



Canadian
Physiotherapy
Association

Clinical Specialty Program

Candidate Handbook

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Canadian Physiotherapy Association Clinical Specialty Program Candidate Handbook

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Introduction

This document describes the development of the Clinical Specialty Program created by the Canadian Physiotherapy Association (CPA). It provides an overview of clinical specialist practice within the profession of physiotherapy, the CPA program and its requirements, including the competencies demonstrated by a clinical specialist, and a description of the program's assessment process.

Evolution of Specialty Practice in Physiotherapy

Clinical specialty practice in physiotherapy has emerged as an indication of the profession's maturity and advancement. The first formal processes to recognize clinical specialty practice were initiated in Australia in 1971 and the United States in 1976. In 1985, the 13th General Meeting of the World Confederation for Physical Therapy (WCPT) approved a position statement that "affirmed the right of member organizations to make national policies which permit practice specialization where such activity is considered to benefit the public and the profession by promoting higher standards of physical therapy."¹

The WCPT position statement defines a physical therapy specialty as "a prescribed area of physical therapy practice formally recognized by a member organization within which it is possible for a physical therapist to develop and demonstrate higher levels of knowledge and skills. Specialization is not to be considered or implied to mean a limitation or restriction of practice. The field of activity recognized as physical therapy will remain open to all appropriately qualified physical therapists both specialist and non-specialist practitioners working within their respective levels of competence."

Accordingly, the WCPT defined a specialist in physical therapy as "a physical therapist who can demonstrate advanced clinical competence in a physical therapy specialty by satisfying the requirements of suitable procedures for the formal recognition of his/her knowledge and skills by a member organization or its accredited agent."

The CPA is a founding member of the WCPT and has adopted these definitions for use in the development of its Clinical Specialty Program.

Clinical Specialty Practice in Canada

*A clinical specialist in physiotherapy practices at an advanced clinical level within a recognized physiotherapy specialty area. Formal recognition as a clinical specialist in physiotherapy is accomplished through meeting the requirements of the CPA Clinical Specialty Program.*²

— CPA definition

Canadian physiotherapists are self-regulated primary care practitioners with a high degree of professional autonomy that is supported by legislation in all jurisdictions. The physiotherapy profession has established educational standards and a body of knowledge and skills that are complemented by ongoing continuing education and research.³ Continuing education may occur in both academic and clinical contexts.

Many physiotherapists focus their continuing education and professional development in specific clinical practice areas, and have expressed a desire for formal recognition of these advanced skills.

The CPA developed the Clinical Specialty Program to allow recognition of a clinical specialist who demonstrates an advanced level of clinical practice through a formal program that combines clinical experience in the specialty practice area, continuing professional development, leadership activities and involvement in research. Candidate assessment is conducted through a variety of assessment tools including self-reflection and peer review, written documentation and oral discussion.

The CPA Clinical Specialty Program provides a framework that:

- meets physiotherapists' needs for professional development of clinical skills and advanced clinical reasoning in their chosen practice area;
- provides a vehicle for formal recognition of a clinical specialty; and
- provides the public with a means of identifying clinicians who have successfully met the Clinical Specialty Program requirements in their practice area.

The program requirements can be met and achieved by any qualified physiotherapist practising in Canada, regardless of setting or location.

Theory and Evidence Underlying the CPA Clinical Specialty Program

Researchers have sought to define the attributes of a specialist for many years. In 1986, Dreyfus and Dreyfus published their pivotal theory on skills acquisition.⁴ They described this process as a continuum beginning with “novice” and continuing through the stages “advanced beginner,” “competent,” “proficient” to “expert.” While their model was based initially on the acquisition of skills displayed by chess players, it has been used to describe specialist practice in a number of professions, including nursing⁵ and, more recently, physiotherapy.⁶

The Dreyfus model provides a useful means for envisioning the continuum of physiotherapy practice from entry-level to clinical specialist and expert. In the Dreyfus model, the novice relies primarily on rules and is described as “rules dependent.” With increasing experience the novice’s skill grows, and the level of practice changes. Experience in earlier situations will be applied to conditions in the current context, and affect decisions or strategies for actions. The clinical specialist makes “context-based” decisions based on specific clinical experience, the integration and interpretation of research findings and best practice guidance.

Context-based decision making is a critical aspect of the clinical reasoning process. While reflection on practice is an essential component of professional development, the clinical specialist is skilled at reflection “in practice.” This ability to organize and apply learning based on clinical experience and accumulated knowledge demonstrates advanced clinical reasoning and judgment.

The Chartered Society of Physiotherapists (CSP) of the United Kingdom cites advanced clinical reasoning as a key component of specialist practice: “advanced clinical reasoning separates the specialist from the competent practitioner” and links clinical reasoning to the practitioner’s “exposure to learning, clinical practice and clinical experience.”⁶ The process of achieving advanced clinical reasoning is not standardized, but is dependent on opportunities, resources and the different methods in which practitioners gain knowledge.

In 2000, Jensen and colleagues identified the central role of clinical reasoning in expert practice. They describe four dimensions that are central to the concept:

Knowledge, clinical reasoning, movement and virtue...The identification of these dimensions expands the traditional areas of expertise, knowledge and clinical reasoning and includes areas specific to physical therapists...the central role of movement, and evidence of strong virtues...Their beliefs about what it means to be a physical therapist, their goals for patients and their beliefs about the role of physical therapy in health care were at the centre of their practice.⁷

Both models contain intangible components that are implicit to a clinical specialist’s practice: the Dreyfus model links experience and context, while Jensen and colleagues cite clinical reasoning and values, or virtue.

It is important to differentiate between the terms “specialist” and “expert,” as they are not synonymous. Donaghy and Gosling argue that an expert need not be a specialist, and vice versa.⁸ The expert’s body of knowledge may not fall neatly into a specialty area of practice. In addition, the expert may have experience in a specialty area, but has not undergone formal assessment of their knowledge and skills.

CPA's Clinical Specialty Program requires successful candidates to demonstrate, at a minimum, "proficiency" in skills acquisition in their specialty practice area.⁹ Benner's Stages of Clinical Competence, which apply the Dreyfus model to nursing, indicates that proficient practitioners perceive the situation as a whole, and its meaning in terms of long-term goals. They learn from experience and can recognize when to modify plans in response to events that occur. Their ability to make decisions is more efficient and effective because they are able to discriminate which attributes and aspects of the situation are important. By contrast, the entry-level or new graduate is regarded as having "competent" skill levels. According to Benner, "competent" clinicians are beginning to see their actions in terms of long-range goals or plans. Their treatment plans follow significant conscious, abstract, analytic contemplation of the problem, but their lack of clinical experience limits their ability to modify or adapt rapidly to changing events or variations from the norm.

Completion of a formal specialist process assists the candidate to develop and demonstrate the required "higher levels of knowledge and skills." Research has shown that specialists display differences in their use of pattern recognition, self-monitoring and reflective skills, and inferred that formal specialist education fundamentally changes practitioners' approach to a diagnostic task.^{10,11} There is also evidence that those who complete a formal specialist process demonstrate greater proficiency in pattern recognition.¹²

Citing Noll and colleagues, Schoen noted that advanced training in a specific treatment philosophy and clinical experience¹³ were two core dimensions of clinical reasoning and concluded that practical clinical experience and organization of knowledge were factors in development of clinical reasoning.

Specialist certification has also been shown to benefit patient care. A survey of 350,000 certified nurses was conducted by the Nursing Credentialing Research Coalition in 2000 and is the first known study to demonstrate that certification has a positive impact on patient care.¹⁴ For example, improved outcomes were noted in patient satisfaction, incidence of adverse events, communication and collaboration, and professional growth and satisfaction.

In conclusion, the clinical specialist:

- combines clinical experience, skills and knowledge in a specific practice area;
- demonstrates advanced clinical reasoning and judgment;
- is skilled at context-based decision making based on clinical experience and research;
- utilizes and participates in clinical research;
- disseminates information that advances practice; and
- demonstrates professional "virtue"⁷ in their commitment to patients and the profession.

Assumptions of the CPA Clinical Specialty Program

1. The CPA Clinical Specialty Program will recognize physiotherapists who have demonstrated the elements of advanced competence in a specified area of physiotherapy practice. Physiotherapists will receive a credential upon meeting the specified education, practice, research and assessment requirements of the program.
2. The *Essential Competency Profile for Physiotherapists in Canada* (2009) is the “repertoire of measurable knowledge skills and attitudes required by a physiotherapist throughout their professional career”¹⁵ and the foundation upon which physiotherapy practice is based.
3. The higher level of knowledge and skills demonstrated by the clinical specialist represent a qualitative difference in practice. While CPA recognizes that the competencies attributed to the clinical specialist have application to all practising physiotherapists, the clinical specialist is anticipated to demonstrate proficiency in their practice, as described in the Dreyfus model of skills acquisition.⁹
4. The program is voluntary. Certification in the specialty area is not a requirement for practice in the specialty area. In the same manner, certification in a specialty area does not limit physiotherapists to practice in that clinical area.
5. Requirements of the Clinical Specialty Program will include:
 - applied clinical experience in the specialty area;
 - a combination of university courses and/or clinical/practical courses;
 - involvement in research, including dissemination of knowledge;
 - leadership activities; and
 - an assessment component.
6. All requirements are defined with due concern for accessibility to physiotherapists from all geographical regions.
7. The Clinical Specialty Program describes the minimum requirement for recognition of clinical specialists.
8. The Clinical Specialty Program will promote the best available evidence on developing, assessing and maintaining specialized practice skills.
9. The assessment component of the program will focus on clinical, or applied, physiotherapy practice. Established and psychometrically sound testing and measurement principles will be applied to ensure valid and reliable results.
10. The credential will be conferred for 10 years common to each specialty area, after which time recertification will be required.
11. The Clinical Specialty Program will meet the regulatory requirements for formal recognition of a clinical specialty.
12. The Clinical Specialty Program will be subject to regular program review by the Physiotherapy Specialty Certification Board of Canada (PSCBC).

CPA Clinical Specialty Program Requirements

The following prerequisites and requirements describe the minimum standards a candidate must meet to attain clinical specialist certification.

Program Pre-requisites

Applicants to the CPA Clinical Specialty program will be requested to submit an application form, accompanied by the following prerequisites:

- valid registration with their physiotherapy regulatory body in Canada; and
- payment of an application fee.

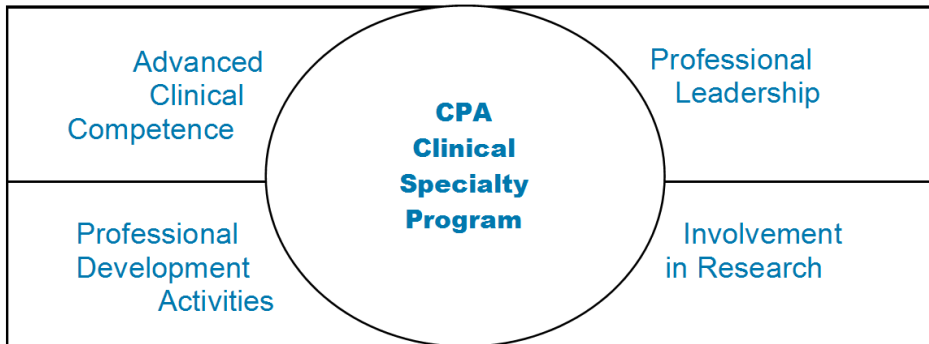
Note: Current membership in CPA and the relevant Division is preferred.

Once their application has been approved, candidates will receive a Candidate ID, a Candidate Working Guide and access to resources to assist with the completion of the program requirements.

Submissions must be completed within three (3) years of acceptance to the program.

Information on the CPA Clinical Specialty Program is available on the CPA website at www.physiotherapy.ca

Program Requirements



Advanced Clinical Competence in the Clinical Specialty Area

Upon completion of the Clinical Specialty Program candidates will have:

- a minimum of five (5) years full-time* applied clinical experience including three (3) years full-time clinical experience within the past five years in the specialty area;†
- a minimum of 300 clinical contact hours in the clinical specialty area annually;‡ and
- demonstrated advanced clinical reasoning/judgement, knowledge and clinical skills in the clinical specialty area.

*1 year full-time is taken to equal 1800 hours.

†There may be additional requirements in certain Divisions (e.g., field experience in sport physiotherapy).

‡Exceptions to this requirement may be made on a case-by-case basis.

Professional Leadership in the Clinical Specialty Area

Candidates will be required to:

- Provide evidence of demonstrated leadership activities in the area, which may include mentoring, participating in clinical education, active involvement in the professional association and/or public/community education.

Professional Development Activities

Successful fulfillment of this requirement may be achieved by completing a range of academic and clinical courses, and may also include, but is not limited to, completion of a clinical practicum, clinical supervision of students, or experience in an academic environment.

Candidates will be required to provide supporting documentation of:

- relevant continuing professional development (CPD) activities that have contributed to the development of advanced competencies within a clinical specialty; and/or
- ongoing education of peers, mentoring, and provision and receipt of continuing education.

Involvement in Research

The clinical specialist uses research to inform and guide their practice, participates in the development of evidence-based physiotherapy practice through the integration and application of research principles and findings, and is able to contribute to the design and execution of a research project. A clinical specialist understands and uses the principles of research methodology and incorporates or applies research findings into their clinical practice.

The candidate will demonstrate the application of these competencies through selected research activities to advance physiotherapy practice. These activities may include, but are not limited to, integration of research tools (e.g., outcome measures, systematic reviews, surveys, clinical practice guidelines) into their clinical practice as part of practice review or analysis, direct involvement in a research study or program evaluation, documentation of a single case study, dissemination of research findings and the promotion of best practice principles within their own practice and facility. Candidates may demonstrate their participation in the selected research activities by providing appropriate documentation (e.g., letters, reports, papers) as part of the portfolio requirement.

Note: Candidates with limited exposure to research methodology are encouraged to enroll in a post-graduate or continuing education course to achieve greater understanding of the criteria.

Competencies of the Clinical Specialist in Physiotherapy

Competence is defined as “a cluster of related knowledge, skills and attitudes that affects a major part of one’s job (a role or responsibility), that correlates with performance in practice, that can be measured against well-accepted standards, and *that can be improved via training and development*” (adapted from Parry, 1996; emphasis added).¹⁵

The clinical specialist demonstrates “the application of *advanced clinical competence* in a defined area of practice within the field of activity recognized as physical therapy.”¹⁶ These advanced competencies are developed in relation to basic or essential competencies and represent a qualitative change in practice.

Competencies may be acquired through a combination of formal and informal continuing education, clinical experience and practice, according to individual practice situations and requirements. The specialist certification acknowledges the accumulation and synthesis of knowledge, skill and experience in a practice area.

The following competency statements were developed by CPA’s Specialization Working Group in consultation with peers, colleagues and academics, following a review of competency statements developed by professional associations in physiotherapy and other health professions and work previously completed by the CPA Clinical Divisions.

The clinical specialist role incorporates each of these competencies, although it is recognized that the individual clinical specialist will demonstrate varying levels of each competency depending on their area of practice. At a minimum, the clinical specialist will demonstrate “proficiency” for each of these competencies.⁹

In order to illustrate the *qualitative* nature of the competencies, examples of behaviours that will demonstrate candidate proficiency and assist in differentiating between the skills acquisition and competencies demonstrated at entry-level (ELP) and those of a clinical specialist (CS) have been provided below. These have been included with the skills and abilities identified for each competency.

Advanced Knowledge

The clinical specialist in physiotherapy demonstrates an advanced level of theoretical, practice-based and research-based knowledge through:

- in-depth knowledge specific to specialty practice area;
- broad-based clinical knowledge;
- effective pattern recognition in clinical situations;
- demonstrated reflective practice;
- advanced critical appraisal and integration of knowledge; and
- advanced information technology skills.

Example

The **ELP** is committed to CPD through continuing education that builds on their knowledge base and practice skills. The ELP uses reflective practice to plan their course of CPD.

The **CS** focuses on improving their knowledge within the specialty area through reflective practice that integrates knowledge gained through planned ongoing post-professional education as well as maintaining a broad clinical knowledge base.

Advanced Clinical Skills

The clinical specialist demonstrates advanced, effective, efficient and innovative therapeutic skills in client care, including:

- the appropriate preliminary screen;
- the assessment, which incorporates specificity and sensitivity, and efficiency;
- a physiotherapy diagnosis and an anticipated prognosis;
- a comprehensive treatment plan with appropriate treatment objectives;
- advanced ability in performance or implementation of skill in clinical treatment/intervention (specific to practice area); and
- Recognized skills in developing appropriate relationships with clients that promote professional partnerships that achieve effective interventions and client satisfaction.

Clinical specialists may participate in or have a leading role in case management and may also practice in diagnostic or screening roles that may include provision of treatment plans to other professionals (e.g., telemedicine, interdisciplinary practice models).

Example

The **ELP** takes the history, conducts the appropriate assessment and plans a best practice intervention within their skill set. For example, the ELP recognizes when a consultation with, or a referral to, another clinician is appropriate.

The **CS** uses pattern recognition, forward reasoning and clinical experience to deliver an efficient assessment that results in effective treatment intervention planning that accurately prioritizes goals and focuses on the client's needs. The CS is seen as a resource by their colleagues.

Advanced Clinical Reasoning

The clinical specialist in physiotherapy utilizes analysis, synthesis, assessment and judgment to integrate knowledge, skills, experience and values, in order to facilitate decision making.

The clinical specialist has advanced proficiency in the following components of physiotherapy intervention planning/assessment:

- assessment /differential physiotherapy diagnosis;
- critical thinking/critical appraisal;
- early generation of hypotheses and subsequent challenge of hypotheses for confirmation;
- intuition,¹⁷ which is based on the accumulation and synthesis of knowledge and professional experience;
- pattern recognition and forward reasoning;
- effective weighting and interpretation of assessment findings;
- purposeful, directed investigation/interviews;
- lateral thinking to facilitate problem-solving and/or decision making;
- insight into the client's situation, background and goals; and
- recognition of barriers to care, rehabilitation and goals.

Example

The **ELP** uses the history and assessment findings to develop a hypothesis and intervention plan for the patient. Treatment progression will be based on re-assessment of initial findings.

The **CS** uses both analytical (e.g., hypothesis generation) and non-analytical (e.g., pattern recognition, forward reasoning) processes to design the intervention plan, to analyze the patient's response to treatment and to progress intervention appropriately. The CS synthesizes information from the history and assessment findings to determine whether impairments or other personal and/or environmental factors are contributing to the patient's functional limitations.

Research

The clinical specialist in physiotherapy effectively uses and contributes to research to advance practice.

The clinical specialist will:

- use critical appraisal and synthesis of research to advance practice;
- demonstrate leadership in the application and implementation of research findings to their own practice;
- disseminate research both inter- and intra-professionally to the client and their families, government, the public and third-party payers, as appropriate;
- participate in and be involved with research activities, which may include but is not limited to, grant proposal writing and critical literature reviews.
- participate in qualitative or quantitative studies, acting as clinical consultant, developing case reports, developing sound clinical research questions and assisting in the design of a research study; and
- lead or develop clinical program assessment and/or continuous quality improvement.

Example

The **ELP** uses principles of best practice. The ELP is able to critically appraise research literature and applies research relevant to their area of practice. The ELP may participate in research (e.g. perform standardized testing).

The **CS** is recognized by peers as a leader in the area of best practice and colleagues seek their advice. The CS contributes to best practice by collaborating with other health care providers to develop a research question, participating in research protocols, acting as mentor in the application of evidence to practice, or as clinical resource person to a group of researchers.

Leadership

The clinical specialist in physiotherapy demonstrates commitment to the profession, health care and society by engaging in strategic leadership that promotes best practice.

The clinical specialist:

- appropriately advocates for the evolution of existing practice standards and the development of new ones;

- acts as a role model for colleagues;
- acts as a professional consultant with regard to professional practice issues; and
- assumes leadership roles within and outside the practice setting, both within and outside the profession, which may include participating in or leading committees, giving presentations, participating in the activities of a regulatory body, professional association, or in facility policies and/or management.

Example
<p>The ELP demonstrates leadership within the practice context and in some cases the community (e.g., participation in departmental committees or organization of events for a physiotherapy-related event).</p> <p>The CS demonstrates leadership in a variety of professional and public contexts (e.g., chairing or being part of a committee to establish national guidelines for a specific technique or approach, or to establish appropriate community programs for individuals in their specialty practice area).</p>

Professional Development/Life-long Learning

The clinical specialist in physiotherapy regularly engages in activities to expand and evolve their knowledge and skills.

This may include:

- integrating and applying new knowledge and principles into specialist practice;
- seeking out mentors to advance their own clinical practice skills and/or participating in research as appropriate;
- seeking out and creating innovative opportunities for learning; and
- participating in activities related to practice and research in the specialty area.

Example
<p>The ELP participates in professional development activities such as journal club and CPD courses.</p> <p>The CS focuses their CPD on the specialty practice area and appropriate related topics, attends conferences, university and therapeutic skills courses, and participates in research.</p>

Teaching/Mentoring

The clinical specialist in physiotherapy engages in teaching and mentoring that synthesizes and integrates knowledge and experience to support the advancement of the profession and its value to society.

This may include:

- teaching/supervising students, provisional ELPs;
- supporting colleagues at all stages of the practice continuum in developing and achieving professional goals;
- providing tutorials and formal presentations to students, colleagues and other health professionals; and/or
- participating in dialogue with other health care professionals, the public, employers and government.

Example

The **ELP** is primarily involved in education of patients but may participate in or support the development of presentations to peers and public and/or student supervision.

The **CS** actively seeks opportunities within their practice area for: mentoring (colleagues); leadership (broader physiotherapy community); and disseminates knowledge to other professions (physicians, occupational therapists) through conferences, articles and/or symposiums.

Communication/Collaboration

The clinical specialist in physiotherapy demonstrates highly effective communication and interpersonal skills to disseminate knowledge, collaborate with colleagues, clients and the public, and to advocate for the client and the profession.

The clinical specialist is proficient in:

- active listening;
- effective verbal communication;
- effective written communication (i.e., documentation and reporting);
- effective use of technology and audiovisual tools;
- targeted communication techniques and methods (i.e., understands their audience);
- consultation;
- networking; and
- advocacy for quality in patient care for individuals, and in the larger context of effect of illness or disability on function, independence and quality of life.

In addition, the clinical specialist may use their knowledge and understanding of the profession and society to participate in advocacy and effective lobbying for change to health policy at the local, provincial or federal levels and/or in media.

The clinical specialist may be called to provide a clinical opinion in a variety of situations (e.g., as an expert witness).

Example

The **ELP** maintains appropriate written records, communicates with clients and their families, colleagues and peers about intervention and planning and participates in professional discussions such as rounds or journal clubs.

The **CS** integrates clinical experience, broad theoretical knowledge and communications skills in clinical documentation, professional dialogue and all aspects of client care. These abilities may also be utilized in participation in a range of professional activities such as grand rounds, mentoring, conferences and inter-professional collaboration, and are tailored to each audience.

Innovation

The clinical specialist in physiotherapy actively seeks and creates opportunities to contribute to the evolution of practice in their specialty practice area.

They are committed to advancing their profession through the quality of care they give their clients. The clinical specialist is action oriented and committed to improvements in the quality of their practice, including increased efficiency.

The clinical specialist may participate in or lead the development or inception of:

- research questions;
- measurement development;
- new approaches to assessment;
- new approaches to intervention (e.g. cognitive-behavioural);
- systematic use, analysis and integration of data from outcome measures within practice;
- program assessment;
- quality assurance;
- new service delivery models; and/or
- policy development.

Example

The **ELP** participates in existing programs and services for the patient population and may suggest changes to existing programs or formats.

The **CS** identifies gaps in service needs for the patient population and contributes to the creation of new programs to improve the quality of physiotherapy services offered.

Candidate Submission

Candidates in the Clinical Specialty Program are required to first submit a portfolio that includes documentation in support of the program requirements along with completed multi-source feedback questionnaires and two (2) clinical reflections. Following successful review of the portfolio by the assessor panel, candidates are required to submit three (3) cases for discussion with the assessor panel at a specified date and time.

Stage I: The Portfolio

A portfolio combines documentation of, and self-reflection about, specific areas of a practitioner's competence; it frequently includes learning plans and reflective essays.¹⁹

Documentation

Candidates are required to support their application with documentation that meets each of the program requirements. However, the documentation does not stand alone, and the two accompanying assessment tools will demonstrate *implication to and/or uptake in practice*. More than a list of activities, the documentation includes candidate reflection on key experiences and how these influenced their development as a clinical specialist.

Multi-source Feedback

The multi-source feedback (MSF) is a set of questionnaires that elicits opinions on the candidate's clinical practice from a range of respondents. The MSF includes a candidate self-assessment, along with responses from peers (both within and outside of the discipline of physiotherapy), clients, supervisors or mentors, and either students or mentees, creating a 360° view of the candidate.

Candidates provide CPA with a list of names and contact information for respondents who have agreed to participate in the MSF on their behalf. To ensure confidentiality, CPA will send the MSF questionnaire to respondents.

Clinical Reflection

A distinguishing characteristic of a clinical specialist is their ability to consistently think about, review and learn from their clinical experience. The clinical specialist changes their actions and practice as a result of the knowledge they generate from experiential learning in their clinical practice.

CPA's clinical reflection (CR) tool was developed to assist in the evaluation of the competencies demonstrated by the clinical specialist. Candidates are required to document two (2) experiences that changed or transformed their subsequent practice: one CR is mandatory and one is to be selected from the remaining two categories, as follows:

- Mandatory CR:
 - One that was generated in practice and does not involve research or theory (i.e., new knowledge generated in practice).

- One CR from either of the following:
 - One that required accessing, appraising, and implementing new knowledge from the research literature; OR
 - One that required incorporating a theoretical framework into practice (e.g. ICF, model of client centred care, dynamic systems theory).

Stage II: Case-Based Discussion

The case-based discussion (CBD) is the second stage of the assessment process and is completed by candidates who have successfully completed Stage I. While the overall assessment process provides candidates with the opportunity to provide evidence demonstrating fulfillment of the program requirements and proficiency in the competencies of the clinical specialist, the CBD allows candidates to explicitly describe how they demonstrate these competencies in their clinical practice.

The CBD is a report of the candidate's management of three (3) actual cases and does not refer to publications or formal reports.

Case Submission

Submissions will be in the form of either a written narrative or the CPA template, with no information that could identify the client to preserve patient confidentiality. The candidate's submission will identify the diagnosis or presenting problem (injury, illness or dysfunction), the treatment goals, objective outcomes, session goals, and support the candidate's clinical reasoning and advanced clinical skills. A template for developing the clinical case submission is provided in the Candidate Working Guide.

Case-based Discussion with Assessor Panel

Candidates meet with their assessor panel via teleconference to discuss the three clinical cases. The assessor panel will select from a list of standardized "probes" intended to elicit the candidate's application of advanced knowledge, advanced clinical reasoning and other competencies.

Candidate Assessment

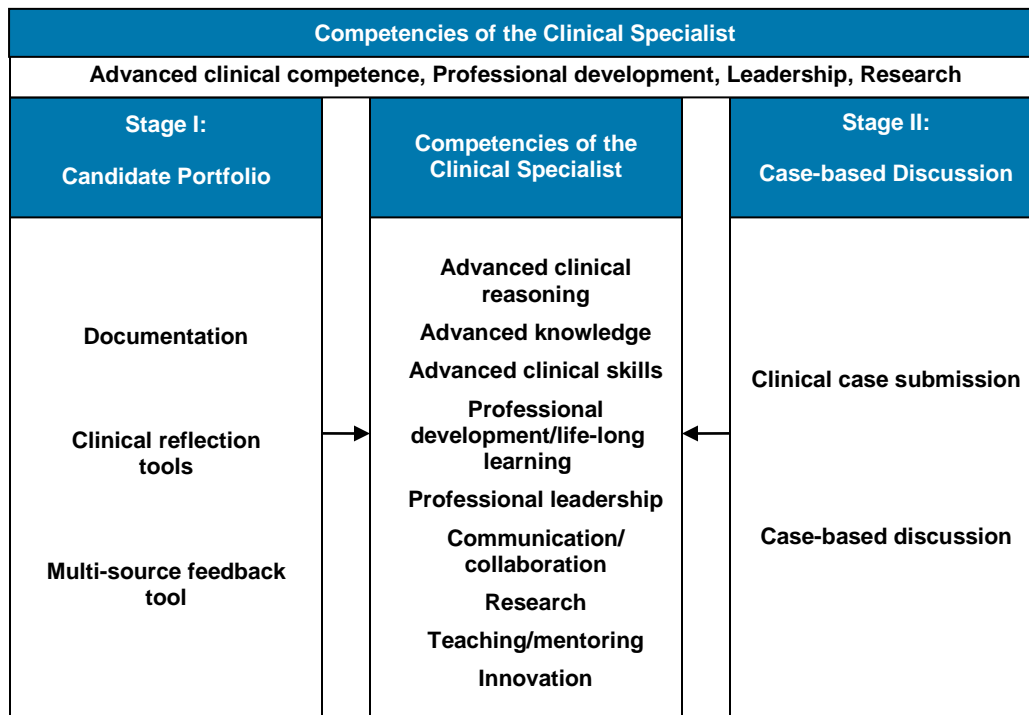
Assessment of candidates in the Clinical Specialty Program is a two part process. The assessor panel consists of three physiotherapists who have been certified as clinical specialists. Two panel members are from the candidate’s practice area. In Stage I, the assessor panel will review the portfolio to determine whether the candidate has met the program requirements and has demonstrated proficiency in the competencies once, at a minimum. In Stage II, the assessor panel conducts the CBD to confirm the candidate has met the program requirements and has been demonstrated proficiency in all competencies at least twice across the submission.

CPA’s Clinical Specialty Program utilizes multiple assessment tools and multiple evaluators (triangulation) in order to enhance the reliability of the overall assessment process.¹⁸

Multiple assessment tools also allow the candidate to demonstrate proficiency in the competencies multiple times across their submission. This innovative and flexible methodology ensures that the program is accessible to physiotherapists in all practice settings and practice areas in Canada.

Table 1 lists suggested activities that may be included to support the candidate’s application

Figure 1. Summary of the CPA Clinical Specialty Program Assessment



Assessment Process

Candidates are assessed by a three-person peer assessor panel following a standardized assessment process that uses the tools described above.

Progression from Stage I to Stage II requires consensus from the assessor panel and the panel will be required to document the rationale for their decision.

Similarly, Stage II requires consensus from the assessor panel that candidates have met the program requirements and demonstrated, at a minimum, proficiency in the competencies. Their recommendation is submitted to the Physiotherapy Specialty Certification Board of Canada (PSCBC).

The PSCBC reviews the materials to confirm the integrity of the process and notifies the CPA if certification will be awarded.

All candidates receive collated summaries of the results of their assessment.

The PSCBC hears the appeals of any candidate contesting the decision.

The diagram in Appendix 2 provides a visual guide to the process.

Table 1. CPA Clinical Specialty Program Requirements and Supporting Activities

Requirements	Documentation-examples of activities	Assessment (triangulation) through:	Competencies
<p>Advanced clinical competence in the specialty area</p> <p>Upon completion of the Clinical Specialty Program candidates will provide written confirmation that they have:</p> <ul style="list-style-type: none"> • a minimum of 5 years full-time* applied clinical experience including 3 years full-time clinical experience in the specialty area; • a minimum of 300 clinical contact hours in the clinical specialty area annually; and • demonstrated advanced clinical reasoning/judgement, knowledge and clinical skills in the clinical specialty area. 	<p>Candidates will be required to complete the following assessment tools in conjunction with the documented requirements for Leadership, Professional development and Involvement in research as evidence of a “proficient” skills acquisition level for this requirement:</p> <ul style="list-style-type: none"> • MSF • CR 	<p>MSF</p> <p>CR</p> <p>Documentation</p> <p>CBD</p>	<p>Advanced clinical reasoning, knowledge and skills</p> <p>Communication/ collaboration</p> <p>Leadership</p> <p>Teaching/mentoring</p> <p>Research</p>
<p>Professional leadership in the clinical specialty area</p> <p>Candidates are required to provide evidence of demonstrated leadership activities in the area, which may include:</p> <ul style="list-style-type: none"> • mentoring; • participation in clinical education; and/or • active involvement in the professional association and/or public/community education. 	<p>Candidates are required to provide evidence of a “proficient” skills acquisition level for this requirement.</p> <p>Examples of the range of informal to formal activities that may meet the requirement are:</p> <ul style="list-style-type: none"> • Evidence of (letters of confirmation, etc.) in the following: <ul style="list-style-type: none"> – presentation to peers (e.g., departmental in-services) – community activities/events related to physiotherapy – volunteer activities related to the profession (e.g., community relations, Career Day, etc.) – committee membership (professional) • Evidence (programs, reports or reviews, etc.) of the following: <ul style="list-style-type: none"> – presentations (e.g., poster/podium at conferences, teleconference/video/webinar presentation in clinical specialty area) – teaching a division program or course – clinical supervision/preceptor for PT or other profession – mentoring in CPA Mentorship Program – executive role on committees (professional) <p>Evidence of the following type of activity:</p> <ul style="list-style-type: none"> • chairing a national committee related to professional or practice issues 	<p>MSF</p> <p>CR</p> <p>CBD</p>	<p>Leadership</p> <p>Communication/ collaboration</p> <p>Teaching/mentoring</p> <p>Advanced clinical reasoning, knowledge and skills</p> <p>Life-long learning</p> <p>Continued...</p>

Requirements	Documentation-examples of activities	Assessment (triangulation) through:	Competencies
<p>Professional development activities</p> <p>Successful fulfillment of this requirement may be achieved by completing a range of academic and clinical courses, and may include, but are not limited to, completion of a clinical practicum, clinical supervision of students, or experience in an academic environment.</p>	<p>Candidates are required to provide evidence of a “proficient” skills acquisition level for this requirement.</p> <p>Examples of the range of records of informal to formal activities that may meet the requirement are:</p> <ul style="list-style-type: none"> • documentation for attendance at in-services, teaching rounds, etc. • documentation for attendance at journal clubs (e.g., list providing dates and journal articles, etc.) • verifiable documentation of meetings/correspondence for participation as “learner” in mentorship program (specific to activities relate to clinical specialty practice). • documentation of attendance at courses/workshops (certificate, evaluation, receipt, etc.) • a copy of the evaluation/transcript as documentation of attendance at clinical courses/workshops that lead to a certificate or included an evaluation. (e.g., division certification programs) • university-based post-graduate clinical program diplomas • Diploma of Advanced Manual and Manipulative Therapy • university-based graduate certificates 	<p>CBD</p> <p>CR</p>	<p>Life-long learning</p> <p>Leadership</p> <p>Innovation</p> <p>Research</p>
<p>Involvement in research</p> <p>The clinical physiotherapist specialist uses research to inform and guide their practice, participates in the development of evidence-based physiotherapy practice through the integration and application of research principles and findings, and is able to contribute to the design and execution of a research project. A clinical physiotherapist specialist understands and uses the principles of research methodology and incorporates or applies research findings (e.g., CPGs or systematic reviews) into their clinical practice.†</p>	<p>Candidates are required to provide evidence of a “proficient” skills acquisition level for this requirement.</p> <p>Examples of the range of informal to formal activities that may meet the requirement are:</p> <ul style="list-style-type: none"> • demonstration of participation in communities of practice (e.g., blog) • lead role in journal club • completion of the AGREE tool or a CAT • a case study • implementation of results of QA (client satisfaction surveys, program evaluation). Subjects could include productivity, risk management, patient safety, and could also be addressed through the CR tool. • podium and/or poster presentations in a professional forum • documentation of integration of research tools (e.g., outcome measures, systematic reviews, surveys, CPGs) as part of practice review or analysis • transcript or evaluation demonstrating completion of course in research, including distance education • participation in a research study (e.g., lit review, carry out treatment protocol) • peer reviewer for Cochrane Collaboration • authorship in non-peer reviewed journal • lead in clinical research (or other similar activity) 	<p>CR</p> <p>CBD</p>	<p>Research</p> <p>Teaching/mentoring</p> <p>Leadership</p> <p>Communication/collaboration</p> <p>Innovation</p>

*1 year full-time is taken to equal 1800 hours.

†Candidates with limited exposure to research methodology are encouraged to enrol in a post-graduate or continuing education course to achieve greater understanding of the criteria. MSF = multi-source feedback; CR = clinical reflection; CBD = case-based discussion; CPG = clinical practice guideline; QA = quality assurance; AGREE = appraisal of guidelines research and evaluation; CAT = critically appraised topic.

References and Acknowledgements

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Appendix 1 – Glossary of Terms

Advanced clinical competence: Demonstration of knowledge and skills beyond those required for entry-level professional practice. (Adapted from WCPT, 1995.)

Advanced clinical reasoning: “Clinical reasoning refers to the thinking and decision-making processes that are used in clinical practice” (Edwards et al., 2004). In an advanced capacity, it includes forward reasoning processes and pattern recognition strategies in making a diagnosis (Noll et al., 2006).

Applied clinical experience: Generic term describing clinical experience (e.g., direct patient care) and clinical research.

Certification: A voluntary and periodic process (recertification) by which an organized professional body confirms that a professional has demonstrated competency in a specialty by having met the predetermined standards of that specialty. (Adapted from Canadian Nurses Association, 1992.)

Clinical practicum: A supervised clinical experience in the specified practice area that may be required for completion of a professional development or clinical specialty program.

Clinical specialist in physiotherapy: A physical therapist who can demonstrate advanced clinical competence within the scope of physiotherapy in a particular specialty area by satisfying the requirements of suitable procedures for the formal recognition of his/her knowledge and skills by a member organization or its accredited agent.” (Adapted from WCPT, 1995.)

Competence: The habitual and judicious use of communication, knowledge and technical skills, clinical reasoning, emotions, values and reflection in daily practice within the practitioner’s scope of practice and individual skill set. (Adapted from Chartered Society of Physiotherapists, 2001.)

Competency: A cluster of related knowledge, skills and attitudes that affects a major part of one’s job (a role or responsibility), that correlates with performance in practice, that can be measured against well-accepted standards, and that can be improved via training and development. (Adapted from Perry, 1996).

Continuing competence: The ongoing ability to integrate and apply the knowledge, skills, judgment and personal attributes required to practice safely and ethically in a designated role and setting. Maintaining this ongoing ability involves a continual process linking the code of ethics, standards of practice and life-long learning. The physiotherapist reflects on his/her practice and takes action to continually improve that practice. (Adapted from Canadian Nurses Association, 2000.)

Continuing education: Participation in structured courses designed to improve the knowledge, skills and attitudes of a professional (Hurley and Parker-Taillon, 2000).

Continuing professional development: The commitment to activities that support life-long learning and contribute to the maintenance of competence by a professional. It involves a mixture of formal and informal learning and may include such things as attending courses, reflecting on practice, reading journals, and sitting on professional committees. (Adapted from Chartered Society of Physiotherapists, 1996.)

Essential competencies: The repertoire of measurable knowledge, skills and attitudes expected of a physiotherapist throughout his/her professional career at entry to practice.

Essential competency profile for physiotherapists in Canada (2009): Provides a national framework for the practice of physiotherapists regardless of the context and clinical area(s) in which they carry out their professional roles.

Expert: The expert's body of knowledge may not fall neatly into a specialty area of practice. In addition the expert may have experience in a specialty area, but has not undergone formal assessment of their knowledge and skills. (Donaghy and Gosling, 1999).

Knowledge translation: The effective and timely incorporation of evidence-based information into the practices of health professionals in such a way as to affect optimal health care outcomes and maximize the potential of the health system. (Adapted from Canadian Institutes for Health Research, 2001.)

Pattern recognition: A strategy that is used in the *forward reasoning* process – organizing knowledge based on a combination of biomedical knowledge and clinical experience, and processing the information more discriminately in treatment planning (Ladyshewksy, 2000).

Peer: A health care professional who possesses a current and valid license and is in the same profession or manages the medical condition or disease in the same or similar specialty area as the health care provider. (Adapted from State of New York Insurance department.)

Performance-based assessment: An assessment that measures response(s) to an assessment item or task that emulates the context or conditions in which the intended knowledge or skills are actually applied.

Portfolio: A collection of evidence that learning has taken place, containing material collected over a period of time. The portfolio is based upon the real experience of the learner, and demonstrates the connection between theory and practice, accommodating evidence of learning from different sources, and enabling assessment within a framework of clear criteria and learning objectives.

Practice-based assessment: An assessment that measures the direct application of continuing professional development activities within the practice setting.

Proficient practitioner: Perceives the situation as a whole, and its meaning in terms of long-term goals. They learn from experience and can recognize when to modify plans in response to events that occur. Their ability to make decisions is more efficient and effective because they are able to discriminate which attributes and aspects of the situation are important. (Benner, 1984).

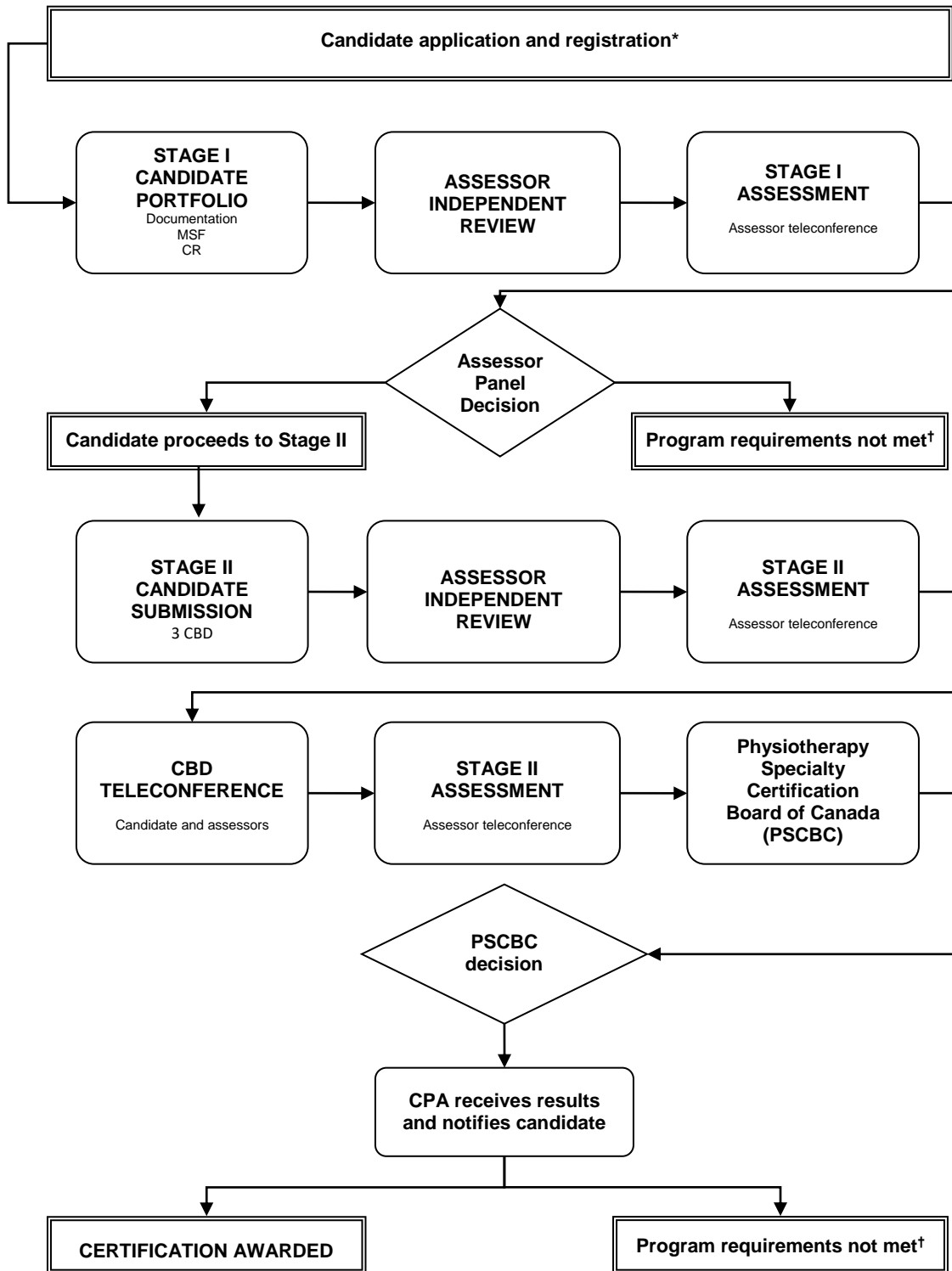
Reflective practice: A positive process that reviews, analyzes and evaluates experiences, draws on theoretical concepts or previous learning and research, and provides an action plan for future experiences (Reid, 1993). Reflection is used by practitioners when they encounter situations that are unique, and when individuals may not be able to apply known theories or techniques previously learnt through formal education (Schon, 1987). It is a personal process that usually results in some change for the individual in their perspective of a situation or creates new learning for the individual (Johns, 1995).

Rigour: Degree to which research methods are scrupulously and meticulously carried out in order to recognize important influences occurring in an experiment.

Standard: A desirable and achievable level of performance against which actual performance can be compared (Canadian Nurses Association, 1988).

Triangulation: A method of assessment that is required when validity cannot be achieved with the use of a single assessment tool. If multiple testing methods are used to evaluate a single competence, one can be more certain that the competency has been appropriately assessed.

Appendix 2 – Diagram of the CPA Clinical Specialty Program Submission Process



*Refer to www.physiotherapy.ca for application deadlines
 †Refer to the Policy and Procedure manual for appeals process.
 MSF = Multi-source feedback; CR = clinical reflection; CBD = case-based discussion.

Additional Resources

Resources are available to assist candidates through the submission process. The *CPA Clinical Specialty Program Candidate Working Guide* contains instructions, guidelines and templates for submission, and is available to all confirmed candidates. This and other resources are available online at www.physiotherapy.ca

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