

March 16, 2020

Greetings,

CAPTE has received helpful feedback from programs and students in response to the [guidance](#) it published on March 13, 2020. The purpose of this communication is to respond to some of those questions and provide clarity where able, specifically the guidance sections related to laboratory experiences and clinical experiences. The community should expect further updates as this situation continues to develop, and public health guidelines are shared by various agencies. CAPTE is reviewing the [CDC's update from March 15, 2020](#), and anticipates that further travel suspension guidance will result in postponed site visits until June 2020. Programs and site reviewers impacted will be contacted if this occurs. CAPTE intends to continue to update programs as this situation evolves, prioritizing student, faculty, and patient safety.

CAPTE continues to recognize that programs may need to employ different approaches and strategies that are influenced by individual institutional policies and procedures; local, state, and federal regulations; and possible variations in the spread of COVID-19. After carefully considering the input from programs related to the initial guidance that was distributed, the commission is providing this revised guidance. CAPTE is charged by USDE and CHEA with upholding minimum standards such that the public is assured that accredited physical therapist and physical therapist assistant education programs conform to those delineated in the Standards and Required Elements.

**Update of Statement on *Laboratory Experiences* from March 13, 2020:** Under Standard and Required Element 4N, the collective core faculty of a program are responsible for ensuring that students are safe and ready to progress to clinical education. The program is not prohibited from exploring a variety of ways to develop skills and assess for competence, including psychomotor skills, for all required curriculum content (Standard 7). CAPTE believes that program faculty are in the best position to make decisions about student competence, including psychomotor skill demonstration, and the Commission trusts that performance assessments used by programs will be effective in assessing student readiness and safety.

**Update of Statement on *Clinical Experiences* from March 13, 2020:** CAPTE continues to uphold Standards and Required Elements 6L1 and 6L2 related to the curriculum plan. The plan is to include clinical experiences that encompass the management of patients and clients with diseases and conditions that represent those commonly seen in practice across the lifespan and the continuum of care, and in settings that represent those in which physical therapy is commonly practiced. CAPTE will not require students in the final year of the program to complete the outstanding weeks or hours typically expected by the program's curriculum to meet its unique mission and vision under the following conditions:

1. Students met the required depth and breadth of placements required by their current policies.
2. Students achieved entry-level competence as measured by the program's currently used assessment instrument(s).
3. Students completed at least a minimum of 28 full-time weeks for PT programs or 440 hours for PTA programs based on the CAPTE guidance document that was sent out on March 13, 2020, allowing the two-week/80-hour waiver.

For all other students whose clinical education has been or will be impacted by COVID-19, CAPTE requires that the following conditions must be met:

1. Students 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. Students must meet the expectations/outcomes of the program's specific clinical education course(s).
3. Students must meet, at a minimum, CAPTE's requirement of 30 weeks of full-time clinical experience for PT programs and 520 hours of clinical experience for PTA programs prior to graduation.

Programs must be willing to extend the program for students who do not meet the minimum standards. There are a lot of different ways a program might be able to implement changes. CAPTE is trusting that programs will ensure that students are safe and ready to progress to clinical education experiences as well as graduate with entry-level competence.

Programs are expected to maintain appropriate documentation supporting their decisions and outcomes. Permanent program changes must follow the procedures for reporting and approval of program changes as outlined in the Rules of Practice and Procedure Section 9. **Only implemented changes that fall within those specified in 9.13 of CAPTE's Rules of Practice and Procedure, are to be reported to CAPTE by emailing those changes to [accreditation@apta.org](mailto:accreditation@apta.org). Please do not include questions in the notifications.**

**The Commission and staff recognize that this is a stressful time for all stakeholders in education. Staff are available to assist programs as situations arise. Please contact the appropriate accreditation staff, preferably through email, with questions.**

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## **PHYSICAL THERAPY EDUCATION AND COVID-19**

March 13, 2020

The Commission on Accreditation in Physical Therapy Education has been closely monitoring the impact of the coronavirus (COVID-19) on physical therapy education programs and their institutions. It is recognized that institutions are preparing or enacting action plans to keep students, faculty, and staff safe; that programs are considering alternative methods for delivery of didactic courses; and that clinical sites are enacting plans and processes that might impact clinical education. CAPTE recognizes that programs may need to employ different approaches and strategies that may be influenced by individual institutional policies and procedures; local, state and federal regulations; and possible variations in the spread of COVID-19. CAPTE is providing the following guidance to programs for remaining compliant with CAPTE's "Rules of Practice and Procedure" and "Standards and Required Elements for Accreditation of Physical Therapist and Physical Therapist Assistant Education Programs" during this difficult time. As this is an evolving situation, additional guidelines will be provided as deemed appropriate.

### **Onsite Visits**

In response to COVID-19, the American Physical Therapy Association has suspended in-person meetings and APTA business travel through April 15, 2020. CAPTE site visits occurring between March 11, 2020, and April 15, 2020, are cancelled for this time, and notification to those affected has already been sent. Accreditation staff will work to reschedule at a mutually agreeable date to all parties once the travel suspension is lifted. CAPTE will work with APTA leadership to inform the community if the travel suspension is continued beyond April 15, 2020.

### **Didactic Courses – Temporary Changes to Mode of Instruction**

If disruption in didactic courses occurs, CAPTE appreciates that programs need flexibility to quickly respond. Therefore, CAPTE is providing broad approval to programs to use online technologies to accommodate students on a temporary basis, without going through CAPTE's regular substantive change process. Notification should be provided, following the guidelines in 9.13 of CAPTE's "Rules of Practice and Procedure," when the delivery of distance education courses is started, extended, and ends, if this mode of instruction has not been previously approved. Email notification within five business days is preferred.

Reporting requirements for program changes are delineated in 9.4(d)(2) and 9.13 in CAPTE's "Rules of Practice and Procedure" ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook)).

### **Laboratory Experiences**

Programs are expected to follow their rules and procedures for lab experiences, including testing. Where laboratory experiences involve the development of hands-on skills, CAPTE expects lab activities and testing to be face-to-face and that programs maintain the rigor of these courses and their components. If a campus has been closed, the program will need to reschedule laboratory components. If the curriculum contains lab experiences that are "extra" and not required of all students, such experiences could be suspended.

While watching skill videos might facilitate later lab activities, videos of students performing hands-on skills at home would not substitute for supervised laboratory practice, skill checks, or lab practicals.

### **Curriculum Sequence**

Should changes in curriculum sequence be necessary, all required content still needs to be included. Programs are advised to consult institutional policies for how credit is aligned with contact hours and how students can progress related to such issues as giving incomplete grades, meeting graduation requirements, etc.

Reporting requirements for curricular changes are delineated in 9.4(d)(2) and 9.13 in CAPTE's "Rules of Practice and Procedure" ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook)).

Elements 7A, 7B, 7C, and 7D in the "Standards and Requirement Elements" delineate curricular content (<http://www.capteonline.org/Faculty/AccreditedPrograms/>).

## Clinical Experiences

CAPTE expects programs to maintain compliance with the “Standards and Required Elements.” Elements 6L (PT) and 6J (PTA) delineate CAPTE’s expectations for clinical education experiences. In addition, Element 1C4 delineates expectations that all students reach entry-level by their final clinical education experience. Programs are expected to follow their own policies regarding the types and number of required clinical experiences, the number of hours/weeks required (except as noted in the next paragraph for the **last terminal** clinical education experience), making up missed clinical education time, etc. This includes completing clinical education hours/weeks beyond what is required in the “Standards and Required Elements,” if this is a program requirement. Should clinical education experiences be unavailable or discontinued, programs will need to find ways for making up the clinical hours/weeks, which might involve delaying graduation. If curricular changes to clinical education courses are being made, CAPTE policy regarding the levels of change that would require reporting are delineated in 9.4(d)(2). ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook))

For students who have demonstrated entry-level competency and meet other program requirements related to clinical education, CAPTE will allow a maximum of two weeks or 80 hours to be waived from the students’ **last terminal** clinical experience regardless of the length of the terminal experience. Program policies related to establishing entry-level performance are expected to be followed. Programs must continue to ensure that students demonstrate entry-level performance prior to graduation as cited in 1C4 of the “Standards and Required Elements.” Because students might reach entry-level at different points, this could result in variations in the number of hours/weeks for the **last terminal** clinical education experience.

Alternate learning experiences; for example, simulations or written assignments, are not acceptable substitutions for clinical education.

## Legal Review

There are a variety of scenarios resulting from COVID-19 that may lead to a delay in the normal program completion time for students, including students being ill or quarantined, difficulty finding appropriate clinical sites, and institutions temporarily closing. There are significant ethical and legal considerations around changes in students’ learning experiences. Decisions about requiring students to participate in specific clinical rotations and/or extending time to graduation are both programmatic and institutional. Programs are, therefore, encouraged to have all program changes reviewed by the institution’s legal counsel.

## CAPTE Rules and Procedures Related to Disasters

Reporting requirements are delineated in 9.13 in CAPTE’s “Rules of Practice and Procedure.” Email notification within five business days is preferred.

## Resources

As programs are in the process of planning and determining how best to respond to COVID-19, CAPTE encourages programs to refer to these helpful resources:

- World Health Organization (WHO) COVID-19 page <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Centers for Disease Control and Prevention (CDC) COVID-19 page <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- U.S. Department of Education COVID-19 page <https://www.ed.gov/coronavirus?src=feature>
- American Physical Therapy Association Coronavirus page <http://www.apta.org/Coronavirus/>
- Local public health authority for your county and state
- Local and state regulatory institutions
- Institutional Accreditors

**Contacts**

Please reach out to the appropriate Accreditation staff, preferably through email, with any questions as well as to inform CAPTE of any and all changes being made.

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March 2, 2020

APTA and CAPTE are monitoring and assessing the situation regarding Coronavirus. We know this can have an impact on physical therapy education and its clinical partners. We will provide information as it relates to CAPTE business as more is understood about the virus and appropriate safeguarding strategies are outlined. As with all public health situations, APTA primarily relies on HHS, the CDC and the US Surgeon General for the best information and productive strategies. Guidance offered by these and other appropriate public health agencies will be considered when travel is required

Currently, CAPTE is conducting all work and On-site Visits as usual without modification. With that said, if an On-site Reviewer is uncomfortable traveling, we will honor their desires and have a contingency plan for the work. Staff will utilize other volunteers as our first option and if that isn't possible, alternative solutions will be explored and implemented.

As programs create contingency plans in preparation for possible quarantines or limits to in-person learning, CAPTE would like to refer them to CAPTE's Rules of Practice and Procedure, specifically Rule 9.13 which states:

#### SUB-PART 9D: PROCEDURES FOR MANAGING EFFECTS OF DISASTERS

##### 9.13 Reporting Effects of Disasters

(a) Effects of natural or man-made disasters that directly impact the education program must be reported as soon as possible and practical. Such reports may be provided by telephone, e-mail or letter.

Effects that must be reported include, but are not limited to:

- (1) Need for use of alternative space
- (2) Need to modify the sequence of the curriculum plan
- (3) Delay in student matriculation and/or graduation
- (4) Inability of students to engage in appropriate learning activities, including clinical education
- (5) Loss of fiscal, human or physical resources

(b) In the event of a man-made or natural disaster, staff will make an initial determination of the best course of action to be taken to accommodate the program's needs while maintaining the integrity of the accreditation process. Actions to be considered include but are not limited to:

- (1) Rescheduling of accreditation activities
- (2) Fee waivers

(c) A written report will be requested for review at the next CAPTE meeting, if feasible, or as soon as possible thereafter. Review by CAPTE may result in a status decision and/or a request for additional information in the form of a Compliance Report.

Should you have questions or concerns, please don't hesitate to contact the appropriate Lead Specialist.

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