearning to do what we do in the service of something larger than ourselves

Compelling evidence that as provider’s engagement increases, medical errors decrease.
Extrinsic motivation: *Unsustainable motivators*

- Driven by **external** motivators (money, praise, or... punishment, shame)
- Regulatory “carrot and stick”?
- May lead to disengagement/minimalism if not reinforced
- Higher risk of “competency drift”

- Work only in non-complex situations.
- In more complex situations, extrinsic motivators may destroy creativity, motivate people to cheat and add stress
• Protection of the Public:
  – Registration of those qualified to practice
  – Assessment of competence
  – Punitive action

– What’s next?
  • Remediation of errors
  • Prevention of errors
    – What is in our toolbox now?
Can your regulatory authority survive...or even get started?

- How do regulatory authorities remain relevant?
- How do they evolve to meet changing needs?
- How do they preserve the public trust?
- How do they interact with the professional community most effectively?

Chaudhry et al *JAMA* 2017
The Engaged PT... You will know “it” when you see it.

- **Perceptions**
  Feelings about one’s profession, growth of knowledge, skill, personal growth

- **Relationships**
  Patient, professional and interprofessional

- **Modeling**
  Representing the profession, having or being a role model

- **Altruism**
  Helping others, advancing the growth of the profession

Miklich, 2016
• Recognizing the power of self motivation
• Evaluating the strength of self regulation
• Engaging and developing professionalism
• Structuring practice environments that manage the rewards and benefits mentality of current practice.

Caldicott, 2015
• Uncharted Territory in the Regulatory World
• Rules-based regulation of health and care professionals erodes values-based self-regulation.

• Attempts to prescribe the work of professionals will potentially compromise motivation and engagement

Are Regulations Obstacles to Good Care?

McGivern and Fischer (2012) and Fischer and Ferlie (2013)
• Remediation:
  – Revitalize a commitment to the profession

(Caldicott, 2015)

• Prevention
  – Maintain reignite passion
After the *Why*…

*What* is the How?

- What are some models that work?
- What are the barriers?
- What are the bridges?
- What do we need?
Speaker Contact Information

Michele Thorman, Chair, Continuing Competence Committee: Federation of State Boards of Physical Therapy
mthorman@uwlax.edu

Nancy Kirsch, President, Board of Directors Federation of State Boards of Physical Therapy
nkirsch@fsbpt.org