

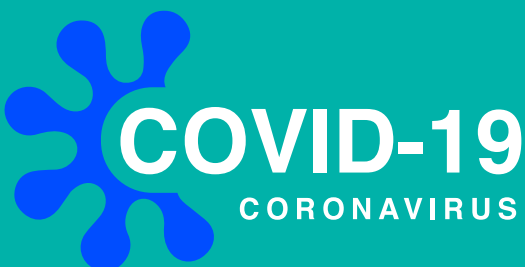


**World
Physiotherapy**

**World Physiotherapy
response to COVID-19**

Briefing paper 1

**IMMEDIATE IMPACT ON THE HIGHER EDUCATION
SECTOR AND RESPONSE TO DELIVERING
PHYSIOTHERAPIST ENTRY LEVEL EDUCATION**



May 2020

World Physiotherapy briefing papers

World Physiotherapy briefing papers inform our member organisations and other stakeholders about key issues that affect the physical therapy profession.

World Physiotherapy is producing a series of papers in response to COVID-19.

The first briefing paper presents the initial results of the survey of physiotherapist education programmes on the early experiences and consequences of COVID-19 on entry level physiotherapist education.

Acknowledgement

In April 2020, in response to the COVID-19 pandemic, World Physiotherapy launched a global task force on physiotherapist education. The purpose of the task force is to gather key stakeholders and actors in physiotherapy entry to practice education from the global community. It brings together individuals from across World Physiotherapy's regions, from education, regulation and accrediting organisations collaborating to:

- establish the impact and consequences of COVID-19 in the short term on physiotherapist entry to practice education
- map and share best educational practice and resources in responding to the current crisis
- consider collective responses to the consequences for physiotherapist entry-to-practice education in the short and medium term
- consider the longer term forecast horizon and issues that may need to be addressed
- consider questions and opportunities for collaborative scholarship and thought leadership

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Key Messages

Three hundred and three (n=303) physiotherapist education programmes from 58 countries participated in a survey on the early experiences and consequences of COVID-19 on entry level physiotherapist education. Their responses provided insights into how the programmes resolved the immediate challenges, how they addressed near-term issues and what, at this time, they anticipate as barriers to return to post-pandemic operations.



- Ninety-three percent (93%) of respondents reported that they expected challenges in entry level education and assessment due to the COVID-19 outbreak.
- Most of the respondents noted that clinical or practice education, as well as practical skills, and clinical practice performance assessment were major challenges.
- The majority of respondents reported that they moved online for theoretical classes, clinical reasoning and critical thinking development, and practical skills, as well as assessments, except for practical skills for which 50% of respondents postponed the assessment.
- For the practice education of students in non-graduating years
 - 40% of respondents had already offered to postpone it
 - 30% proposed to substitute it with tele-rehabilitation or telehealth
 - 36% considered non-clinical practice
 - 31% considered simulations
 - 26% reported reducing the needed number of hours
- The graduating year students experienced greater impact:
 - over one third of students face a delay in graduation
 - one third had another substitute learning experience introduced
 - one quarter had decreased the number of hours needed for practical education
- After the end of outbreak, respondents anticipated that the main challenges will be organisation of clinical practice and the need to adjust the curriculum for the next academic year.
- Major lessons learned are around the potential and limitations of online learning, communication and flexibility.

➤ Introduction

Because of the nature of the COVID-19 pandemic, epicentres have moved across the world and the impact has varied as a result of preparedness, resilience and timing, hence forecasting horizons are uncertain. An adapted version of a McKinsey and Company (2020)¹ model describing five stages of the global health crisis response framework was used in this paper to inform our timelines for the purposes of the work of the Education Task Force (Box 1). We substituted 'reshape' for 'reform' reflecting the opportunities as well as the challenges that will arise from this unprecedented crisis.

Box 1: Five horizons

Resolve	Resilience	Return	Reimaging	Reshape
How were the immediate challenges addressed?	How were the near-term challenges addressed? What are the best practices? How was resilience promoted?	What does return look like? What is the plan for return back to scale? What are the immediate knock-on effects and what comes later? What lessons have we learned?	What does the future entry level education look like? What changes are necessary to meet the needs of society? What are the implications for education?	What changes will occur, or be driven, in health, education and practice?

Purpose

The purpose of this paper is to highlight the immediate consequences of COVID-19 on physiotherapy entry level education programmes across the world, with a view to establishing an understanding of actions taken, and issues arising, that may require further consideration in terms of action and advocacy. In addition, it serves as a preliminary global benchmark for education programmes to reference in describing or justifying their actions. Moreover, for those who have yet to manage the issues or respond to the challenges, it may provide some examples of best practice at this time.

➤ Context

World Physiotherapy is made up of 121 member organisations from five regions and from low, middle, and high resource countries. Hence, there is great diversity in the education experiences in the countries/territories of its member organisations.

Globally there are a variety of contexts in which education takes place, as well as a diversity of health care delivery systems in which physiotherapy is practised. Moreover, the trajectory and impact over time of COVID-19 means that as the epicentre moves, societies and communities will be affected in different ways.

The following contexts may influence entry level education, either directly or indirectly in the resolve phase, as well as in later phases:

¹ McKinsey & Company (2020) COVID-19: Briefing materials. Global health and crisis response. Updated: March 25 2020.

<https://www.mckinsey.com/~media/mckinsey/business%20functions/risk/our%20insights/covid%2019%20implications%20for%20business/covid%2019%20march%2025/covid-19-facts-and-insights-march-25-v3.ashx>

Political: the nature of political systems – centralised or devolved decision-making systems, state or federal systems; the extent to which decisions are made by politicians or health experts and how public health restrictions are mandated and enacted all impact on higher education at this time.

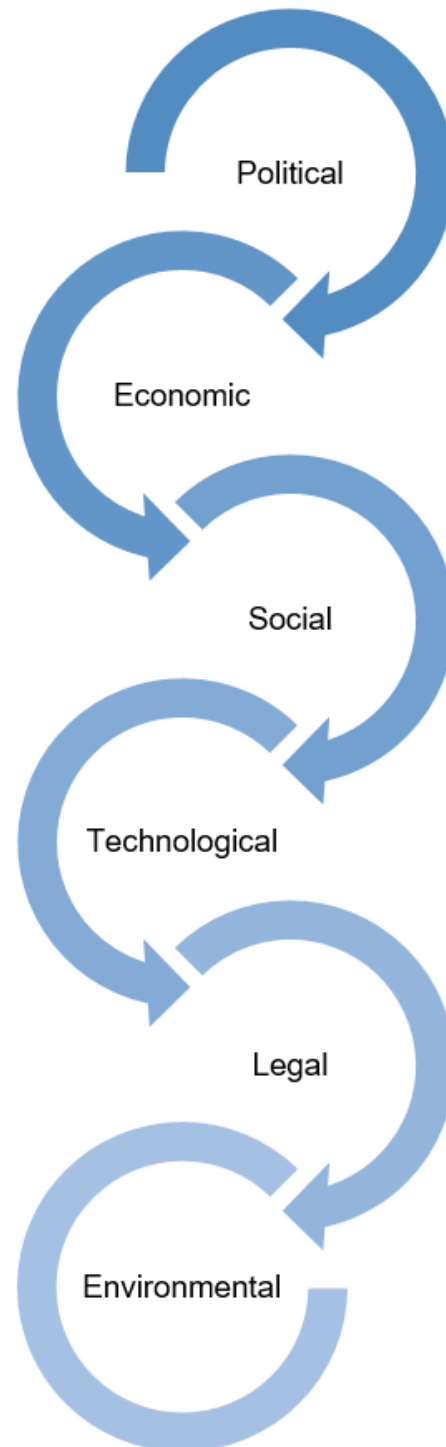
Economic: in addition to the wider global economic consequences of COVID-19, funding models of education programmes and higher education institutions will be tested. The impact of loss of physiotherapy practices, which are a source of clinical education as well as employment, faculty retention and recruitment, may all be impacted depending on the economic impact of COVID-19.

Social: the resilience of the social contract in communities and societies and the social impact of public health restrictions will all inform the consequences for education and practice.

Technological: teaching and learning platforms have been rapidly utilised as educational programmes transition online. Consideration must be given to the digital divide, as some have access to the latest technology and others do not. How technology can be optimised for education, practice and licensure depend on context.

Legal: various legal frameworks at national and/or provincial or state level, will inform regulatory agility, as well as practice, which in turn affects entry level education.

Environmental: a fundamental question is what return to education will look like in terms of public health restrictions. In addition, there are wider questions about transport, travel, social contact, practice education locations etc., all of which impact on the delivery of physiotherapist education.



Covid-19 has disrupted our approach to social interaction, the way to do business and the way we provide services the world over. In doing so, it has challenged us to re-think almost everything that we do and has provided a unique opportunity for the profession of physiotherapy to come together and work through challenges that we are all facing, regardless of country or home organisation.

➤ What did we know at the formation of the task force?

Anecdotally, we knew that entry level education programmes for physiotherapists had to transition online rapidly and with little or no preparation. The impact has been felt everywhere, but with significant variation. Transitions appear to have had most significant impact on students close to completion of their degree; some may have delays in graduation and others may be fast-tracked into the workforce, and the regulatory response has been varied.

With a view to ascertaining the initial response and the development of resilience in the global physiotherapist education community, a survey was developed collaboratively by the American Council of Academic Physical Therapy (ACAPT), Centro Latinoamericano para el Desarrollo de la Fisioterapia/Kinesiología (CLADEFK), European Network of Physiotherapy in Higher Education (ENPHE) and World Physiotherapy to gather information on the early experiences and consequences on of COVID-19 on entry level physiotherapist education.

➤ Global survey 1: Immediate challenges and responses

ENPHE and CLADEFK prepared a first version of the survey, which was then developed collaboratively with the inclusion of World Physiotherapy and ACAPT. The final version, in English and Spanish, was circulated through established formal and informal networks and remained open until 29 April 2020. French and Portuguese translations were also developed, and further responses will be added to the initial data review over time.

To date, 303 programmes from 58 countries have responded to the English and Spanish language versions of the survey, with 19% of respondents identifying as members of ENPHE, 21% from ACAPT and 9.5% as members of CLADEFK. The most common programme degree qualification is Bachelor's degree (76%), with Master's degree reported by 11.5% and Doctoral degree by 24%.

➤ Resolve: Challenges in the immediate phase of response to COVID-19

Ninety-three percent (93%) of respondents reported that they expected challenges in entry level education and assessment due to the COVID-19 outbreak.

Delivery of education

The top five challenges reported were:

- scheduling and/ or teaching practical classes (86%)
- managing/delivering clinical education/ practice education (74%)
- planning future clinical education/ practice education (66%)
- scheduling and/ or teaching community-based sessions which are part of programme courses (54%)
- students coping strategies with the situation (44%)

Most of the respondents noted that clinical or practice education was not possible and postponed. Issues related to safety, and the challenges and uncertainty of re-scheduling, were also reported, as well as meeting the requirements of accreditation bodies.

Over half of respondents (52%) reported that entry level degree graduation assignments (thesis, final projects, research project or others) were unable to commence, or students were unable to complete data gathering.

Assessment and evaluation

The top two challenges facing respondents were difficulty implementing practical skills assessment (80%) and clinical practice/practice education performance assessment (71%).

Further difficulties were reported regarding:

- assessing current competence level (51%)
- assessing competence development (46%)
- difficulty ensuring the integrity of the assessment process (47%)

Seventy-one percent of respondents reported that practice education assessments could not take place on clinical sites, with 72% noting that students had been unable to complete placements.

Of note is that:

- 21% of respondents noted no challenges in the assessment of graduation assignment for example thesis, final projects, research project or others
- 35% noted that students had been unable to complete the assignment
- 37% reported that student presentations and/or vivas could not take place due to public health restrictions

➤ Resilience

Delivery

Programmes have responded in various ways to managing delivery of education. Table 1 illustrates the most common alternatives offered for various teaching and learning experiences.

Table 1 Alternative teaching and learning experiences offered

	Theoretical classes	Developing clinical reasoning and critical thinking	Practical skills
Online sessions created by programme academic staff	88.7%	18%	53%
Online sessions using existing material available online	58.6%	53%	50%
Promoting self-study	31%	38.4%	25%
Offer an alternative learning experience	28%	30%	30%
Postponement	14%	18%	30%
Removal from cohort's study plan	2%	2.5%	2%

When asked about alternatives for clinical or practice education higher educational institutions (HEI) were offering to students in the non-graduating years, 40% of respondents reported that they considered, or already offered, to postpone practice education until the next academic term, semester or year. Thirty-three per cent (33%) proposed to substitute face to face practice experience with tele-rehabilitation or telehealth. Thirty-six percent (36%) reported that they considered another non-clinical practice learning experience that allows the student to achieve the learning outcomes. Replacing practice education with simulation contexts (31%) and decreasing the number of hours needed for practical education (26%) were other common responses reported.

For the graduating year's students, 36% face a delay in graduation to allow an internship after the crisis passes. Thirty-four percent (34%) have substituted another learning experience not in clinical practice to achieve the learning outcomes, with 24% decreasing the number of hours needed for practical education.

Other responses for the graduating class of 2020 were:

- substitute face to face practice experience with tele-rehabilitation or telehealth (24%)
- another alternative or learning experience (22%)
- use of simulation contexts (19%).

Only 9% will consider establishing a probation period.

Solutions to challenges faced with assignments, such as theses, research projects and dissertations for the graduating year are varied. Interestingly, 18% of respondents noted there was no need for an alternative, and 17% noted this question was not applicable to them. However, for those to whom this applied, 19% also noted that graduation would be delayed to allow for the completion of the assignment. The use of theoretical data or expected results (29%), or secondary data (25%), were common solutions with substitution with another alternative learning experience also being noted (18%).

Assessment

The alternatives that respondents were considering or already offering in managing the assessment and evaluation of various components of the degree are listed in Table 2.

Table 2 Alternative assessment and evaluation strategies

	Theoretical examinations	Assessing clinical reasoning and critical thinking	Community learning assessment*	Practical exams
Online theoretical assessment	64%	*	*	*
Online alternative assessment - individual assignment	42%	48%	28%	33%
Online alternative assessment - oral exam	31%	34%	16%	36%
Online alternative assessment - open book exam	26%	*	*	*
Online alternative assessment – group assignment	20%	25%	16%	12%
Postpone	18%	20%	34%	49%
Programmatic assessment – valuing development and formative feedback	22%	29%	21%	19%
Strategies focused in competences instead of course/discipline learning outcomes	16%	28%	18%	17%

*Not offered as answer

For clinical or practice education assessments, respondents were asked to provide information of arrangements for the graduating class as well as other years. Table 3 lists the responses.

Table 3 Alternative clinical education assessment approaches

	Graduating year	Other years
Not applicable	12%	8%
No need for alternatives	14%	5%
Graduation delay to allow for internship or postpone assessment (non-graduation class)	35%	46%
Programmatic assessment – valuing development and formative feedback	29%	21%
Strategies focused in competences instead of course/discipline learning outcomes	27%	23%
Online alternative assessment – individual assignment	*	25%
Online alternative assessment – oral examination	*	19%

*Not offered as answer

Student perspective

In parallel to the survey gathering experiences from HEIs there has been a survey to understand the situation from the perspective of students. This will be explored in a later paper. A preliminary analysis of the data from 1819 students from 39 countries shows that the challenges experienced by HEIs resonate with those of students.

Box 2: Student experiences

- clinical education postponed or cancelled with contingency plans unclear leading to worry and uncertainty
- some graduations postponed
- changes for final graduation projects have not been communicated yet
- online education is widely offered
- email combined with other online platforms are the preferred communication methods
- coping with uncertainty is a challenge in itself

➤ Return

Institutions were asked about the challenges they anticipated for entry level physiotherapy education after the outbreak period. Challenges reported are listed below in order of frequency reported:

- clinical practice restrictions (76%)
- need to adjust curriculum for next academic year (65%)

- admission issues (47%)
- student drop-outs due to financial issues (46%)
- educational staff overload (46%)
- need to adjust the academic calendar for the next academic year (45%)
- student drop-outs due to low academic success (22%)

➤ Reimagine and reshape

Although the primary intention of the survey was to illuminate the first three horizons of the crisis response, resolve, resilience and return, it has also captured lessons learned, benefits and innovative practices. These can be used to inform the next stages - reimagine and reshape.

The main learning outcomes are to be **flexible and creative** and to recognise **the importance of communication**:

- learning over teaching
- not everything can be converted online (issues with practical and clinical content)
- e-learning has been underestimated ⇒ education should resort more to it ⇒ digital education can also be used in the future
- assessment reformulation



Benefits and innovation

The main benefits for entry level physiotherapy education are the emergent digital transformation, where **online learning** (can be used as an alternative resource to the traditional classroom ⇒ more than expected) and students learn to be more **self-directed and autonomous in their learning**:

- opportunity for programmes to also develop and test online content for their programmes
- alternative strategies for learning, assessing and communicating
- telehealth opportunities
- become more efficient in teaching “what’s necessary” versus “what’s nice to know”
- administrative improvement (operations transferred to digital formats)

Support

Seventy percent (73%) state their institutions need support for:

- online assessment alternatives (73%)
- online education materials (60%)
- online forum sessions (27%)
- digital skills of faculty (13%)

- students' digital skills (18%)

In addition, 58% state they and their institutions would be available to support others. Most respondents reported that they would be able to share their experience on how they dealt with the situation, potentially assisting others, who are clearly in the same situation. For example:

- some could offer tips and alternative assessment methods
- provide basic support on technology and online learning platforms
- share online education materials
- consultation

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