



2nd Education Congress on Physiotherapy Education
25 – 26 September 2008, Stockholm, Sweden

Conclusions / Take-home message from the Congress

(Marie Donaghy, professor UK)

Collaboration! Collaboration! Collaboration!

1. **Work** At work based learning. Work collaborative with universities. Clinical sites to ensure learning is relevant. Quality assured credit awarded – challenge innovative assessment
2. Learners are different. Many examples of flexible learning. Text on line Blended – Collaborate for evaluation. What works best where and for whom?
3. Master vs Clinical. Prof. Doctorate is an EU FRAMEWORK for both desirable – Collaborate to find a way forward
4. Evidence Based Practice – We need to increase engagement and implementation. Physiotherapist managers need to collaborate with teams, individuals and collective responsibility. Audit

Education Matters WG to consider

1. Portfolio Assessment Consistency Relevance across EU
2. Explore for Masters – Added Value. Why you want it. Who will benefit

(Margot Skinner, member of the WCPT;s Executive Committee)

Leading thinkers in Education

Innovative approach to education

Facilitating students to learn as adults

E-education

Learning through community opportunities
Opportunities for collaborative learning
Novel approaches to learn
Great steps to increase base qualifications –

Linking theory to practice
Education with other health professionals
Autonomous practice
Reflective practice for clinicians
Non communicable diseases in curriculum
In service opportunities
Nations working together
Global opportunities through WCPT

(Roland Craps, Chairman of the EU WG)

- We will remember from Mark Cole that knowledge is everywhere, not only in university, but also in the profession.
- To learn, we must get people together.
- Does the Health System allow giving the necessary environment for LLL?
 - CPD = minimal 12 days a year! Do we get to this standard?
What about the economic barriers?

Reflection: there is a need for information from the professionals who directly undergo the influence of the healthcare change. Example: the effect the aging of the European population and the economic impact of the interventions.

Physiotherapy is influenced by CHANGE due to the extended scope, specialization, the diversity of the profession, etc.

What do I take with me, on a personal basis and as a professional?

- o LLL goes about getting people together and is about creativity and motivation
- o Questions that raise out of different presentations:
 - How to motivate the creativity, having fun doing it?
 - “What would you like to do better?”

- We must dare to innovate (from different speakers and presentations)
- Innovation comes from practice (Suzanne Testrup)
- Bridging the gap between professionals (professional associations) and education.
 - Elements for Professional Quality-improvement come forward, out of different discussions:
 - Quality Improvement in Physiotherapy – connecting/collaboration with the Professional Associations (KNGF - Philip Vander Wees)
 - Implementation of EBM Guidelines
 - Physiotherapist not as a coach for the patient, but to “learn” the patient (Marianne Kristensen). With a positive approach of the patient setting targets for the future.
 - New technologies: e-learning, distance learning
 - Quality-improvement for the patient raises also the self-esteem of the physiotherapist.
- Reflections about how to measure the effects of LLL and CPD.
 - How effective learning is.... (Nina Holten)
 - Stress the question if we *must* search how to measure this or how to learn the physiotherapist in a Long Life Perspective how to self-evaluate? Self-assessment?
- Emphasize the importance of the collaboration of Physiotherapy Associations with the education (Eilin Ekeland, Norway)
 - If organized: good, continue and improve.
 - If not or insufficient: please get together!!
- Emphasize the importance of the involvement of the European Region of WCPT in the issue of the initiative towards a European Masters Degree.

European Master

Opportunities

- Possibility for exchange
- Sharing technologies
- Internet learning – we have the technology
- Pool expert resources
- Make most specialist clinical experience
- Support from established MSc programmes
- Gain expertise from different cultural perspective
- Flexible framework of postgraduate education across Europe
- Start from grass routes
- International mobility and practice
- New European Master

Barriers / Issues

- Different previous learning experience
- Language
- Political barriers to programmes
- Different undergraduate content
- Finance – who could afford
- Different healthcare contexts
- Is it too late? – We already have our own MSc programmes
- What would a “Europe wide MSc” give us that we can not achieve now?
- Back to basics