

Education Gap Assessment for BOC

Process: The International Arrangement (IA) organizations, in collaboration with International Consultants of Delaware (ICD), participated in an analysis of education and credentialing standards. The IA organizations, via cooperation and collaboration, established minimum educational standards for the IA.

Use: ICD will conduct a credentials evaluation that will assess if an applicant has bridged the identified education gaps through a detailed analysis of academic courses, syllabi, continuing professional education, and other related activities that describe the applicant's cumulative knowledge, abilities, behavior, and expertise.

Summary of Jurisdictional Gaps:

- Gaps may require standardized remediation (to be determined by BOC)
- **Highlighted area(s) indicate gap for that standard** (if no highlights, gap is entire standard)
- Key Decision: Education gaps of a jurisdictional nature or required a specific First Responder Course, were deemed present for all International Arrangement organizations.
- **Visit the [BOC website](#) for more information about the required standardized remediation.**

	Gap	Gap Found in Comparison to:
1	Standard 55: Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems. Annotation: Foundational knowledge areas can be incorporated as prerequisite coursework, as a component of the professional program, or both.	ARTI BASRaT CATA
2	Standard 60 Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care. <ul style="list-style-type: none"> • Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology) 	ARTI BASRaT CATA
3	Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following: <ul style="list-style-type: none"> • Requirements for physician direction and collaboration • Mandatory reporting obligations • Health Insurance Portability and Accountability Act (HIPAA) • Family Education Rights and Privacy Act (FERPA) • Universal Precautions/OSHA Bloodborne Pathogen Standards • Regulations pertaining to over the counter and prescription medications • Navigating multipayer insurance systems and classifications. 	ARTI BASRaT CATA

Gap		Gap Found in Comparison to:
4	Standard 75: Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.	ARTI BASRaT CATA
5	Standard 89: Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.	ARTI BASRaT CATA
6	Standard 90: Establish a working relationship with a directing or collaborating physician.	ARTI BASRaT CATA

Summary of Non-Jurisdictional Gaps:

- Gaps may require curricular evidence or continuing education
- **Highlighted area(s) indicate gap for that standard** (if no highlights, gap is entire standard)
- **Visit the [BOC website](#) for more information about how applicants bridge gaps.**

Gap		Gap Found in Comparison to:
1	<p>Standard 54: The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.</p> <p>Annotation: The program determines the classes that meets these standards and supports the program's curricular plan. Additional prerequisite coursework may be required as determined by the program.</p>	CATA
2	Standard 63: Use systems of quality assurance and quality improvement to enhance client/patient care.	BASRaT
3	<p>Standard 64: Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:</p> <ul style="list-style-type: none"> • Use data to drive informed decisions. • Search, retrieve and use information derived from online databases and internal databases for clinical decision support. • Maintain data privacy, protection, and data security. • Use medical classification systems including International Classification of Disease codes) and terminology (including Current Procedural Terminology). • Use an electronic health record to document, communicate, and manage health related information; mitigate error; and support decision making. 	ARTI
4	<p>Standard 70: Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:</p> <ul style="list-style-type: none"> • Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin) • Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators) 	BASRaT

	Gap	Gap Found in Comparison to:
	<ul style="list-style-type: none"> • Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry) • Internal and external hemorrhage (including use of a tourniquet and hemostatic agents) • Fractures and dislocations (including reduction of dislocation) • Exertional sickling, rhabdomyolysis, and hyponatremia • Diabetes (including use of glucometer, administering glucagon, insulin) • Drug overdose (including administration of rescue medications such as naloxone) • Wounds (including care and closure) • Testicular injury 	
5	<p>Standard 73: Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan, interventions include (but are not limited to) the following:</p> <ul style="list-style-type: none"> • Joint mobilization and manipulation 	CATA
6	<p>Standard 79: Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:</p> <ul style="list-style-type: none"> • Adrenal diseases • Cardiovascular disease • Diabetes • Neurocognitive disease • Obesity • Osteoarthritis 	CATA
7	<p>Standard 82: Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.</p>	CATA
8	<p>Standard 84: Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over the counter, prescription, and recreational drugs.</p>	BASRaT CATA
9	<p>Standard 88: Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:</p> <ul style="list-style-type: none"> • Strategic planning and assessment. • Managing a physical facility that is compliant with current standards and regulations. • Managing budgetary and fiscal processes • Identifying and mitigating sources of risk to the individual, the organization, and the community. • Navigating multipayor insurance systems and classifications. • Implementing a model of delivery (for example, value-based care model). 	BASRaT
10	<p>Standard 94: Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.</p>	BASRaT