European Physiotherapy Benchmark Statement (EPBS)

Its use in designing a new program of study or modifying an existing program

FOR ADOPTION at the General Meeting 22-24 May 2008
Athens, Greece
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This presentation covers....

• The background to the EPBS & its development
• The purpose of the EPBS
• An introduction to how to use it

• It is important that in reading this presentation the reader makes use of the ER-WCPT Glossary of Terms
• The final slide includes contact details of the ER-WCPT Education Working Group. If you have points of clarification, or questions please feel free to contact them.
What is it?

• The EPBS describes the nature & standards of programs of study that lead to awards made by Higher Education Institutions (HEIs) in Europe & the European Union, in the subject of Physiotherapy.

• The EPBS describes profession specific statements for Physiotherapy education & practice – these could be used to check the content of a program against.

• The EPBS illustrates the shared context upon which the education & training of health care professionals (of which physiotherapy is one) rests, ie the links between HEI's and Practice in delivering the program.
• The EPBS is not a European or National curriculum for physiotherapy

• However it does seek to
  – encourage HEIs and service providers to work collaboratively in the design and delivery of the curricula
  – bring about some “standardisation” of the content and standards of a program of study
Development

• The EPBS was developed by the Education Working Group of ER-WCPT, using the Benchmark Statements for Physiotherapy developed by the Quality Assurance Agency (UK) as a basis.

• The EPBS were adopted by the Region in 2003.

• The EPBS are regularly reviewed to ensure they reflect changes to physiotherapy practice & education.
What is its purpose?

• The EPBS could be used to;
  – Help in designing new programs of study, and provide guidance on articulating learning outcomes
  – Provide a description of the nature & characteristics of a program of study
  – Guide on the general expectations about the standards for the award of qualification
  – Support the development of internal quality assurance for any program
Designing a New Program

• In designing a new program:
  – the curricula can be guided by the individual statements found within the EPBS, to ensure that it covers all relevant aspects which should be included.
  – the learning outcomes can be identified for the program as a whole (e.g., a BSc or MSc), but also discrete parts (modules).

• The EPBS can also guide the nature & content of the assessment program; to demonstrate that students are meeting the learning outcomes assessment tools can be put in place that will ensure a transparent mapping of their knowledge and skills gained throughout the program as a whole, or discrete parts (modules).
Content of Program

• The EPBS describes three main aspects that should be covered by the content of the program:

(1) How the physiotherapist might operate as a registered healthcare practitioner, and professional

(2) What might be included as Physiotherapy skills and their application to practice

(3) The specific subject knowledge & associated skills necessary to ensure that 1 & 2 above are delivered safely and effectively
• The program designer can use the individual statements to check that the curricula covers all of the necessary aspects.
• They can also ensure that knowledge and skills are integrated across modules.
• And that the knowledge is transferable between the HEI environment and the clinical settings.

• It may be that the local situation requires that
  – individual statements are covered in specific modules, or
  – that several statements could be integrated within a module, or
  – that the statement is covered in several modules.
(1) The physiotherapist as a registered healthcare practitioner

Within the EPBS this aspect covers the following essential attributes:

- Professional autonomy & accountability
- Professional relationships; with colleagues, other healthcare workers, patients and carers
- Personal & professional skills
- Profession & employer context
For example

- Benchmark A1 (page 12) states the award holder should be able to

  “Be committed to CPD in order to enhance competence to practice and maintain registered professional status”

- The program designer could construct a module to cover this benchmark on its own, or they could ensure that it is covered in a number of modules as a transferable skill. It may be that the skills are covered and tested in both academic and clinical settings.
(2) Physiotherapy skills and their application to practice

- Profession specific
  - Therapeutic exercise
  - Manual therapy
  - Electrotherapeutic modalities

- Generic & Enabling
  - Communication & information technology
  - Assessment of patients
  - Treatment planning
  - Evaluation & research
  - Personal & professional development
(2) What might be included as Physiotherapy skills and their application to practice

For example

• Benchmark B2 (page 15) states the award holder should be able to

  “Using clinical reasoning approaches in the selection, justification and review of appropriate treatments”

  – Those designing the program should take care that the content covers this aspect (2), and supports the student in developing both the knowledge and skills necessary. It may be that the skills are covered and tested in both academic and clinical settings
(3) Subject Knowledge & Associated Skills

- **Scientific Basis of Physiotherapy**
  - Biological sciences
  - Physical sciences
  - Behavioural sciences
  - Clinical sciences

- **Context of Service Delivery & Professional Practice**
  - Service issues
  - Social & political
  - Ethical & moral dimensions
(3) The specific subject knowledge & associated skills necessary to ensure that 1 & 2 above are delivered safely and effectively

For example

• Benchmark C1 (page 16) states the award holder should be able to demonstrate knowledge and understanding of “Specific principles and theories from physic, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy”

  – Those designing the program should take care that the content covers this aspect (3), and supports the student in developing both the knowledge and skills necessary. It may be that the skills are covered and tested in both academic and clinical settings
• Thus for each aspect the benchmark statement can be used as a “check list” to ensure nothing is omitted.
• It is not necessary however to create program content which relates specifically to each of the actual statements.
• For instance several statements could be covered by a module or element within the program. This is particularly true of clinical or practice based teaching where elements of theory, practice, professional behaviour and context of delivery may all overlap and be taught or assessed co-terminously.
Learning Outcomes

• Once the content of the program has been outlined each discrete part, or module should have assigned to it the specific learning outcomes to be achieved by the student. Here again the benchmark statement can be useful in defining the attributes the student should be able to display on completion of that module.

• Where ever possible the learning outcomes should include both theoretical aspects of understanding, relevant demonstration of skills, and application of the knowledge to the practice setting.
Teaching, Learning & Assessment

• The precise strategies for teaching, learning and assessment are for institutions to determine.
• However they articulate
  – a clear need for integration of theory & practice, and thus engagement of clinical colleagues in design and delivery
  – The promotion of evidence based practice
  – Development of learning opportunities which facilitate the development of professional attributes
  – Assessment processes which ensure appropriate reward for different levels of attainment
  – The need to develop autonomous life long learning skills
Threshold Level

• The EPBS also outlines the minimum standard which students should attain prior to completion of the course. This is essential to ensure the quality of the education and ability of those graduating to practice as safe autonomous practitioners.

• It is recognised however that the majority of students will exceed those minimum standards and there should be a mechanism to recognise and award higher levels of achievement. The precise “grading” system to allow this to occur should relate to both European and national awards system, and is not covered by the EPBS. [It is likely that universities will have a degree classification system that will meet this need.]
Assessment

• The purpose of the assessment program should be to aid the development of the individual and test the cognitive and practical skills of the individual.

• Where ever possible all of the learning outcomes for each module should be “tested” by the assessments in place. However it is possible that the content of each module may only be “sampled”, that is that not all elements are tested but that a sample of the included elements are.
Quality Assurance

• To allow ongoing monitoring of the quality of a program the EPBS could be used as a checklist against which the content of the program is mapped. This is particularly important where changes are made to an existing program, and the staff responsible for the program design want to ensure that the program continues to meet the full requirements.

• In such cases it may be helpful to identify where in the program of study (relevant modules) content is delivered which allows aspects of the EPBS to be met.

• It may also be useful to map the learning outcomes to the EPBS.

• Finally the assessment techniques used within the program could be mapped against the EPBS. This latter point is helpful in ensuring that the non-information based skills such as communication are assessed.
Links

- It is recommended that readers of this presentation also consider the following documents:
  - The European Physiotherapy Benchmark Statement (url link)
  - The WCPT Guidelines for Physical Therapist Professional Entry Level Education (url link)
Members of the ER-WCPT Education Working Group

- Antonio Lopes  
amfopess@essa.pt

- Charlotte Hager-Ross  
charlotte.hager-ross@physiother.umu.se

- Emil Igelsboeck  
Emil.Igelsboeck@Klinikum-wegr.at

- Nina Holten  
nina.holten@danske-fysioterapeuter.dk
  nh@fysio.dk

- Grahame Pope  
grahame.pope@nottingham.ac.uk

- Sonia Souto  
educacion@aefi.net