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Thirty years of hand therapy: The 2014 practice analysis

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ABSTRACT

Study Design: Quantitative and descriptive study.*Introduction:* In 2014, the Hand Therapy Certification Commission (HTCC), in consultation with Professional Examination Service, performed a practice analysis study of hand therapy, the fifth in a series of similar studies performed by HTCC over a 30-year period.*Purpose:* The purpose of the study was to gather data on current hand therapy practice to ensure the content of the Certified Hand Therapist (CHT) examination and credentialing program requirements match current practice.*Methods:* Subject-matter experts from the United States and Canada, representing a broad range of experiences and perspectives, developed an updated delineation of the domains, tasks, knowledge, and techniques and tools used in hand therapy practice. Practicing hand therapists from the United States, Canada, Australia, and 13 other countries reviewed the delineation in a large-scale online survey.*Results:* The survey overwhelmingly validated the updated profile. Additionally, the survey explored trends in hand therapy practice and compared findings with previous studies. The results were analyzed and compared with findings from previous studies.*Conclusion:* This analysis led to the revision of the test specifications for the HTCC; the affirmation of the definition of hand therapy; the refinement of the scope of hand therapy practice; and guidance for HTCC policy decisions.*Level of evidence:* Not applicable.

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Introduction

The primary goal of this practice analysis study was to validate the definition and delineation of hand therapy and to ensure that the test content outline for the Hand Therapy Certification Examination (HTCE) reflects the critical tasks, knowledge, and skills required in the professional practice of hand therapy. Additional goals of the study were to identify emerging and receding trends in hand therapy and to consider whether advances in the entry-level degree required for occupational therapy and physical therapy have impacted hand therapy practice.

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Certification in Hand Therapy is a voluntary credentialing program established in 1989 by the Hand Therapy Certification Commission (HTCC) to certify occupational therapists (OTs) and physical therapists (PTs) in the advanced clinical specialty of rehabilitation of the upper limb. The certified hand therapist (CHT) credential is a designation of excellence in hand therapy. A CHT is an OT or PT who has a minimum of 5 years of clinical experience, including 4000 hours or more in direct practice in hand therapy, and who has passed the comprehensive HTCE. The HTCE is a test of advanced clinical skills and theory in upper extremity rehabilitation. The examination, offered since 1991, covers the broad knowledge required for clinical intervention as well as the basic science and theory that support clinical treatment. A therapist must recertify every 5 years by examination or by accruing hours of work experience and professional development to continue to ensure that individuals maintain clinical competence. The program serves the public and hand therapy community by maintaining high standards of the practice of hand therapy, enhancing the quality of patient care, recognizing OTs and PTs who have achieved this advanced

level of professional knowledge, and encouraging participation in continuing education and professional development.

In 2014, HTCC, in consultation with examination and credentialing specialists from Professional Examination Service (ProExam), performed the fifth in a series of practice analysis studies that have been conducted by HTCC over a 30-year period. Previous studies were completed in 1985, 1994, 2001, and 2008.^{1–4} Additionally, the 2001 study included an in-depth analysis of competencies in hand therapy.⁵ In professional credentialing, the primary purpose of conducting a practice analysis is to create a valid and defensible empirical foundation for examination development. The practice analysis, which surveys hand therapists regarding the tasks, knowledge, and skills needed for clinical practice, results in a test content outline for the HTCE, which is used to guide item writing and examination construction, linking the examination content with clinical practice. Best practice in credentialing suggests that update practice analyses be conducted every 5–7 years to ensure that the examination content remains relevant to current practice or more frequently if warranted by the pace of change in the profession.^{6–8} Each study takes approximately 3–4 years to complete from initial planning to publication.

Methods

Update of delineation of hand therapy practice

A Practice Analysis Advisory Council (PAAC) made up of therapists who had participated in previous practice analysis studies and who were knowledgeable about the examination program provided guidance and oversight for the duration of the project. The PAAC participated in and appointed additional members to a Practice Analysis Task Force (PATF) charged with updating the 2008 delineation of practice. The PATF included CHTs who reflected the diversity of hand therapy practice, represented various geographical regions, employment settings, and areas of expertise, were familiar with CHT examination program (including current and former members of the examination committee), and included OT and PT educators. The PAAC selected additional subject-matter experts (SMEs) to participate in telephone interviews, serve as members of an independent review panel, and act as pilot testers for the survey conducted to validate the updated delineation of practice. These SMEs were also chosen to reflect the broad range of experiences and perspectives in hand therapy practice.

Preliminary data collection with SMEs

In preparation for the work of the PATF, ProExam conducted telephone interviews with 11 CHTs representing thought leadership in the profession. The interviews focused on identifying contemporary practices in hand therapy to include in the updated delineation of hand therapy practice. Interviewees also provided specific commentary on the then-current delineation of practice. Changes in practice most frequently cited included faster timelines in treatment, with a decrease in patient visits and a concomitant increase in home education programs; an increased focus on evidence-informed practice; and more requirements and regulations related to insurance and reimbursement.

PATF meeting 1

The PATF met for 2 days to develop an updated hand therapy delineation of practice. The delineation included major domains of practice, tasks performed by hand therapists, the scientific knowledge base underlying practice, diagnoses, and conditions presented by patients, and techniques and tools used by hand therapists. The PATF began their work by reviewing the results of the thought leader telephone interviews and augmented the

interview findings with their personal expertise and perspectives. The PATF reviewed and updated all elements of the 2008 delineation and slightly modified the basic domain structure.

At the meeting, the PATF finalized plans for validating the delineation through a survey of practice. They confirmed rating scales for the domains, tasks, knowledge, diagnoses, and conditions, as well as techniques and tools. They identified key demographic and professional background information to collect from survey participants. As new elements in this study, the PAAC and PATF developed a series of survey questions to explore whether changes in the health care system have affected hand therapy practice. These questions related to professional practice structure and delivery methods, ancillary personnel involved in practice, and services provided. Detailed questions regarding wound care management were also developed to validate more formally interim studies performed in response to practice issues.

Postmeeting review

Each member of the PATF independently reviewed the updated delineation of practice and made suggestions for further revisions. The PAAC reviewed all PATF suggestions and revised the delineation based on this feedback in advance of circulating it to outside reviewers.

Conduct of external review

Twelve SMEs completed an external review and independent evaluation of the updated delineation. The detailed commentary and suggestions provided helped to ensure the delineation was clear, comprehensive, and reflective of current practice.

Finalizing the delineation to be surveyed

During a web-based meeting, the PAAC analyzed and incorporated the external review results into the final survey version of the delineation of hand therapy. The delineation included 28 tasks within 4 domains of practice and 1 fundamental knowledge area.

- Domain 1: Evaluate upper limb and relevant patient characteristics (12 tasks)
- Domain 2: Determine prognosis and plan of care (12 tasks)
- Domain 3: Implement therapeutic interventions (4 tasks)
- Domain 4: Promote professional practice (10 tasks)
- Knowledge: Fundamental knowledge and basic science (0 tasks)

Forty-two knowledge bases were also identified, organized into 2 categories: knowledge specifically related to tasks in domains 1–4 (17 knowledge areas) and a separate foundational category: *Fundamental knowledge and basic science* (25 knowledge areas). The final list of diagnoses and conditions included 26 problems treated by hand therapists. The updated list of techniques and tools included 95 techniques and tools related to assessment, tests and measurement, therapeutic exercise, modalities, orthotics and prosthetics, management of conditions, complementary approaches, and wound care management.

Validation of delineation of practice

Survey

A survey was conducted to validate the updated delineation of practice. The collection of validation data permits the identification of the most salient elements for inclusion on the examination and provides empirical support for allocating distribution on the examination across each major domain of practice. ProExam developed a web-based survey instrument designed to collect data from practitioners regarding all elements of the delineation. The survey was pilot tested by a group of 19 CHTs (of 20 invited) and by the task

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