



# Identification of competencies for patient education in physiotherapy using a Delphi approach

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## Abstract

**Objectives** Patient education is a critical part of physiotherapy practice however an empirically derived set of competencies for its use does not exist. This study aimed to generate a set of competencies for patient education in physiotherapy using a consensus approach.

**Design and participants** A Delphi study with two rounds using a panel of expert physiotherapists within Australia was undertaken. In the first round, the panel of 12 specialist physiotherapists identified competencies required for patient education in the physiotherapy setting. Framework analysis was applied to develop a set of competencies that were assessed in the second round where  $\geq 80\%$  agreement of importance from the panel indicated consensus.

**Results** Response rates of specialist physiotherapists agreeing to participate were 67% for the first round and 100% for the second round. Analysis following the first round produced 25 competencies. The second round resulted in agreement on a final set of 22 competencies.

**Conclusions** This study developed a concise list of competencies for patient education with a high level of expert agreement. By identifying the key competencies in this area, there is potential to benchmark patient education training and assessment of physiotherapists for improved educational and professional outcomes.

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## Introduction

Patient education is defined as “a planned learning experience using a combination of methods such as teaching, counselling and behaviour modification techniques which influence patients’ knowledge and health behaviour” [1, p. 323]. With reference to physiotherapy, Jason emphasizes that effective treatment and prevention require that patients gain “understanding, skills and commitment” [2, p. 178].

Patient education provides a means for health professionals to communicate salient information [3], enhance patient self-efficacy and self-management skills [4,5]. It is widely accepted as an integral component of effective patient care [6] and an inherent part of practice [7] where specific approaches

have demonstrated positive outcomes in relation to pain, disability and function within physiotherapy [8,9].

Patient education has historically centered on a mechanistic model of communication with the premise of the patient as a passive receiver [10]. This out-dated perspective assumes clinician ownership of the educational process, leaving little room for the patient to contribute. Within the last two decades, healthcare literature has strongly supported a patient-centered approach to education [11], where the patient has a central role in knowledge sharing [2,12]. This has largely been driven by research that highlights the limited effects of traditional patient educational interventions, and thus advocate the provision of a patient-centered approach [12,13]. A patient-centered approach to education includes using focused teaching strategies to meet patients’ educational needs and preferences which have been shown to have

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positive effects on patient motivation, retention of information, health outcomes and treatment adherence [14].

There are concerns relating to how patient education is provided within physiotherapy settings. Early reports suggest that patient education is primarily therapist-centered in nature [15] and often not individualized to the patient [16]. Authors suggest that the potential for an absence of a patient-centered approach may result in a lack of attention to patient needs and contribute to the development of barriers that impact on patient education outcomes and care [17]. These issues are further highlighted in the reported practice of novice physiotherapists [18–20] who place less importance on patient education than other clinical skills [18] and often fail to engage in educational approaches that promote patient responsibility [20]. Similarly, compared to experienced physiotherapists, student therapists place less importance on the use of educational activities that are considered patient-centered and report less ability to adjust their educational skills to the needs of the individual [21]. The need to address these issues and prepare students as patient-centered providers is consistently highlighted within the literature [22,23].

Improving the education of physiotherapy students and focusing training toward the needs of the profession requires knowledge of specific professional competencies [24]. Competence is a generic term referring to a person's overall capacity, while competency refers to specific capabilities. Thus, one can refer to how competent an individual is overall or their level of competency in one specific area [25]. Competencies integrate multiple components such as knowledge, skills and attitudes with more context or profession specific attributes such as clinical reasoning, inter-professional communication, problem solving and evidence based practice [25]. Competencies have the potential to provide a framework and standard that can be applied to specific teaching approaches throughout training curriculum, professional practice and assessment [26]. They also provide credibility and accountability for a profession by providing professionals, students, educators, assessors and consumers with defined standards of practice [27] and underpin professional occupation descriptions, specific work tasks and performance criteria [27].

National accreditation requirements and graduate standards of entry level, doctoral, and advanced practice within the USA [28], United Kingdom [29], Australia and New Zealand [24] include patient education as a broad competency for preprofessional and professional programs and graduates. Despite the inclusion of patient education practice, specific empirically derived competencies required for professional practice is beyond the scope of such broad professional guidelines.

Previous research has contributed to understanding the educational content activities used by physiotherapists within clinical settings [30]. Such 'checklists' are over two decades old and have been formed through observations of activities that therapists use in specific settings rather than through

seeking consensus on competencies that physiotherapists should possess or acquire. The establishment of specific competencies in the area of patient education would serve several purposes: advancing physiotherapy professional preparation; providing standards for assessment; providing a foundation for curricula in the area of patient education skills training; and stimulating further research in this area. The development of a key set of competencies would align student and educator expectations for the performance, teaching and evaluation of this construct [26]. Given the wide use of patient education across primary healthcare settings, these competencies may also be adapted to other health professions.

We sought to develop a competency list for physiotherapists in the area of patient education using a Delphi consensus approach. The specific research question was: What do a panel of experts in physiotherapy clinical practice perceive as competencies required in the area of patient education?

## Methods

### *Research design*

Consensus methods, including Delphi, are useful in synthesizing information about a specific issue. The Delphi method uses sequential 'rounds', interspersed by controlled feedback that seeks to gain consensus of opinion of a group of identified experts [31]. It is an approach that is useful for situations where individual judgements need to be considered in order to address an incomplete state of knowledge [32]. The Delphi method is used widely and successfully to identify and clarify roles and practice competencies in both healthcare and education [32]. Within the Australian healthcare setting, physiotherapists are autonomous, first contact practitioners who operate within a vast spectrum of public and private health services and are dispersed over a wide geographic area [33]. This approach allows for participation from diverse groups while avoiding potentially destructive group dynamics [32].

### *Panel selection and composition*

For consensus studies of a clinical nature, Jones and Hunter advocate that it is appropriate to draw on specialists in the area [34]. We defined an 'expert' as a specialist physiotherapists conferred through the Australian Physiotherapy Association (APA). This specialization recognizes therapists with advanced and specialized knowledge and clinical skills in a sub-discipline of physiotherapy. The award is conferred to members who have undertaken a rigorous selection and clinical examination process, have contributed to the professional education of colleagues and are involved in research activities [35]. By the wider community, specialist physiotherapists would be deemed as a relatively homogeneous group and are also considered to be 'experts' in the area of physiotherapy. Following ethical approval, the APA

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