Who Says You Have to Be Competent to Practice Ethically?

Combined Sections Meeting 2015

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Who Says You Have to be Competent to Practice Ethically?

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Session Learning Objectives
After this session, you will be able to:
1) Recognize the strong relationship between ethics, competence and safe and effective clinical care.
2) Distinguish between the professional, personal and regulatory scope of practice in physical therapy
3) Describe the role of the PT Manager in assisting staff to organize a personal professional development plan that is focused on addressing their clinical competence objectives.
4) Discuss ways in which to identify and remediate the incompetent practitioner.
Session Outline

- What is Continuing Competence?
- How are competence and ethics related?
- Whose responsibility is it to ensure competence?
- What is the role of the manager in ensuring competence?
- How to recognize and remediate the “less than” competent practitioner.
- Application of Ethics and Competence Models
  - This material will be woven throughout the session through case examples and audience response using an audience response system. These slides are not in this session handout, because of the session format, but will be available after the session.

What is Competence?

- Competence is the application of knowledge, skills and behaviors required to function effectively, safely, ethically and legally within the context of the individual's role and environment.

- 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.

(FTIRPTAFL, 2008)

Who cares about competence?

- The Public
- All health care providers
- Regulatory Bodies
- Professional Associations
- Employers
- Insurers
The Role of the stakeholders in Continuing Competence (APTA/FSBPT, 2010)

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Interest/Role</th>
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<tbody>
<tr>
<td>Accrediting Agency (CARF/JCAHO)</td>
<td>Improved health care Quality</td>
</tr>
<tr>
<td>Employers</td>
<td>Competent employees: providing an environment that is conducive to competent practice and allows time to pursue continuing competence activities.</td>
</tr>
<tr>
<td>Licensee</td>
<td>Demonstration to the public and profession a commitment to maintaining high standards of practice.</td>
</tr>
<tr>
<td>Profession/Professional Association</td>
<td>Self-assessment of the profession</td>
</tr>
<tr>
<td>Providers of education and training (vendors)</td>
<td>Provision of high quality offerings that further the competence of members of the profession.</td>
</tr>
<tr>
<td>Public/Consumer</td>
<td>The right to expect competence through the practitioner’s career.</td>
</tr>
<tr>
<td>Regulators/licensing boards</td>
<td>Public Protection</td>
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</tbody>
</table>

Ensuring the Public Trust

- The right to be engaged in ensuring the well being of society physically and mentally comes with the responsibility to demonstrate that the “public’s trust is well guarded by competent practitioners”.

(APTA/FSBPT 2010), (Nutt 2010)

What Does the Public Expect of their Health Care Providers?

“Patients have every right to assume that a health care provider’s license to practice is the government’s assurance of his or her current professional competence, and clinicians themselves would like assurance that those with whom they practice are current and fully competent. Unfortunately this is not the case.

CAC, 2004
What is the charge from the public to the health care community?

“The skills, competencies and values for a successful lifetime of professional practice cannot be learned in a single educational encounter. Rather, the health professions must recapture the tradition of a continuing commitment to learning. The rate of change in the health care system makes this commitment imperative for the practitioner and society alike. This commitment must transcend passive continuing professional education and move towards clear standards of continuing competence.”

Pew, 1995

What does the public think?

Results from the 2007 Study conducted by AARP and CAC:
>95% of respondents believed that “health care professionals should be required to show they have up to date knowledge and skills to provide quality care as a condition for retaining their license.”
>90% of respondents indicated “it is very important... for health care professionals to periodically be re-evaluated to show they are currently competent to practice safely.”

Woelfel Research (2007)

What Are the Elements of Continuing Competence?

Recommendations from the National Organization for Competency Assurance (NOCA)

A Continuing Competence Plan must have three key elements
Purpose
Responsibility
Approach

Swankin 2006
Purpose

• “Why is continuing competence important?”
• “Who should be evaluated?”
• “How do you address continuing competence for individuals on different career paths?”

Swadlin, 2006

Responsibility

• “Who is responsible for ensuring continuing competence?”
• “Who should pay for ensuring continuing competence?”
• “What happens to individual professionals who do not meet continuing competence requirements?”

Swadlin, 2006

Approach

• How do you evaluate and measure continuing competence effectively and feasibly?
• Should a variety of methods be used or is one particular approach preferable?
• What standard(s) should be used to evaluate continuing competence?
• How frequently should continuing competence be assessed?

Swadlin, 2006
Professional Development

“Professional development is more consistent with evaluation on a continuous scale ranging from novice to expert. Professional development connotes a process of continuous improvement, lifelong learning, and growth which allow professionals to improve their practice so as to better serve patients, clients, and organizations, the profession and society.”

Swisher, LL, Page, CG. 2005

Where does Scope of Practice Fit In?

Scope of Practice

[Diagram showing different levels of scope of practice]

APTA, Scope of Practice Task Force, 2014

Defining Scope of Practice

The professional scope of practice of physical therapy is defined as practice that is grounded in the profession’s unique body of knowledge, supported by educational preparation, based on a body of evidence, and linked to existing or emerging practice frameworks.

The jurisdictional (i.e. legal) scope of practice is established by a state’s practice act governing the specific physical therapist’s license, and the rules adopted pursuant to that act.

The personal scope of practice consists of activities undertaken by an individual physical therapist that are situated within a physical therapist’s unique body of knowledge where the individual is educated, trained, and competent to perform that activity.

(APTA Scope of Practice Task Force 2014)
Looking at Competence Through the Ethical Lens…

- Virtue Ethics
  - How should I be?

- Consequence Ethics
  - What outcome do I want?
  - The Harm vs. Benefit equation

- Principle Based Ethics
  - Beneficence
  - Non-maleficence
  - Veracity

Veatch, 2003

Looking at Competence Through the professional lens.

- The Code of Ethics
  - General Professional Guidance
    - 2A: Physical Therapists shall adhere to the core values of the profession and shall act in the best interest of the patients/clients over the interests of the physical therapist.
    - 3C: Physical Therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
    - Principle 6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviours.

Looking at Competence Through the professional lens.

- The Code of Ethics
  - Specific Practitioner Guidance
    - 6A: Physical therapists shall achieve and maintain professional competence.
    - 6B: Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery and technology.
    - 6C: Physical therapists shall evaluate the strength of evidence and applicability of content present during professional development activities before integrating the content or techniques into practice.
    - 6D: Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.
Whose Responsibility is it to Ensure Competence?

Shared Responsibility
The Profession
Regulatory Bodies
The workplace
The individual practitioner

What is the role of the patient?

The relationship of continuing competence and continuing education…

• There is little evidence that continuing education (CE) insures any continuing competence. (Neimeyer 2010)
• The PEW commission criticizes CE as the sole determinant of competence, stating:
  “Continuing education requirements, however laudable, do not demand demonstration that a licensed professional is still competent to perform everything in his or her scope of practice anytime after initial licensing.” (Pew, 1995)

The Limitations of Continuing Education to Ensure Competence

• Most CE courses are not designed to be competency based
• Why is CE so popular?
• What are some of the other models?
  - Examination
  - Self Assessment
  - Peer Assessment

(APTA/FSBPT 2010), (Wise, 2010)
Continuing Competence Best Practices

- Three Traits of Best Practices in Continuing Competence
  1) A multi-step approach
     Assessment/planning
     Development
     Implementation
     Documentation/review
     Reassessment
  2) Use a triangulation of tools
  3) An iterative process:
     Occurring on an ongoing basis reflecting a commitment to the consumer, the individual and the profession.

Henderson, 2009

The Role of the Manager in Ensuring Competence

- Where does assessment begin and end?
- What can the manager do to promote competent practice?

Recognizing the less than competent Practitioner

- Recognition
- Responsibility and Action
- The Ethics Connection 5E: "Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate Authority."
Remediation of the less than competent practitioner

• What are the resources available to evaluate the less than competent practitioner?

• What recourse is there if the practitioner is not receptive to remediation?

Remediation or Punitive Action

Why is remediation of value?

Who should take responsibility for remediation?

References


References


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