Educational needs of rural physiotherapists, the development of CPD, and the effect on perceived clinical skills

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What we have to learn to do, we learn by doing.

Aristotle (384-322 BC)
Principles of Adult Learning

- Perceived relevance
- Founded on and adds onto previous experience
- Active involvement and sharing
- Problem focused
- Fostering responsibility for self-learning
- Applicable to clinical practice
- Mixing activities and times for reflection or evaluation
- Demanding trust and respect

(Spencer and Jordan 1999).
Development of tailored CPD

a) Initial allied health survey

b) Four follow-up surveys for physiotherapists

1. Immediate physiotherapy needs
   - Suitable times of the day and week for CPD
   - Desired frequency of workshops & immediate topics - Findings in line with literature (O’Reilly 2002, SARRAH 2000)

2. Professional needs
   - Topics for workshops and courses
   - Mentoring and Research

3. CPD program
   - Attendance and how feedback was used
   - Perceived clinical applicability
   - Perceived effect on clinical skills

4. Acceptance videoconference technology
## Results of surveys 1-4

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return rates</td>
<td>44.3% - 46.7%</td>
</tr>
<tr>
<td>Full-time</td>
<td>58.1%</td>
</tr>
<tr>
<td>Public/Private</td>
<td>64.5% / 67.7% *</td>
</tr>
<tr>
<td>APA membership</td>
<td>90.3%</td>
</tr>
<tr>
<td>Topics of interest</td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td>Clinical training</td>
<td>29.0%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>19.4%</td>
</tr>
<tr>
<td>Masters degree</td>
<td>9.7%</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

* A proportion works in both. Proportions were different for survey 4
Attendance of monthly workshops

(1) 17.1% attended none,
(2) 14.3% attended one,
(3) 14.3% attended two,
(4) 0% attended three,
(5) 57.2% attended four or more.
### Mode and median scores of workshops and presentations

(measured by 7-point Likert scales – Minimum 1, Maximum 7) *

<table>
<thead>
<tr>
<th>Item</th>
<th>Mode</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suitability of the venue</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Presenter style</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Content</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Applicability to clinical practice</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Overall impression</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

* Percentage of participants that completed the evaluation form at the time of the workshop = 60.5% (n = 221).
Perceived effect on clinical skills

1. 11.4% reported no effect,
2. 68.6% some effect,
3. 11.4% a large effect.
Qualitative comments

- Courses and workshops have been excellent and speakers/presenters of highest caliber and are VERY much appreciated.
- Have attended every available workshop or presentation ....
- Participated via video conference.
- I would have loved to attend more Wednesday night lectures.
- I find the clinical workshops very useful.
- Very informative, I find them especially useful as a new-grad.
- Getting better results ... (and) see patients less (frequently).
- The evening workshops are very valuable. I think making 'some' difference is a fantastic outcome, I would expect new grads to say it makes a 'large' difference.
Acceptance of videoconference

- Most attended 4-5 CPD sessions (mean 4.7)
- Travel: 57% <10km, 29% 10-20km, 14% >20km
- Prepared to travel 20-100km to attend
- Hours of CPD undertaken in 2005/06: 15-200 hours
- # CPD available within reasonable distance: 0-30
- # of desired video sessions p/a: 57% 6 or more
- Video C access increases participation: 86% yes
- Satisfactory standard of CPD via VC: 100% yes
- Benefit of VC compared with face-to-face: acceptable (slightly better with speaker) to very good (no difference)
Acceptance continued ……

- Reported problems: overheads, sound, practice
- Concerns about increasing VC: 100% no concerns
- Remarks about increasing VC:
  - Face-to face should still be a viable option
  - Realisation of the need to economise (e.g., travel)
  - Need to use other networking opportunities
  - As long as it will not be later in the evening
- Maximum proportion of CPD via VC: 20-80%
- General comments:
  - It's been fantastic ……
  - Please don't stop!!

Findings are in line with a similar survey conducted among pharmacists (McNamara 2006)
Implications

- Adult learning and program ownership
- VC broadcast using at least 384 Hz
- Generalisability (i.e., CPD for other professions)
- Further studies are needed to establish the effect of CPD on clinical practice
  - According to Kirkpatrick 1994, this study provides: evidence of learning (level two) and potential implementation of learning (level three).
  - Level four evidence (direct evidence of improved clinical practice and patient outcomes) requires further investigation and is an area of increasing interest among educational researchers.
Challenges

- Developing ownership in CPD versus fulfilling mandatory PD requirements
- Utilising interactive CPD programs to facilitate re-entry in the physiotherapy workforce
- Developing interdisciplinary CPD, and professional and organisational change that fosters interdisciplinary practice, career paths and professional recognition
- Sustainable state-wide CPD that has multiple access routes (e.g., video or virtual conferencing, downloading, post workshop discussion groups) and that offers face-to-face contact on a rotational basis
