



## Foreign-educated Physical Therapist Course (FEPT-C)

*This article is based on a presentation by Michel D. Landry, BScPT, PhD at the 2016 FSBPT Annual Meeting.*

### A supply and demand problem

There is a larger demand for physical therapists (PTs) than there is supply, and the density of PTs is concentrated in about 10 countries, of which the United States is one. Researchers have been studying if a higher concentration of PTs means a healthier population. They have found that in areas with a greater density of physicians and physiotherapists there are fewer years of lost life per condition.

The United States has one of the highest densities per population. From 1995 to 2005, the ratio of PTs per population grew dramatically across the country. That led to modeling the supply-demand gap and how the future will look.

### Modeling the supply-demand gap

Working with the American Physical Therapy Association (APTA), a workforce projection model was created by Duke University projecting out to 2020. A very basic stock and flow forecast model, where there are inputs and outputs, was used, starting with the total number of licensed PTs currently in the United States. The inputs come from PT graduates from all of the 250, soon to be about 350, accredited PT programs in the United States, and the current flow of foreign-educated PTs.

Without changing the status quo, by 2020 the model shows a shortage of about 25,000 licensed PTs. That's if all conditions remain equal: the graduation rates, CAPTE passage rates, etc. The model underestimates the proliferation of PT programs around the country. The model also underestimates the potential exit out of the program because of the pretty significant student debt loan. For example, Duke University students graduate with an average student loan debt of \$210,000. If they choose to work within the Duke University health system, their entry-level salary would be about \$55,000.

Using a what-if scenario, the modelers looked at a 1.5% attrition rate, rather than the current 3.5%. Under that scenario, there is near equilibrium between supply and demand. But that probably also is incorrect because the modelers underestimated the impact of the Affordable Care Act and other factors. But it's still useful in seeing that keeping practitioners in the profession longer bridges some of that gap.

Duke University is not the only one that has worked up a PT workforce model. In one model,

by 2030 most of the United States will receive failing grades in the PT-to-patient ratio. The exception is much of the Northeast, and its grade is just barely passing. It's already been established that PT-to-patient ratio is not just about quantity, it's also about quality of life.

### **How do you get more internationally trained PTs as quality inputs?**

Mark W. Cornwall, Mary T. Keehn, and Mark Lane published a study in August 2015 on the Characteristics of U.S.-Licensed Foreign-Educated Physical Therapists.

Their study shows the distribution of countries and regions from which foreign-educated PTs come to practice in the United States. The highest concentrations of foreign-educated PTs land in Texas, Florida, New York, Illinois, and Michigan. High numbers come from the Philippines and India. Unfortunately, some of the places where large numbers of foreign-educated PTs come from are the same places with a shortage of PTs per capita, so much so that the World Health Organization has suggested that clear ethical guidelines be developed.

Interestingly, Pacific Islanders believe their education is superior to U.S. education. On the other side of the coin, about half of those from Asia rate their native education to be inferior to U.S. education.

One of the highest hurdles for the foreign-educated PT is educational equivalency. The 2010 Federation of State Boards of Physical Therapy (FSBPT) Leadership Issues Forum focused on foreign-educated issues. Based on the workforce projections and knowledge of the limitations of education outside the United States and the hurdles the foreign-educated must go through to get licensed in the United States, it was recommended that a modular educational program for graduates of non-CAPTE-accredited programs be developed, specifically on the U.S. healthcare system. It needed to be something they were not going to get in their program in India, the Philippines, Pakistan, or Egypt.

### **The foundations of a modular educational program**

FSBPT, the Foreign Credentialing Commission on Physical Therapy (FCCPT), APTA, and the Health Policy and Administration Section (HPA) of the APTA collaborated in outlining a course, the Foreign-educated Physical Therapist Course – FEPT-C, designed for these individuals, recognizing that foreign-educated physical therapists do not come into this country with a good understanding of the United States healthcare system and its culture. The team worked with the FCCPT to identify some common deficiencies underneath these topics; Duke University was chosen out of 12 applicants to develop and host the course.

### **The Duke University FEPT-C**

FSBPT and HPA articulated what the course should be and Duke University brought its vast experience in launching Mass Open Online Courses (MOOC), though this course is not open. FEPTs pay for the course, but Duke University is proficient in using appropriate technology to amplify learning. It designed a 10-module online course. The learning management system currently is Sakai, but the University will be changing to a Canvas platform soon. Duke recruited speakers with diverse backgrounds who mirror the people who would be taking the course. Every module is changed by about 20% each time the course is given. There are speakers of Indian descent, African-Americans, Caucasians, and others to send the message that diversity is important to Duke University and it's important to the course.

The FEPT-C is designed to provide the right amount of focused content with clear and crisp

objectives. It is also exclusively online so foreign-educated PTs can take the course while still in their home countries.

The Duke University FEPT-C is not fluff. It's not just to get over the wall. It's critical for moral, ethical and legal practice. Two courses have been run. The goal is to run three a year.

The 10 individual, but linked, sessions are:

- Administrative Models of Care;
- Use and Supervision of Support Staff;
- Cultural Competencies;
- Client-Centered Models of Care;
- Direct Access;
- Ethics in the Profession of Physical Therapy;
- Federal and State Government's Roles in Health Care;
- Determinants of Health, Promotion, Wellness, and Prevention;
- Transition into the Workplace; and
- Online Course Evaluation, Reflection, and Feedback

They are asynchronous video courses taken once a week for 10 weeks. While some students would like to complete it more quickly, it is designed for student participation on a discussion board. The videos are high quality and shot in a CNN-like studio. On average, each student watches a video six times.

The modules can be accessed as easily on a mobile device as they can be on a desktop, so a student on a bus can access the content while on the go.

At the end of every week, students have assigned reading and videos, about eight hours of work, and then they have to take a 10-question (or so) multiple choice quiz. The quizzes account for 45% of their grade. Every week, students provide a robust answer to a discussion board question on a related topic and reply to two others. Answers are checked for accuracy and feedback is provided. That is worth 20% of their grade.

After the Determinants of Health, Promotion, Wellness, and Prevention module, students are required to write a paper. That paper is graded by the Duke as well as one of their peers. It's an anonymous review. Five percent of the final grade is for writing the paper and another 5% for reviewing a peer's paper. The cumulative final exam is worth 25% of the final grade. They must attain 70% to pass the course.

In the course beginning January 7, 2017, Duke was initiating a Google Hangout where some of the students present to create a synchronous part to the course.

### **Enrolling in the online course**

To enroll in the online course, students are taken to a home page that briefly lays out the course, the format, the 10 topics covered, requirements, fees, and the cancellation policy. Requirements include proof of education in physical therapy from a foreign program. (U.S. citizens have wanted to take the course; at this time that is not allowed). There are no specific English proficiency requirements to take the course, i.e. TOEFL, however it is expected that all students be proficient in reading, writing, and speaking the English language. Participants are expected to self-assess their English proficiency prior to taking

the course.

Once they provide proof of foreign education, they are matriculated into the Duke University system for the period of that course. They receive two credits from Duke for passing the course, which costs a total of \$575. It's offered on a cost-recovery basis, with the university taking in no planned profit.

Within a year, Duke plans a one-week, on-campus boot camp where the foreign-educated can practice their skills on each other and the instructors.

### **Past enrollment and graduate feedback**

In May 2016, the program enrolled six students. In September 2016, 12 students enrolled. The next session started in January 2017 with three classes planned for the year.

Feedback from the students was positive, with most replying to the survey that the course is just what they expected, with some rating it better than expected. One student was not able to put in the time to complete the course and he has been offered the one-time opportunity to take it over at no additional cost.

### **Challenges**

One of the challenges is justifying two credits for the course. Twenty to 30 hours of content and experience need to be added to reach the 80-hour threshold Duke requires for two credits. Duke is looking for feedback from the boards on whether one credit is sufficient or if the university needs to beef up the program.

Duke currently graduates about 75 PTs in its U.S. native program, going up to 90 or 100 in the future. It is looking to grow the foreign-educated program as well to help produce the numbers that will grow the supply to meet the future demand.



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