Interprofessional Education for Physical Therapists

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Abstract. This study was performed to determine the current situation and future prospects regarding the information, techniques, and educational methods of Interprofessional Education (IPE) that are needed throughout the world. The authors contacted a number of schools with physical therapy faculties that have introduced IPE into their curricula as well as credits designated by the Ministry of Education, Culture, Sports, Science, and Technology (MEXT). The IPE-related credits under the present curriculum were reviewed. In Japan, only 5 of 36 physical therapy faculties have adopted IPE into their curricula. In Japan, ninety-three credits are designated by MEXT in schools that train physical therapists. The Designated Regulation of Education of Japanese Physical Therapists was revised in 1989, and IPE-related clauses were added. This takes into account the social needs of physical therapists and recognizes the need for interprofessional knowledge. Furthermore, other clauses were added to train competent therapists: clauses regarding increased human understanding, sympathy for patients, understanding and cooperation in human relationships, understanding of patients' families, and understanding of support education methods. These are all part of the “joint education for training physical therapists,” which is a small part of the curriculum.

Key words: Interprofessional education, Interprofessional work, Physical therapists

INTRODUCTION

In the UK, Interprofessional Education (IPE) is practiced in both basic and continuing education, and solid progress has been made in IPE. In contrast, although IPE is provided in Japan, neither policies nor systems related to IPE have yet been introduced. Therefore, the present study was performed to determine the current situation and future prospects of IPE in Japan.

PURPOSE

According to the Japanese Physical Therapy Association (JPTA) Physiotherapy White Paper published in 2002, the main types of facility where physical therapists are employed are as follows: medical facilities, 80.2%; social welfare facilities, 12.5%; educational research facilities, 4.3%; facilities related to administration, 2.2%; and others (sports fitness and health fitness, etc.), 0.8%. Although the rate of employment of physical therapists in medical facilities has almost leveled off, those in other facilities have shown marked
increases. In facilities related to social welfare and administration, the number of physical therapists engaged in community health medical welfare for senior citizens has increased. Although physical therapy has been performed mainly in medical facilities, rehabilitation in the community has increased in the form of home-visit rehabilitation, ambulant rehabilitation, and day-care. Thus, it is necessary for physical therapists to ensure the provision of high-quality physiotherapy services in institutions involved in health and medical welfare, including medical facilities.

**Needs of interprofessional work (IPW) in medical facilities**

With advances in medical treatment, higher levels of both knowledge and technology are now required in medical services from the early stages of treatment. Moreover, in addition to shortening the period of hospitalization, the period of medical service provision has also been reduced and advanced medical services are now required within a short time frame. With regard to physiotherapy, it is important to offer efficient and short-term therapeutic exercise and guidance programs to allow patients to live both safely and comfortably.

Accurate information sharing and frequent discussions among medical staff, such as doctors, nurses, physical therapists, occupational therapists, social welfare counselors, radiographers, clinical technologists and pharmacists, is important for the development of integrated treatment policies based on interprofessional opinion exchange. Efficient medical services cannot be provided without the pursuit of specialized knowledge in each profession and some level of interprofessional understanding of the specialties of other medical staff. A firm grasp of these concepts among occupational categories would reduce the incidence of medical errors and facilitate responses even when accidents do occur. Accurate and prompt information exchange can be achieved by sharing electronic media between sections. Information regarding patients’ daily life activities is important in the field of physiotherapy, especially information regarding actions required in daily life such as rising, moving and walking, and information for accident prevention. It is necessary to evaluate information and exchange opinion among multiple occupational categories using common language and standards, and therefore interdisciplinary staff education across all fields is indispensable in a medical organization. Interprofessional communication is only possible under such conditions, and future clinical training curricula should include IPW.

**Needs of IPW in community medical care and welfare**

In the field of community medical care and welfare, doctors, nurses, physical therapists, occupational therapists, social welfare counselors, and care workers, etc., are often not available as members of the same organization. Although community activities within the same organization can be achieved by functional extension (system and staff education) in medical institutions, there may be inconsistencies at the interfaces between different organizations and a lack of service due to confusion and errors in information without sufficient cooperation among occupational categories.

In community medical care and welfare, personnel shortages in all occupational categories must be resolved to improve services. Although the number of physical therapists employed in this field is leveling off, the needs of society are growing. Physical therapy in the community is of great benefit for the prevention of accidents, e.g., falling in the home. Moreover, therapeutic exercise and training to improve physical strength are useful for the elderly, and such activities have a beneficial effect on the community by reducing medical costs due to improvements in the health of senior citizens. Thus, one strategy for the development of IPW is to improve the hiring conditions of interprofessional medical workers, including physical therapists, in community health and medical welfare organizations.

**CURRENT SITUATION**

**Contents of IPW in the designated regulation of education**

In Japan, ninety-three credits are designated in medical schools. In 1989, the Designated Regulation of Education of Japanese Physical Therapists was revised and IPE-related items were added taking account of the social needs of physical therapists and introducing interprofessional knowledge. Furthermore, other items were added to train competent therapists: items regarding increased human understanding; sympathy for patients; understanding and cooperation in human relationships; understanding of patients’ families;
and understanding of support education methods. These are all part of the joint education for training physical therapists, which is a small part of the curriculum.

Present state of IPE in the standard curriculum
In Japan, only five faculties of physical therapy have adopted IPE into their curricula. For example, human medical treatment theory, including the principles and practice of teamwork in the first grade, has been adopted at Gunma University.

A synthesis and application course open to students of all departments has been introduced at Ibaraki Prefectural University of Health Sciences, and now plays an important role in the curriculum. In this course, the students learn to appreciate both the difficulties in and the importance of cooperation between physical therapists and other medical professionals for patient care. Students develop the ability to apply and understand clinical experience, knowledge and technology, and learn about the management of rehabilitation care.

Hiroshima Prefectural College of Health Sciences has adopted team medical treatment theory and plans to use it as the basis of medical welfare treatment. All treatment regimens are approached from an interprofessional standpoint involving the exchange of opinions between specialists. The formation of a good medical team begins with the understanding of other specialties. Students learn about the study system, role, function, and authority, etc., of staff involved in various aspects of medical treatment to facilitate understanding across disciplines and to take the methodology and team-dynamics of cooperation into consideration. Along with these faculties, some other universities have adopted IPE and concentrate on providing a positive overall service. These universities will take the lead, and will facilitate the future development of IPE education in medical schools.

FUTURE PROSPECTS

Interprofessional work in systematization of physiotherapeutics
In today’s education environment, physiotherapeutics has been systematized as an independent field of study. The JPTA has introduced a new life-long study program designed for physical therapists with 3 years of experience to improve the quality of their work. In addition, for physical therapists with ten years or more of experience, a special society for seven fields of study (physiotherapy base research, nervous system, joints, life support, physical therapy, and educational management) has been set up to enhance their professional education. The knowledge and technology of physiotherapy in these specialized fields have advanced greatly, and already large numbers of specialist physical therapists are now in service. The physical therapist qualification was introduced in 1965, and the number of physical therapists in Japan had reached 34,028 as of August 2004. In Japan, there are more than 170 physiotherapy training schools and the number of physical therapists will exceed 50,000 over the next four years. Thus, it is necessary to provide a solid professional education and standardized service to promote the role of physical therapists in the community.

Professional education is expected to promote the development of specialists who can fulfill the various future needs of the community. Communication between one or two occupational categories is not sufficient to fulfill these needs, and it is necessary to develop solid IPE programs at not only the post-graduate level, but also in fundamental education in all medical schools. Moreover, it is important that all schools that train physical therapists recognize the importance of IPE.

Clarification of professional work in IPW
The most important points of IPE are as follows: information sharing and common language and basis of evaluation; frequent interprofessional discussions; interprofessional understanding; respect for other specialties; the establishment of each specialty; and the development of new methods of training and exercise. Moreover, it is essential to have knowledge, technology, and ethics in each profession. IPW will begin by clarifying the unique aspects of each profession. In this respect, it is necessary to understand the indicators of each profession. Society has very diverse needs, and the aspects requiring IPW have increased. Thus, it is clear that IPW will become increasingly important in the future, and a system to develop guidelines and to clarify the roles of each profession will be required to avoid repetition and to fill any gaps that exist. Every professional and educator should understand the importance of IPE in professional education based on appropriate indicators.
New practices and planning

In the past, clinical training involved simply instruction regarding appropriate professional knowledge and technology. Education based on basic knowledge becomes more important in specialist education. In future, it will be necessary to find new fields where interprofessional practice can be performed based on professional education. Interprofessional practice is possible not only in medical facilities and the community, but also in medical schools. For the smooth development of their various professional activities, it is important for physical therapists to encounter health care professionals from different fields outside their discipline. Working with students of other disciplines to present and discuss problems with patients is an effective means of self-development as a professional as well as developing interprofessional understanding. Each faculty and medical school should engage in such activities involving the exchange of information regarding interprofessional approaches to practical and planning.

CONCLUSIONS

The most important points of IPE are as follows: information sharing and common language and basis of evaluation; frequent interprofessional discussions; interprofessional understanding; respect for other specialties; the establishment of each specialty; and the development of new methods of training and practice. To provide better services to patients, these points and future prospects should be fully understood. Thus, not only post-graduate IPE but also the immediate realization of fundamental IPE should be integrated into the curricula of all schools throughout the world.

REFERENCES