



International Federation of
Orthopaedic Manipulative
Physical Therapists

A subgroup of:



WCPT Conference, Amsterdam

20 – 23 June, 2011

Developing and advancing international post-professional educational standards in physical therapy

Dr Alison Rushton

Chair, Standards Committee of IFOMPT





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Objectives of the symposium

- To critically evaluate the development of standards and processes of quality monitoring for advanced practice
- To demonstrate how educational standards can be used to promote advanced skills in clinical reasoning, evidence based practice, and a biopsychosocial approach to clinical care
- To evaluate the benefits of this model and its future potential as an example of good international educational practice



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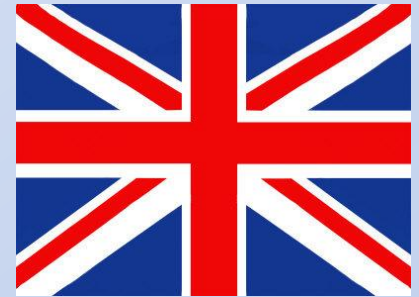


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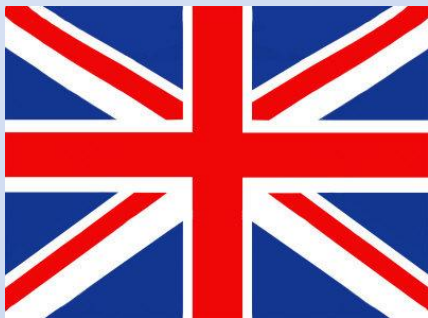


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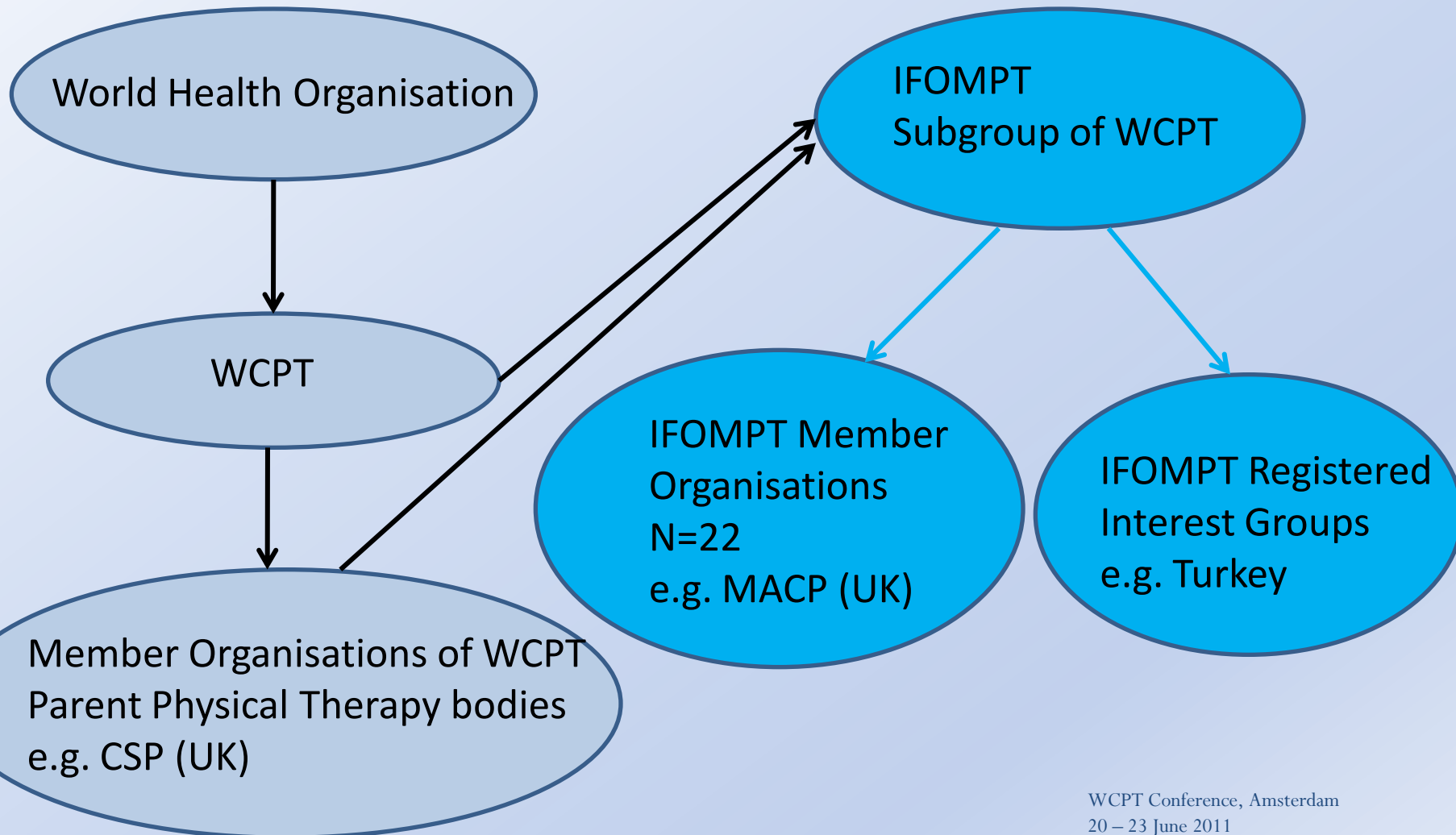


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Background: quality within education

- Quality of physical therapy education has received increasing attention in recent years
 - Agreement that improving quality needs to focus on:
 - Standards of learning and teaching
 - Establishment of an effective framework within which these activities can occur
- (Preedy et al, 1997)



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History of IFOMPT Educational Standards

- First defined in 1977
 - Theoretical and practical components
- Each country applying to become a Member Organisation of IFOMPT is required to demonstrate that its educational programmes meet the standards



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Review of standards

- Reviewed on a six yearly basis
- Through collaborative process with Member Organisations
 - Ensuring face, content and construct validity
- Standards have developed considerably since their inception
 - Reflecting the developing educational and clinical contexts in the musculoskeletal field



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Current 2008 IFOMPT Standards

- Competency based framework in line with modern educational practice (Harden et al, 1999)
- Provides a detailed description of the knowledge, skills and attributes expected of a specialist OMT physical therapist in the contemporary healthcare environment



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➤ Ensuring consistency of competency to establish a minimum standard



➤ Permits the learning process to be flexible, innovative and responsive to the individual's learning needs



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Member Organisations operationalise standards to positively recognise:

- Differences in strengths and emphases in OMT programmes
- Differences in methods and delivery of education internationally
- Flexibility recognises the resource, geographical, and other challenges in providing OMT education internationally



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Context of standards

- Patient centred clinical reasoning (Higgs and Jones, 2000)
- Clinical expertise (Haynes et al, 2002)
- Evidence based practice (Sackett et al, 1996)
- Biopsychosocial model of practice (Engel, 1980)
- WHO ICF (WHO, 2001)
- Role of OMT Physical Therapist as: Expert/clinical decision-maker/ clinician, communicator, collaborator, manager, health advocate, scholar, professional
(<http://www.deptmedicine.utoronto.ca/CanMEDS.htm>)



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IFOMPT minimum requirements

- 200 hours theoretical learning
- 150 hours practical learning
- 150 hours clinical mentorship



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Dimensions of the competency framework

- 1 Critical and evaluative evidence based practice
- 2 Critical use of comprehensive knowledge of the biomedical sciences in OMT
- 3 Critical use of comprehensive knowledge of the clinical sciences in OMT
- 4 Critical use of comprehensive knowledge of the behavioural sciences in OMT
- 5 Critical use of a comprehensive knowledge base of OMT
- 6 Critical and advanced level of clinical reasoning skills enabling effective assessment and management of patients with NMS disorders
- 7 Advanced level of communication skills enabling effective assessment and management of patients with NMS disorders
- 8 Advanced level of practical skills with sensitivity and specificity of handling, enabling effective assessment and management of patients with NMS disorders
- 9 Critical understanding and application of the process of research
- 10 Clinical expertise and continued professional commitment to development of OMT



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Competencies

- Within each dimension
- Relate to
 - Knowledge
 - Skills
 - Attributes
- All need to be assessed

Clinical mentorship

- Integration of learning / development
- Clinical examination is a requirement
- Assesses many competencies



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International Monitoring 2004

- A process of three yearly international monitoring of Member Organisations
- Processes of quality assurance and control are evaluated by the Standards Committee
- Conducted as a collaborative and constructive process
- Standards Committee provide advice and assistance



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Quality Assurance

- Feed-forward mechanisms
- Developing quality of programme
- Includes
 - Systems e.g. planning

Quality Control

- Feedback mechanisms
- Checking outcomes after the educational processes have occurred
- Includes
 - Internal moderation
 - External assessment by Member Organisation and IFOMPT



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Examples of issues for Member Organisations to address

- Develop use of student feedback
- Develop processes of Member Organisation's review of educational programmes
- Develop resources for students e.g. programme handbook
- Develop marking criteria for assessments



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Challenges

- Many!
- Not least the documentation
- Language across 22 Member Organisations
- Educational processes and terminology





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Key challenges to explore today

- Meeting standards in clinical reasoning, evidence based practice, and a biopsychosocial approach has posed a significant challenge to countries less developed in OMT education
 - Particularly those with programmes outside of the university context
- Challenges from a Member Organisation's perspective



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