

Deficiencies in Physiotherapy Education

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SUMMARY

A Study was undertaken to determine a curriculum which would best meet the health care needs of South Africa. From the results of the study, the competencies required for effective physiotherapy practice were determined. When comparing the proposed curriculum to training in South Africa, areas of weakness in the present curricula were established. These areas of deficiency are delineated and the methods for improving physiotherapy education are discussed.

OPSOMMING

'n Studie is onderneem om die leerplan te bepaal wat die beste aan die gesondheidsversorging-behoeftes van Suid-Afrika sou voldoen. Van die uitslae van hierdie studie is die bekwaamhede vasgestel wat vir die effektiewe praktyk van fisioterapie benodig word. Toe die voorgestelde leerplan met die opleiding in Suid-Afrika vergelyk was was areas van swaakheid in die huidige leerplanne beslis. Hierdie areas van tekortkoming word uiteengesit en metodes vir die verbetering van fisioterapie-opleiding word bespreek.

Physiotherapy educators have an obligation to train practitioners who will meet the needs of the society which they will serve. Too often however, curricula are changed following trends in other countries without much thought being given to whether these curricula are best suited for South Africa which has both First and Third world problems.

Curricula followed in this country are mainly subject oriented and are based on the minimum number of hours required for each subject. However, if time becomes the constant, capability will become the variable.¹ Until we are able to define the type of practitioner we wish to produce, any effort to draw up a relevant curriculum cannot succeed.

Educators need to gather as much information as possible regarding the functions and the required behaviours of a physiotherapist from as many sources as possible. Amongst the various sources available are self reports, task analysis, consulting with experts, reviewing the literature and the critical incident technique.

Several of these methods were used in my study to draw up a list of competencies which are required for

effective physiotherapy practice. A questionnaire was devised from the list of competencies and this was sent for rating by physiotherapists in various fields of practice. From the results of the questionnaire, areas of strengths and weaknesses in the present curriculum could be established. The areas of deficiency and their possible handling are discussed below.

AREAS OF DEFICIENCY

1. Interpersonal behaviours and skills

Effective communication is required for accurate history taking and for reacting to the patient with empathy. Skills which are required are listening attentively, hearing the covert message the patient is sending, following verbal and non-verbal leads and encouraging patients and their families to discuss their hopes, fears and frustrations. Perry found that non-verbal communication accounted for 93% of all communication of feelings and it is therefore essential that physiotherapists are aware of this important aspect of interpersonal relationships.²

The physiotherapist also needs to understand the psychology of stress and the patient's and his family's reaction to illness and disability. She needs to be sensitive to the individual's needs and his feelings of anxiety and have the skills to cope with these problems.

The curriculum therefore needs to contain at least two behavioural science courses in order to balance the hitherto more scientific and technical aspects of training. The courses must comprise communication skills, cultural and social differences to illness, the variables in

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the family structure and the methods of managing the reaction to stress. Physiotherapists need to develop basic counselling skills and should have an understanding of their own behaviour and reaction to the sick or handicapped person. Motivation and behaviour modification are also important aspects of the behavioural science courses. The patient needs to be motivated in order that he may take an active part in his treatment programme and not become a passive and often unwilling recipient of health care.

2. Team work

It is essential for health professionals to develop the relative interpersonal and communication skills in order to work effectively and with sensitivity in a team. It is advocated that undergraduate students of the various disciplines should mix socially and where possibly academically in their early years of training.^{3,4} Once they have learnt some of the skills peculiar to their own professions, they should be brought together for combined lectures, ward rounds and case presentations. This will encourage a greater understanding of their mutual problems and will establish co-operative behaviour patterns. Only when students are able to pool their resources and skills will there be recognition of shared responsibility amongst members of the team and a closer approach to peer equivalence and mutual respect.

Problem solving exercises by small groups of students from various disciplines could be introduced into the behavioural science courses. Combined ward rounds in the clinical years will further enhance understanding of each other's professions. Health professionals also require management, leadership and collaborative skills in order to function effectively in a team.⁵ It must be remembered that if students require communication skills for team work, formal lectures need to be replaced by small group discussions. This will also enable students to acquire problem solving skills which will provide them with a flexible approach to the management of problems in an unknown future.

3. Teaching

Education of the patient, his family and other care givers is an integral part of physiotherapy. Very few curricula contain courses in teaching methods and in a study by Sotosky⁶ it was found that 51% of the physiotherapists surveyed did not believe that they were adequately prepared in teaching skills although they felt that a major component of the profession is that of education.

Now that physiotherapy assistants are registerable in South Africa, physiotherapists are expected to train these supporting personnel, while physiotherapists in teaching hospitals have always had a commitment to student training. An introductory course in educational methodology needs therefore to be included in the preclinical years so that students may have the required teaching skills when dealing with patients and their families. Since 1985 senior students at the University of

the Witwatersrand have assisted in the teaching of basic electrotherapy and movement modalities which has introduced them to some simple teaching skills.

4. Helping the patient to realise his potential

The rehabilitation of a patient in the hospital does not necessarily equip the patient to function at home and socially. Unless the physiotherapist is aware of the patient's home circumstances, she will not be able to set realistic goals of treatment nor will she be able to recommend modifications for effective daily living.

The items relating to final rehabilitation were generally rated low in this study and many physiotherapists did not consider that these were the functions of their profession. This also applied to competency statements dealing with the involvement of the family in the team approach. These low ratings were possibly due to the fact that students receive most of their training in the hospital setting and they are often unaware of the problems and frustrations of the patient and his family.

By introducing students to community physiotherapy during their training and by providing effective team work skills, the physiotherapist will become aware of her expanded role in health care. She should also realise that there is a considerable amount of material which is common to all health professionals and that overlap of skills and procedures is not only inevitable but also desirable.

5. Consultation and Administration

Too few physiotherapists are aware of their important roles as administrators and consultants and these areas were considered desirable but not essential by the majority of the physiotherapists surveyed. The technical areas relating to safe and effective treatments were ranked the highest and physiotherapists were inclined to rate highly only those items concerned with direct patient care.

It is important for students to be aware of the organisation of health services in South Africa and to be able to assess the needs for community or rural health services. This can be achieved by short courses in these areas and by encouraging small research projects in third and fourth year. It is also essential to provide courses in administration and for students to observe the administrative skills which are required in hospitals, in private practice, in special schools and in teaching.

6. Exercise Science

Physiotherapists are ideally equipped to become specialists in Exercise Science because of their good background in physics, anatomy, physiology and movement. However, much of this work is being taken over by other professionals because of the physiotherapist's reluctance to specialise in this field.

Greater stress needs to be placed on areas such as analysis of patterns of movement, biomechanics and the prescription of exercise programmes tailored to the individual's needs. This will include programmes for injured sportsmen, for patients with cardiac or chronic

respiratory problems and for the elderly. A good introduction should be given at undergraduate level and post-graduate courses at various centres should be offered on a regular basis.

CONCLUSION

In the study to determine curricular content, it was found that items relating to the psycho-social aspects of care as opposed to physical treatment were generally rated low. This probably reflects the reigning paradigm within the profession but in order to meet future needs of health care and the expanding role of the profession, a change in emphasis in physiotherapy education is required.

The challenge of greater autonomy within the profession make it essential that students attain the skills necessary to assess a patient fully, to plan a treatment programme which will meet the patient's needs and to work in close consultation with other health workers.

Physiotherapists will have to accept that many of the techniques they presently perform will be done by assistants and other supporting personnel. The role of the physiotherapist is changing and the physiotherapy

student should be made aware of the many facets of her profession. She should perceive the importance of her capacity as a teacher, consultant, administrator and researcher, in addition to her traditional clinical role. Physiotherapy educators must now decide whether they require professional leaders who will seek feasible solutions to the many problems in health care, or whether they wish to train primary doers who will only work with comfort under direction.

References

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CORRESPONDENCE

To the Editor:

I share Dr Futeran's concern about Physiotherapy training in Geriatrics.

As far as I know, all schools include training in this area. However, it would appear that something is lacking — perhaps Geriatrics and Gerontology are taught by people who are not experts or have little interest in the subject and thus cannot communicate enthusiasm for, or evoke interest in the subject in their students.

Could our educators take a closer look at this aspect?

H. A. Wilson

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ERRATUM

'A preliminary study of chairs with forward sloping seats and sitting postures' 1985; 41(3): 74-77 and 'Are you sitting comfortably? Users' perceptions of a pelvic tilt chair' 1985; 41(4): 119-115.

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