



# Educational needs of rural physiotherapists, the development of continuing professional development, and the effect on perceived clinical skills

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## Introduction

Mandatory registration and accreditation requirements developed by many of the allied health professions require their members to undertake appropriate continuing professional development (CPD). However, factors such as distance, professional isolation, lack of peer support, cost of attending, lack of locum support and relevance to rural clinical practice have led to limited CPD access for rural and remote professionals.

## Aims

The aims of this study were to examine utilisation of a CPD program for rural physiotherapists and the impact on perceived clinical skills when applicability to practice, access and educational format were optimised.

## Method

Three consecutive surveys were used to design and evaluate a tailored CPD program<sup>1</sup>. Respectively the surveys:

1. determined the most favoured time and frequency for attending CPD activities (survey 1);
2. identified specific CPD needs<sup>2</sup>, including courses (survey 2); and
3. explored attendance of the 2004/2005 CPD program and the impact it had on perceived clinical physiotherapy skills (survey 3).

The study received approval of the Flinders University Ethics committee. Data was analysed using Excel and SPSS statistics packages.

## Process and results

Pre and post program surveys were mailed out to 75 regional physiotherapists. Response rates were 44.3% (survey 2) to 46.7% (survey 3). The flow chart shows the main survey results and the CPD program structure.

## Discussion and conclusion

A formal planning process allowed the delivery of a tailored CPD structure that was valued by participants and matched their needs in terms of desired times, content and delivery. A deliberately interactive approach to teaching may have enhanced appreciation of the course content.

Attendance was high and sessions received positive ratings. Qualitative comments reinforced the notion that this style of interactive CPD was relevant to clinical practice in a rural setting. Feedback was used to further enhance the program, for example, access by video conferencing.

There was no evidence to suggest that a large attendance or access via video conference had a detrimental effect on the quality and the outcome of the interactive workshops, although this needs further investigation.

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<sup>1</sup> The CPD program is part of the allied health workforce development program of Greater Health funded by the Department of Human Services, Victoria.

<sup>2</sup> The second survey was adapted with permission from a web-based survey conducted by the Queensland branch of the Australian Physiotherapy Association.

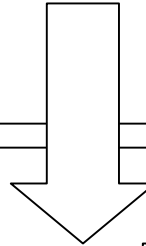




Although this paper contextualises the process of developing and evaluating a regional program based on clinical physiotherapist's needs, findings of this study may not be generalisable to other regions or other professions.

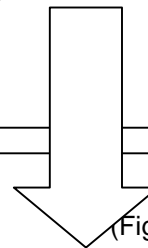
### **Survey 1 results: preferred time, format, and content**

- Early evenings, Wednesdays.
- Interactive format.
- Relevance to clinical practice.



### **Survey 2 results: perceived CPD needs**

- Most topics were in the musculoskeletal domain.
- Improved skills to search for best evidence.
- Need for training in the clinic.



### **2004/2005 Program structure and evaluation**

Principles: Adult learning, minimum of 25% practice.  
Time: Wednesday 6.30-9pm with a break and time for discussion.  
Frequency: Monthly as well as on demand.  
Location: Centrally conducted in the region each month as well as sessions in the clinic as requested  
Access: Face-to-face, videoconference network or videotape.  
Topics: Emphasis on musculoskeletal, although other key areas were addressed. Topics included myofascial fascial concepts, falls prevention, incontinence and exercise therapy, core stabilisation, Alexander, enhancing exercise adherence in clinical practice and use of clinical outcome measures. Other topics were assessment and treatment of lower back pain, soft tissue injuries, common foot conditions, benign paroxysmal positional vertigo, gait and running (neurological conditions), sacroiliac joint dysfunction.  
Evaluation: Each of the sessions was evaluated with regard to suitability of the venue, presenter style, content, applicability to clinical practice and overall impression by using 7-point Likert scales. Qualitative comments were invited.  
Results: Modes and medians were 7, with 7 being rated as highly successful.  
Feedback: Used for improving the program and flagging new topics.

(Figure 1)



### **Survey 3 results: attendance and effect on perceived clinical skills**

Attendance: Figure 2 shows attendance of the centrally conducted workshop series. In addition, 68.6% attended at least one of the workshops conducted in the clinic and 22.9% attended one of the two courses conducted during the 12-month period.  
Perceived Effect: Figure 3.  
Comments: Table 1.

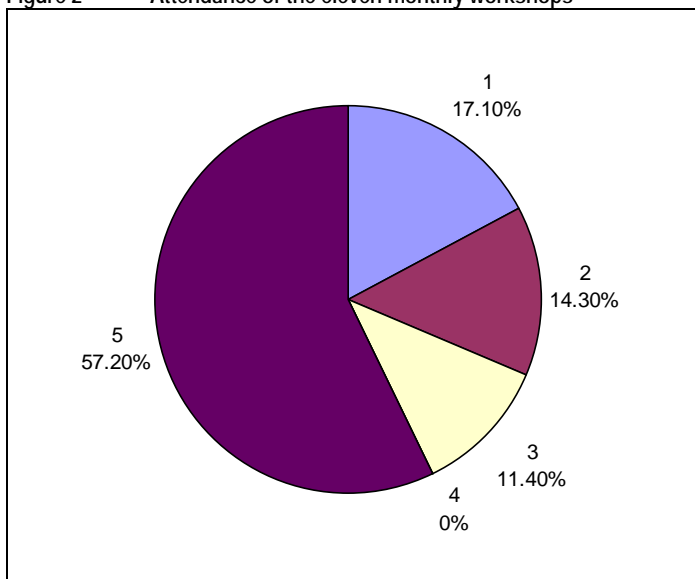




Figure 1 Dr Keith Hill instructs tai chi exercises as part of a falls prevention workshop



Figure 2 Attendance of the eleven monthly workshops

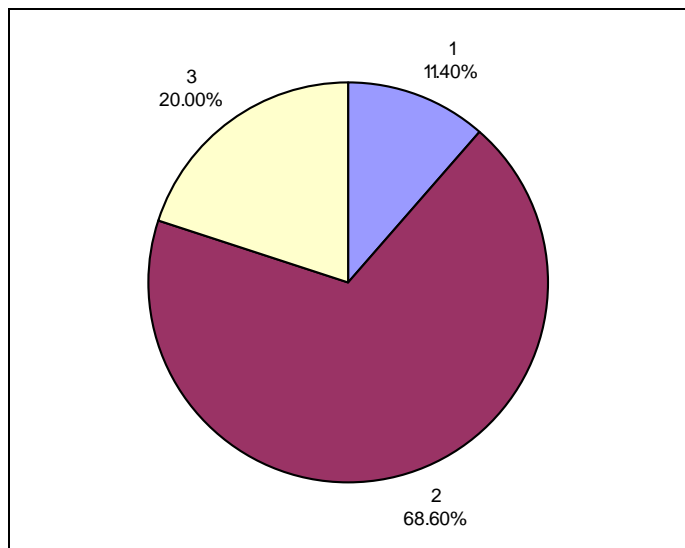


(1) 17.1 % attended none, (2) 14.3% attended one, (3) 14.3% attended two, (4) 0% attended three and (5) 57.2% attended four or more.





Figure 3 Perceived effect of CPD on clinical practice skills



(1) 11.4 % reported no effect, (2) 68.6% some effect and (3) 11.4% a large effect.

Table 1 Qualitative comments

- Have attended every available workshop or presentation ...
- Getting better results ..... (and) see patients less (frequently)
- Participated via video conference
- I would have loved to attend more Wednesday night lectures .....
- Very informative, I find them especially useful as a new-grad!
- Courses and workshops have been excellent and speakers/presenters of highest calibre and are VERY much appreciated
- I find the clinical workshops very useful
- 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

## References

- O'Reilly C (2002). Strengthening allied health in rural Victoria. A strategic program to enhance professional education and capacity building. Melbourne, Victorian Health Association & Allied Health Professions Alliance Victoria.
- Sheppard L and Mackintosh S (1998): Technology in education: What is appropriate for rural and remote health professionals. *Australian Journal of Rural Health* 6: 189-193.
- Spencer JA and Jordan RK (1999): Learner centred approaches in medical education. *British Medical Journal* 318: 1280-1283.
- Stagnitti K, Schoo A, Reid C and Dunbar J (2005): Access and attitude of rural allied health professionals to CPD and training. *International Journal of Therapy and Rehabilitation* 12: 355-361.
- Tassone MR and Heck CS (1997): Motivational orientation of allied health care professionals participating in continuing education. *Journal of Continuing Education in the Health Professions* 17: 97-105.
- Thomson O'Brien MA, Freemantle N, Oxman AD, Wolf F, Davis DA and Herrin J (2006): Continuing education meetings and workshops: Effects on professional practice and health outcomes. *The Cochrane Database of Systematic Reviews* 2006.

The DHS workload capacity report web link is:

[http://www.health.vic.gov.au/workforce/downloads/hca\\_workmeasures.pdf](http://www.health.vic.gov.au/workforce/downloads/hca_workmeasures.pdf)

