

April 14, 2020 (revised 4/15/2020)

CAPTE would like to acknowledge all the hard work and dedication that is currently being exhibited during this very stressful time that we are all experiencing. CAPTE would like to provide additional clarification and additions to the COVID-19 guidance documents dated March 2, 13, 16, and 20, 2020.

Purpose of the CAPTE COVID-19 Guidance Documents

CAPTE would like to **stress** the following from the March 20, 2020, document:

CAPTE appreciates that there are unique circumstances for each program and for their individual students. Since our education community cannot anticipate every situation in these rapidly changing times, CAPTE would have difficulty providing specific direction for individual circumstances in a broad way. The guidance CAPTE provides is meant to assist programs in their decision-making processes during this crisis.

CAPTE does trust that programs will make the right decisions for their programs and students, even if guidance is not explicitly stated in recent correspondence. It is the collective responsibility [of programs and CAPTE] to ensure public protection and student success for graduating students who demonstrate entry-level competence across the continuum of care.

Also, the March 20, 2020, document stated:

Programs are reminded that the provided guidance is only temporary until the programs are informed that such guidance is no longer in effect.

For students who are actively enrolled in a program where the school chooses to follow the CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing that is in effect, those guidance exceptions will carry through until graduation, unless the program chooses to return to their pre-COVID-19 policies and procedures for those students.

CAPTE would also like to clarify that students who enter their **final year/12 months of a program** before CAPTE terminates its COVID-19 guidance on clinical education experiences and curriculum sequencing will be allowed to follow the CAPTE guidance, provided the program chooses to follow it.

Programs are expected to maintain appropriate documentation that supports their decisions and outcomes. **Permanent program changes must follow the procedures for reporting and approval of program changes as outlined in Part 9 of CAPTE's Rules of Practice and Procedure.**

Reporting Requirements

CAPTE and Accreditation staff understand that programs are dealing with many stresses and challenges during the rapid evolution of COVID-19. As mentioned in the March 20, 2020, document, CAPTE expects programs to attend to the needs of the students, faculty, and institution first. As such, the Commission is imposing **no specific deadline to notify CAPTE** of the reporting requirements delineated in 9.13 of CAPTE's Rules of Practice and Procedure at this time. Programs should report the changes implemented in response to COVID-19 when the program's situation stabilizes or when the COVID-19 CAPTE guidance is discontinued. Please email notifications to accreditation@apta.org.

New Updated Guidance Statements on Clinical Experiences

NEW areas of Guidance are highlighted

Statement on Clinical Experiences for Students in Their Final Year/12 Months of the Program

The **March 20, 2020**, communication stated that programs should continue to meet CAPTE's Standards and Required Elements. CAPTE is providing additional guidance to assist with programmatic decision-making for students in their final year/**12 months** of the program:

1. *Students met a **program's** required depth and breadth of placements policies.*
 - Core faculty are to determine that each student had clinical experiences in the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care; and have had clinical experiences in practice settings representative of those in which physical therapy is commonly practiced. [Elements 6L1 & 6L2 (PT programs) and 6J1 & 6J2 (PTA programs)]
2. *Students achieved entry-level competence as measured by the program's currently used assessment instrument(s).*
 - Each student must achieve entry-level competence in all areas measured by the program's assessment instrument(s) during one of the student's full-time clinical experiences **based on program policies, including policies and procedures used by the Director of Clinical Education/Academic Coordinator of Clinical Education.** [1C4]
3. *Students completed a minimum of 28 full-time weeks for PT programs or 440 hours for PTA programs (i.e., two-week/80-hour waiver referenced on March 13, 2020).*
 - Each student must complete a minimum of 28 full-time weeks or 980 hours in the full-time clinical experiences (the hours of part-time clinical experiences cannot be included) for PT programs, or 440 hours for PTA programs, given the conditions listed above. [6M (PT Programs) and 6K (PTA Programs)]
 - Some states have required clinical hours for degree completion. Be sure to determine if your state has any such regulations in order to provide students with accurate information for licensure. Students should also be advised to determine state regulations where they intend to take the licensure exam.
 - **The use of PT services furnished via telehealth, such as real-time face-to-face, e-visits, virtual check-ins, remote evaluation of recorded video or images, and telephone assessment and management services for clinical education experiences is acceptable:**
 - If the student's assigned clinical instructor is providing PT services via telehealth, then those services can be considered an appropriate part of a full-time clinical experience for PT students or toward the required hours for PTA students. The program is responsible for determining the appropriateness of these services for a given clinical education experience.

Addendum: A program's core faculty are responsible for ensuring public protection and for graduating students who demonstrate entry-level competence across the continuum of care. CAPTE appreciates that there are unique circumstances for individual students. When a student in their last year/12 months of the program does not meet each of the three CAPTE expectations outlined in paragraph 3 above (#1, #2, and #3**), the program is responsible for developing a plan that, when successfully completed, demonstrates that the student met an**

equivalent plan to the one outlined above. An equivalent plan may include the use of student experiences and skills gained during the student's time in the program.

Statement on Clinical Experiences for All Other Students in the Program

The March 16, 2020, communication states that for all other students whose clinical education has been or will be impacted by COVID-19, CAPTE requires the following conditions to be met:

1. **Each student** must meet the required depth and breadth of placements required by their program's current policies and by Required Elements 6L1 and 6L2 of CAPTE's Standards and Required Elements.
2. **Each student** must meet the expectations/outcomes of the program's specific clinical education course(s).
3. **Each PT student must complete a minimum of 30 full-time weeks or 1,050 hours in the full-time clinical experiences (the hours of part-time clinical experiences cannot be included) prior to graduation [element 6m]. Each PTA student must complete 520 hours for PTA programs [prior to graduation [element 6k].**
 - **Some states have required clinical hours for degree completion. Be sure to determine if your state has any such regulations in order to provide students with accurate information for licensure. Students should also be advised to determine state regulations where they intend to take the licensure exam.**
 - **The use of PT services furnished via telehealth, such as real-time face-to-face, e-visits, virtual check-ins, remote evaluation of recorded video or images, and telephone assessment and management services for clinical education experiences is acceptable:**
 - **If the student's assigned clinical instructor is providing PT services via telehealth, then those services can be considered an appropriate part of a full-time clinical experience for PT students or toward the required hours for PTA students. The program is responsible for determining the appropriateness of these services for a given clinical education experience.**

Additional New Guidance Statements

Changing format of course grades:

The decision to change the format of course grades as a temporary or permanent change in response to COVID-19 is a program's decision. The following required elements relate to grading policies: 3G, 4L, 5B, and 6G (PT) and 6E (PTA). However, none specifically say a program cannot change the format for determining course grades. Programs would need to ensure that they remain in compliance with those required elements. Policy changes do not need to be reported, but the program should maintain a record of the policy changes as noted above.

Modifications to the curriculum, including sequencing:

CAPTE encourages programs to consider changes that would ensure student readiness for clinical education and facilitate timely progress through the program. The availability of clinical sites, the ability to return to on-campus classes, and unknown factors that are not within the program's control may temporarily increase the number of terms needed to complete the program. Rule 9.13 in CAPTE's Rules

of Practice and Procedure allows programs to make temporary curricular changes, including changes in sequences. CAPTE requires reporting of the changes.

Modifications to Admissions:

Available resources, including clinical education, should be considered when deciding if or when a new cohort should be admitted. Postponing admissions from summer/fall to winter that temporarily results in the admissions of two cohorts a year are permitted as long as the core faculty determine that the program has the needed resources.

Programs are encouraged to determine needed changes that reflect the uniqueness of their program and institution and that are in the best interests of students and the public. As previously stated, core faculty are in the best position to determine appropriate modifications.

Programs are encouraged to reach out to the respective Lead Specialist with any questions. In doing so, programs receive consistent and accurate information that is specific to their program's unique circumstances and needs. The Lead Specialists and their contact information are:

Candidacy Programs: Mike Chevalier michaelchevalier@apta.org 703-706-3385

PT Programs: Candy Bahner candybahner@apta.org 703-706-3242

PTA Programs: Ellen Price ellenprice@apta.org 703-706-8593