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).

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).
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)

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:

- 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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