Essential Competencies in Entry-Level Pediatric Physical Therapy Education

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History

**Pediatric Curriculum Content in Professional Physical Therapist Education**

- First developed in 1994
- Initially disseminated in 2001; revised in 2008
- Provided comprehensive list of content areas and topics
- Incorporated language and framework from:
  - ICF
  - Guide to Physical Therapist Practice
  - Normative Model of Physical Therapist Professional Education
Challenges

• Gap between lists of content/topics and the knowledge, skills, and abilities of a new graduate entering clinical practice

• Survey - Schreiber et al, 2011
  ◦ Extensive variability across educational programs
  ◦ Need for additional guidance in provision of pediatric entry level education
Education Summit- 2012

1. Recommend optimal pediatric professional physical therapy education practices.
2. Recommend strategies for preparation, development, and support of academic faculty adequately prepared to deliver pediatric professional education.
4. Recommend strategies for the preparation, development, and support of clinical instructors in pediatric physical therapy.
5. Suggest research projects and funding priorities to support research aimed at identifying optimal educational practices in pediatric professional education.
6. Publish conference proceedings on the basis of the work groups and content identified during the Summit.
Summit Details

• Participants:
  • 5 person planning committee
  • 4 invited speakers
  • 7 additional participants
  • Diversity in years of experience, geographic location, clinical and academic background

• Process
  • Extensive preliminary work
  • 2 days of onsite meetings, presentations, and discussions (large and small group)
  • Ongoing post summit collaboration and work
Core Competencies

• Primary outcome of the Summit

• Represent a knowledge base essential for **ALL** graduates

• Knowledge, skills, and abilities that are unique to and necessary for pediatric practice

• Developed at Summit; further refined based on feedback from a variety of constituent groups
Key Concepts

- Competency defined as “The ability to do something successfully”

- Emphasis on Learning for Practice
  - Building a community of learners
  - Moving toward excellence
  - Embracing creativity
Key Point

• Core competencies are **not** prescriptive

• Narrowed focus builds on previous work but encourages adaptation and creativity based on the unique strengths in each educational institution
1. Human Development
2. Age Appropriate Patient/Client Management
3. Family-Centered Care
4. Health Promotion and Safety
5. Legislation, Policy, and Systems
Example:
Strategies to achieve #2 (Age Appropriate Patient/Client Management)

• All students complete the following:
  • Observation and scoring of Alberta Infant Motor Scale, administered by faculty member
  • Observation and scoring of Gross Motor Function Measure 66, administered by faculty member (video)
  • Administration, scoring, documentation of Denver Developmental Screen (child age 1-6 years)
  • Administration, scoring, documentation of impairment and single task activity level outcome measures (child age 4-6 years)
  • Administration, scoring, documentation of a comprehensive examination of a child with movement challenges (child age 4-18); includes Mobility Domain of the PEDI

• All assignments include a component for student reflection
Assessment to Ensure Learner Acquisition of Knowledge and Skills

- Multiple Choice and short answer quizzes, exams, etc
- Audience Response
  - Poll Everywhere
  - Socrative
- Documentation
  - Lab activities
  - Observational and experiential learning activities with children
  - Post episode reflection

Skills check-offs
- Video
- Grading Rubric
Thank You!

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# References


