

Final Results Open Comments for Draft Pedorthic Standards

December 17, 2010
National Commission on
Orthotic and Prosthetic Education

Pedorthic Education Conference

Funding and Support

- Pedorthic profession agrees that a conference should be held to review and discuss the past, present and future educational needs of the pedorthic profession
- NCOPE solicited and sought funding support for the pedorthic education conference
- The following groups supported the conference:

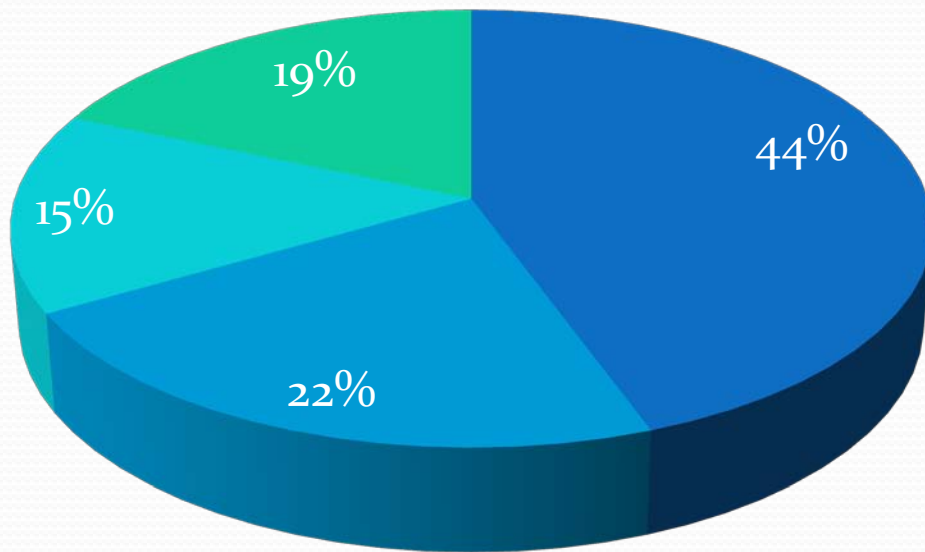


Conference Details

- Date April 10 – 11, 2010 in Dallas, TX
- Facilitator - Mark O. Thorsby, CAE
- 27 attendees
- Break out of representation
 - ABC Representation = 3
 - BOC Representation = 3
 - NCOPE Representation = 5
 - PFA Representation = 3
 - Pedorthic Educators Representation = 6
 - CAPE Representation = 6
 - Certified Pedorthist (not associated with anyone group) = 1



Professional Representation at Conference



- Pedorthist Only
- Pedorthist and Certified in Orthotics/Prosthetics
- Certified in Orthotics/Prosthetics Only
- Non-certified (staff or other professional)

Structure of Conference

- Ground rules identified for all participants by the facilitator. This included brainstorming behaviors that would help and hinder the success of the Conference
- Three presentations were presented:
 - History of pedorthic education
 - How to create an allied health profession education program and how professional educational programs are developed
 - Conceptual perspective of how a pedorthic curriculum could fit into an already NCOPE accredited technician program as additional pathway

*****Please note that a copy of the actual report with all details of the conference results can be accessed on NCOPE's web page www.ncope.org. Go to the Reports/Studies button and scroll to bottom of the page.***

Summary Results for the “What Will Pedorthic Education Look Like in 2012” Question

- Items identified as future need for pedorthic education by conference attendees:
 1. “For credit” environment - shift from current course and locations to degree program *
 2. Core competencies/curriculum *
 3. Distance learning *
 4. Hands on required education level in advance of entering pedorthic program
 5. Evaluation of the effectiveness of the education Partner with industry employers
- * = More than one break out group at conference stated/supported

CAPE Committee's Next Step After Conference

- Preparation and publication of report
 - Draft received in late April
 - Provided to each executive director of organization for initial review and corrections
 - Provided to all conference attendees for accuracy
- Report published and placed on NCOPE's web site June 2010
- Drafting of new standards begins



Drafting the Pedorthic Standards

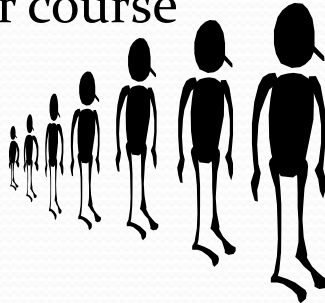
- Based on current CAAHEP template
 - Placing pedorthic education in an educational setting and the template is designed for educators/and institutions of higher learning
- Placed pedorthic education in a proposed credit environment
- Designed curriculum as a certificate of completion award versus the award of an associates degree
- Time spent drafting was June 2010 until September 2010
- Proposed draft went to the NCOPE board for review and feedback prior to going out for public comment
- Proposed Standards out for public comment for 30 days



Summary Survey Results

Demographics

- Total responders as of November 20, 2010 = **132**
- Highest education level of those completing survey
 - **36.6%** Bachelor's level
 - **21.4%** Master's level
 - **21.4%** HS/GED and Pedorthic 120 hour course
 - **15.3%** AA/AS



Demographics

- **6.1%** current pedorthic educators completed survey
- **21.5%** Single location retail setting – privately owned
- **20.8%** responders worked in a single location pedorthic practice privately owned
- **82.1%** held ABC credential only
- **16.3%** held both ABC and BOC
- **1.6%** held BOC credential only

Standards Results

Sponsorship

- 77.2% agree on minimum award of certificate at post-secondary academic institution
- 80.3% agree that a consortium can be set up when appropriate
- 87.6% agree that the sponsor is responsible to ensure standards are met

Program Goals

- 95.3% agree that the program must have program goals and outcomes
- 90.6% agree that the goals and learning domains must be assessed as well as have an advisory committee
- 95.3% agree that program must have minimum expectations of meeting the cognitive, psychomotor and affective learning domains

Standards Results



Resources

- 92.1% agree that resources must be sufficient to achieve program goals and outcomes
- 80.5% agree that appointment of appropriate faculty with the appropriate qualifications as outlined in proposed standards
- 92.9% agree that appropriately credentialed and qualified faculty/instructional staff are required to have responsibilities in teaching and assessing student's progress

Curriculum

- 91.4% agree that the curriculum must ensure the achievement of program goals and learning domains and program must demonstrate it meets or exceeds the Core Curriculum in Appendix B
- 88.3% agree that the curriculum should include a supervised clinical experience

Standards Results

Resource Assessment

- 94.5% agree the program must at least annually assess the appropriateness and effectiveness of the resources identified in the Standards



Student & Graduate Evaluation/Assessment

- 94.4% agree that frequency and purpose of Evaluation of students must be conducted on a recurrent basis and sufficient frequency to provide students and program with indications of meeting competencies and learning domains
- 90.6% agree that documentation records of the evaluations must be maintained

Standards Results

Student & Graduate Evaluation/Assessment

- Outcome Assessment
 - 93.7% agree that outcome assessment are required to indicate stated goals and learning domains and must include, but not limited to
 - National credentialing exam performance
 - Programmatic retention/attrition
 - Graduate satisfaction
 - Employer satisfaction
 - Positive job placement

Student & Graduate Evaluation/Assessment

- 95.3% agree that program must have outcome reporting that includes submission of program goal(s), learning domains, evaluation systems, outcomes, its analysis of the outcome and appropriate action plan

Standards Results

Fair Practices

- Publication and Disclosure
 - 96.1% agree
- Lawful and Non-discrimination Practices
 - 97.6% agree
- Safeguards
 - 96.8% agree
- Student Records
 - 96.8% agree
- Substantive Change
 - 96.0% agree
- Agreements
 - 92.9% agree

Appendix B Entry Level Competencies

- 96.9% agree of the four competencies identified in the standards



Standards Results

Appendix B Basic Sciences

- 90.4% agree with the “core” curriculum of knowledge, skills and behaviors for entry into pedorthics and the basic science curriculum
 - Human anatomy and physiology
 - Biomechanics/pathomechanics
 - Gait analysis (normal and pathological gait)
 - Kinesiology
 - Clinical pathology

Appendix B Professional Curriculum

- 88.8% agree that the pedorthic content areas should include
 - Material science
 - Shoe theory and fitting
 - Orthotic theory
 - Practice management
 - Business management
 - Pedorthic professional issues

Standards Results

Appendix B

Patient Evaluation/Assessment

- 90.5% agree that the program teach comprehensive assessment of the patient as outlined in the proposed standards (C.2.0)

Appendix B

Formulation of a Treatment Plan

- 96.0% agree that the program teach interpret evaluation findings to formulate a pedorthic treatment plan as outlined in the proposed standards (C.3.0)



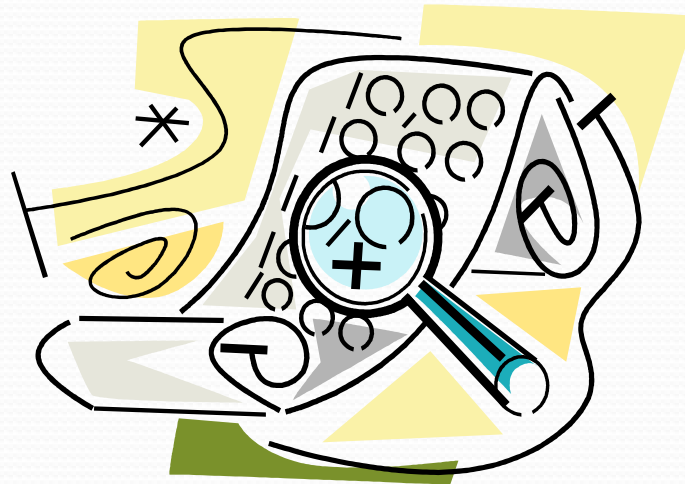
Standards Results

Appendix B Implementation of a Treatment Plan

- 92.7% agree that the program teach implementation of treatment plan as outlined in the proposed standards (C.4.0)

Appendix B Follow-up Treatment Plan

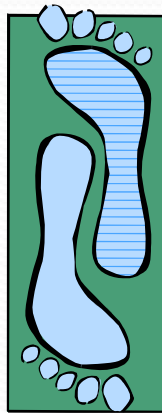
- 95.1% agree that the program teach follow-up treatment plan as outlined in the proposed standards (C.5.0)



Standards Results

Appendix B Practice Management

- 91.9% agree that the program should teach practice management as outlined in the proposed standards (C.6.o)



Appendix B Specific Pedorthic Content Areas

- 93.6% agree on the identified pedorthic treatment modalities for *Off the Shelf Shoes* listed in the proposed standards (D.1.o)
- 94.4% agree on the identified pedorthic treatment modalities for *Foot Orthoses* listed in the proposed standards (D.2.o)

Standards Results

Appendix B

Specific Pedorthic Content Areas

- 94.4% agree on the identified pedorthic treatment modalities for *Custom Shoes* listed in the proposed standards (D.3.o)
- 94.4% agree on the identified pedorthic treatment modalities for *Shoe Modifications* listed in the proposed standards (D.4.o)

Appendix B

Specific Pedorthic Content Areas

- 96% agree on the pedorthic treatment modalities for *UCBL Orthosis* listed in the proposed standards (D.5.o)
- 90.5% agree on the pedorthic treatment modalities for *SCFO* listed in the proposed standards (D.6.o)

Standards Results

Appendix B

Specific Pedorthic Content Areas

- 90.4% agree on the pedorthic treatment modalities for *Toe-Filler/Partial Foot Prosthesis* listed in the proposed standards (D.7.o)
- 90.5% agree on the pedorthic treatment modalities for *Prefabricated Ankle-Foot Orthoses* listed in the proposed standards (D.8.o)

General Impressions

- 63 individuals or 48% left a written open ended response
- 69 individuals or 52% left no comment
- Comments ranged from positive support for the draft to negative support and everything in between

CAPE's Response to Survey Results and Draft Standards

- CAPE held a meeting and reviewed all comments and sections of the survey
- Highlighted changes to the new draft based on the survey results are as follows:
 - II. Program Goals
 - A. Program Goals and Outcomes
 - Deleted student, referring practitioners and public as communities of interest that ultimately sit on an advisory committee for the program
 - III. Resources
 - C. Curriculum
 - 2. Clinical Experience
 - Allow for clinical experience to be either simulated in the class room or direct patient care at a practice
- V. Fair Practices
 - C. Safeguards
 - Added the guideline that if back ground checks are required for students to participate in clinical experiences then the requirement must be disclosed to the student prior to admissions
- Appendix B
 - B.1.0 Basic Sciences
 - Delete pathomechanics
 - Combined Biomechanics/Kinesiology
 - Added “as it relates to pedorthics” after Clinical pathology
 - C.1.0 Content Areas
 - Added to Orthotic Theory “as it relates to foot and ankle”
 - Combined Practice/Business Management
 - C.2.0 Patient Evaluation
 - Changed Measurement to Proper Foot Size and added Leg Measurement (height and circumference)

CAPE's Response to Survey Results and Draft Standards Continued

- Appendix B
 - C.3.o Formulation of a Treatment Plan
 - Changed 3.2 to say “Develop a comprehensive pedorthic treatment plan to meet the needs and goals of the patient
 - C.4.o Implementation of a Treatment Plan
 - Delete term “rectify”
 - Changed 4.3 to read “Demonstrate an understanding of the indications/contraindications of current pedorthic components and materials
 - Deleted from C.4.13 “effective and culturally” and added demonstrate to start of sentence
 - C.5.o Follow-up Treatment Plan
 - Changed 5.1 to read Periodic evaluation for pedorthic interventions and modifications as needed to maintain optimal fit and function
 - C.6.o Practice/Business Management
 - Combined practice and business management under one heading
- D.1.o Created heading and combined all of the pedorthic pathologies to only be listed once
- Re-arranged and reordered and added the Treatment Modalities to be as follows:
 - D.2.o – Over-the-counter (OTC) Shoes
 - D.3.o – Over-the-counter (OTC) Arch Supports and Foot Care Products
 - D.4.o – Custom Foot Orthoses
 - D.5.o – Custom Molded Shoes
 - D.6.o – Shoe Modifications
 - D.7.o – UCBL Orthosis
 - D.8.o – Subtalar Control Foot Orthoses (SCFO)
 - D.9.o – Toe-filler/Partial Foot Prosthetic Insert
 - D.10.o – Prefabricated Ankle-Foot Orthoses (AFO)
- D.9.o Toe-filler/Partial Foot Prosthetic Insert
 - Added “insert” to the header for this section
 - Deleted “partial foot prosthesis, supramalleolar height”
 - Deleted AFO style partial foot prosthesis
- D.10.o Prefabrication Ankle-Foot Orthoses (AFO)
 - Added the following “the goal of a pedorthic AFO device is the treatment of foot pathologies”

Next Steps

- CAPE to present to NCOPE's Executive Committee and Board of Directors final version for adoption
- Once adopted start transition plan for current pedorthic programs and implementation plan for new programs

