

An exploration of the professional identity embedded within UK cardiorespiratory physiotherapy curricula

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Abstract

Objectives To explore whether consensus exists about content and professional identity represented within pre-registration cardiorespiratory physiotherapy (CPT) curricula, and to establish whether the curricula feature contemporary themes evident in policy and professional guidance in order to test whether CPT education is demonstrating responsiveness and relevance to practice.

Design An exploratory qualitative case study design employing documentary analysis of curricula materials related to CPT.

Participants Fourteen UK higher education institutions offering undergraduate physiotherapy qualifying programmes agreed to participate.

Intervention Relevant curriculum documentation was requested, such as student module guides, programme handbooks and institutional module descriptors, encompassing information including indicative content, teaching and learning methods, and modes of assessment. Document analysis combined deduction (through content analysis) and induction (through thematic analysis).

Results Consensus was observed on core content, underpinning philosophy and professional identity across institutions. The projected identity appeared to be strongly biomedical in focus, and was less well influenced by some of the contemporary aspects promoted by the Chartered Society of Physiotherapy, such as promotion of a patient-centred model of practice and acknowledgement of the emotional challenges existing within this area of work.

Conclusion Continuing critical review of the content and approach promoted within curricula is needed to ensure that learning remains relevant and responsive to current agendas. This study supports the need for course teams to reconsider the emphasis within individual curricula to ensure that responsiveness and relevance to the practice setting are made explicit.

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Introduction

The UK Health Professions Council requires health professional qualifying education to be dynamic, demonstrating ongoing relevance to the practice setting [1]. Numerous influences on the curriculum may be considered relevant; for example, an emerging evidence base, government policy, regulatory body standards, and societal and demographic changes. Responsiveness to emerging agendas, however, may vary across providers. A workshop delivered at the World Congress of Physiotherapy conference in 2007 revealed variance in curricula approaches relating to cardiorespiratory physiotherapy (CPT) practice in the USA, Japan, South

America and the UK, seeing contrasting professional identities embedded within each educational approach [2]. This paper reports a qualitative exploration of the content and professional identity characterising UK CPT curricula, evaluating whether a consensus exists and the extent to which contemporary influences feature across curricula.

A growing evidence base is emerging, supporting the effectiveness of CPT interventions. For example, airway clearance techniques in cystic fibrosis [3], pulmonary rehabilitation in chronic obstructive pulmonary disease (COPD) [4], use of non-invasive positive pressure ventilation in acute respiratory failure in COPD [5], and the role of the physiotherapist in critical care [6]. This justifies the continued inclusion of CPT as a core specialist area in physiotherapy education, as indicated in the Chartered Society of Physiotherapy's (CSP) Curriculum Framework [7], and strongly influences the content of contemporary curricula. The Curriculum Framework,

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however, has been superseded recently by a CSP document outlining a broader approach to curriculum development entitled ‘Learning and Development Principles’ [8], focusing on supporting educators to develop responsive curricula that:

‘prepare learners for emerging physiotherapy roles that meet changing healthcare needs, and for practice within an evolving context’ [8].

The document outlines a number of topics that the CSP believe should assume greater prominence in qualifying programmes, including the role of physiotherapy in public health, self-management in long-term conditions, communication and teamworking, service improvement including service user involvement and tackling inequalities in health; all topics relevant to CPT. However, educators have expressed concern at the continued expansion of the curriculum, suggesting that the current trajectory is unsustainable [9], creating an imperative to critically review curriculum content and approach such that educational preparation is effective and evidence-based.

This change in approach to curriculum guidance is occurring alongside demographic and epidemiological data that reveal increasing service need for cardiorespiratory-related conditions [10,11]. COPD alone is projected to rank fifth globally in terms of the burden of disease [12], and greater awareness of the existence of comorbidities such as anxiety and depression in COPD support the need to broaden the curriculum to enhance psychosocial understanding of its impact.

Other influences emerge through policy-driven change to the context of care; for example, initiatives promoting a more patient-centred approach [13,14], supported by better teamworking [15,16] and an expanding community-based care sector [17,18]. These prompt educators to focus on aspects of role development so that new graduates are able to apply their skills flexibly to meet workplace demands. These agendas feature heavily within regulatory and professional body standards and guidance documents [19,20], and are expected to be reflected in regulated programmes of study [1]. They manifest as new models of care designed to empower patients through greater patient choice, use of self-management strategies including health promotion, and involvement of users/carers. Knowledge of these elements, and the psychosocial impact of cardiorespiratory conditions, enables physiotherapists to be more patient-centred in their approach [8].

Models of care are frequently reflected in the underlying philosophy of a module or programme, and are rarely overtly articulated [8]. They can be seen, however, in the professional identity projected by a group. Having a clear, consistent and contemporary professional identity is becoming increasingly important to inform effective commissioning of physiotherapy services.

A clinical specialist group’s professional identity also impacts on recruitment to an area of work. Evidence from the UK and New Zealand reported a lack of interest in CPT by students with little future intention to specialise

[21,22]. Students also perceived the specialty as less patient-centred, more emotionally challenging and stressful [23]. This raises questions about the professional identity being experienced by students, and questions whether the growing service demand in this specialty can be matched by the availability of a suitably trained and committed physiotherapy workforce should recruitment continue to be adversely affected.

Whilst change is a feature of physiotherapy practice and education, evidence informing the planning and development of curricula is limited [24]. Guidelines, standards and curriculum frameworks exist, but institutions have the scope to personalise curriculum content and delivery, based on local expertise, preference and resources [25]. Currently, only one other Australian study of CPT education is available, focusing on the extent to which curricula were evidence-based [25]. No broader studies of pre-qualifying CPT provision in the UK have been undertaken, justifying further study.

This study, therefore, was based on the assumption that exploration of CPT education needs to consider not just the content and structure of programmes, but also the philosophical framework embedded within the curriculum so that the professional identity projected through the teaching and learning experience may be made explicit.

The study’s research questions were:

- Is there consensus regarding content and professional identity represented within pre-registration CPT curricula?
- Do existing curricula reflect contemporary professional and policy agendas?

Methods

Design

A qualitative case study approach [26] was undertaken through documentary analysis of curricular materials related to the provision and delivery of CPT education. Each participating institution represented a case. This enabled examination of institutions’ intended curricula and an interpretation of the underlying values, assumptions and projected professional identity embedded within the curricula. Ethical approval was granted by the University of Birmingham, School of Health Sciences Ethics Committee.

Participants

All 29 UK higher education institutions offering undergraduate physiotherapy qualifying programmes at the time of the study were invited to participate, and 14 institutions took part. The voluntary sample reflected a range of institutions drawn from pre-1992 universities, post-1992 universities and newly founded provider institutions, representing wide geographical spread across England and Wales and therefore enabling a broad range of perspectives.

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