In order to ensure that our students will be able to meet the challenge of the future, more thought must be given to curriculum design and planning.

At present one of the functions of the Professional Board and of the South African Society of Physiotherapy is to maintain standards of training in order to ensure that on graduation the physiotherapist is competent and capable of being "let loose on the public".

Who decides upon these standards? Minimum standards have been laid down regarding the number of hours of clinical training required before a student may graduate. Certain syllabuses have been accepted as meeting the requirements of training and are often based on those familiar to the student.

Do any of these standards ensure that we are really training physiotherapists who will be equipped to practice in our country with its different problems and needs? Have these standards ever been put to the test to ensure that they are what the profession requires from its members?

The necessity for objectives in Medical Education is not a new concept and a wealth of literature is available from America and Great Britain especially. This obviously also applies to physiotherapy and if we are to keep up with advances in Medical Education we must review our training in earnest.

This has not escaped the Lecturers' Group of the South African Society of Physiotherapy and members of the Boards of the Universities. The method of evaluating physiotherapy education by defining its objectives and investigating means of achieving these objectives.

There is a danger that, in maintaining the high standards which have been arrived at arbitrarily, a certain rigidity will develop which will be an obstacle to change. Many of these standards are also artificially high and do not bear much relationship to the social needs of the community in which our physiotherapists will serve.

Can we be certain that our examination system is ensuring that students have assimilated sufficient knowledge to cope with the problems that they will encounter during their careers? There is a need to be able to modify and adapt after graduation. None of us can boast of proficiency in all the various techniques, so how can we expect our students to acquire these skills in the few years of study? Many techniques expected of the graduate can do an in-depth study at a later stage.

The physiotherapist of the future will have to have a greater vocation for service to her country rather than for the treatment of the individual. There will have to be a move away from a totally hospital-oriented training to one of community health in a multi-disciplinary team. The physiotherapist will therefore have to be able to work independently in the community and to work in a peer relationship with other professional people.

Other members of the health team are not informed of what role physiotherapy can play and, in a survey done by R. Fehler as an undergraduate in 1975, it was obvious that the knowledge of the medical
profession regarding our profession is very inadequate. It is the responsibility of every physiotherapist to improve this situation.

In order to give our students an opportunity of doing research and of working with medical students, our third year students joined the medical students in Physiology II this year. It is hoped that they will gain insight into research which will stand them in good stead for their fourth year projects and, hopefully, in working for higher degrees. But, more important, they will have learned to work with others in obtaining information and in solving problems.

Methods of evaluating what has been learned are essential and the methods of examining a student will have to be modified. How can we ensure the maintenance of high standards, which are obviously assessed in the examination room where the student is under stress and is not functioning in her normal capacity? Continuing assessment would eliminate part of this problem, providing that we really know what we are assessing.

We have not proved that what we are measuring is that which we hope the student has learned. Rather, we have demonstrated that some students have better recall than others. Most students eventually learn one thing, and that is to pass examinations. When students do fail, or barely pass, observers are satisfied that the standards were high.

Are we then really ensuring that these young people are adequately equipped to meet the challenge of the times? Will they be able to take their place in society as truly professional people? Do our training centres and our professional bodies know what these challenges are and are physiotherapists doing anything about finding the answer?

Research is at present under way at the University of the Witwatersrand to assess what modalities are commonly used by the practising physiotherapist of today and what skills should be acquired by the future physiotherapist. We intend to do in-depth research into some of these modalities and by analysing our techniques in this manner we will be able to accept or reject these in the light of evidence.

There is much that still needs to be done and our professional Society should be encouraging research into topics that have true meaning for the profession. Many of the subjects chosen for a higher degree are on obscure or barely-related topics, which do not fulfil the needs of our profession.

We hope we need are workshops and brainstorming sessions to work out what is required to provide adequate and reliable physiotherapy services. From these we can work out our objectives of training and of continuing education.

References

PSYCHOSOCIAL RELATIONSHIPS, TRAINING AND ATTITUDES WITH REFERENCE TO PHYSIOTHERAPISTS*

LAURA WEINBERG, B.Sc. (Physio) (Rand)

"The first objective of the physical therapist is to help the patients to help themselves."*

The psychological power inherent in the role of the physiotherapist can be understood when we consider that disability represents an attack upon the body, personality and external world of the patient. Rush pointed out that "in 50% of adults with a physical disability, emotional factors determined the success of rehabilitation: in children, the figure runs as high as 75%."*  

In this study, the author isolated the helper — the therapist as the key variable for survey. In the helping relationship, the helper (who is functioning at high levels of interpersonal dimensions) can offer a helper (who is functioning at low levels) the experience of being understood sensitively and deeply. The ability of the therapist to have insight, self-awareness and self-understanding will enable her to develop genuine and congruent physiotherapist-patient relationships, and ultimately both the patient and the therapist will benefit.

It was hypothesised that, after training in dynamic psychology, perception of self would change in the direction of being more comfortable, confident, less anxious and with value goals more readily achievable.

* A summarised report on a survey presented to the Department of Physiotherapy, University of the Witwatersrand during undergraduate training.