PHYSIOTHERAPY EDUCATION IN AFRICA

THE EXPERIENCE IN NIGERIA

Seyi L Amosun, BSc Physiotherapy; PhD Physiology
Department of Physiotherapy,
College of Medicine, University of Ibadan, Nigeria
Member of the Governing Council (1989-1993)
Nigeria Society of Physiotherapy

INTRODUCTION

The curricula of physiotherapy education programmes vary from one country to another. The contents of the curricula are also influenced by the socio-cultural tenets of each society. In addition, because of the continuous developments in the area of health care, there is a constant evaluation of the curricula to reflect the many changes occurring in the philosophy, knowledge and practice of physiotherapy. However, a recent development affecting the physiotherapy profession was the directive of the African Economic Community Council of Ministers, a geopolitical group. The directive was designed to make it easier for professionals, including physiotherapists, to practise in member states other than their own "home" state by 1992. It therefore became necessary that the education and training of physiotherapists in one state be equivalent to that required for membership of related professional bodies in other states. An education subcommittee of the Standing Liaison Committee of Physiotherapists (SLCP) in the European Economic Community (EEC) was established in 1989 to draw up a report on physiotherapy education within the European Community. All member states were represented on the subcommittee, and the recommendations are expected to be implemented by the nations in the EEC.

Due to the downward socio-economic trends in Africa and the high cost of medical care, Brew-Graves had recommended that members of the Organisation of African Unity (OAU) should pool their scarce resources to provide basic medical education relevant to the needs of the continent. The African Rehabilitation Institute (ARI), an arm of the Organisation of African Unity, recently designed a physiotherapy education programme for implementation in African countries. The West African sub-region, having one of the oldest physiotherapy education programmes in the continent, was not directly involved in the formulation of the programme. A review of physiotherapy education in Nigeria, the first African nation after South Africa to be admitted into the membership of the World Confederation for Physical Therapy, shows that the programme recommended by the African Rehabilitation Institute is highly commendable.

ABSTRACT

The African Rehabilitation Institute, an arm of the Organisation of African Unity, recently designed a physiotherapy education programme for implementation in African countries. The West African sub-region, having one of the oldest physiotherapy education programmes in the continent, was not directly involved in the formulation of the programme. A review of physiotherapy education in Nigeria, the first African nation after South Africa to be admitted into the membership of the World Confederation for Physical Therapy, shows that the programme recommended by the African Rehabilitation Institute is highly commendable.
and statistics have been included.

Phase 3: The third and fourth years are the clinical years in which students receive instruction in all facets of physiotherapy. The fourth year focused on the principles of physiotherapy in various medical and surgical conditions. In addition, there were speciality lectures in anaesthesia, psychiatry, pathology, radiology, occupational therapy and medical social work. The student was required to carry out a research project under staff supervision. Lastly, the curriculum allotted much time for clinical practice. Experience in general nursing was a prerequisite before the students commenced with clinical practice. The major objective for the nursing experience was that the student would be able to perform simple nursing tasks in the general care of the patient.

The curriculum was later modified to include statistics and research methodology because it was believed that research training is invaluable for our students and for the physiotherapy profession.

The resolution by the World Health Organisation (WHO) that by the year 2000, all peoples of all countries should attain a level of health that will permit them to lead socially and economically productive lives, led to the establishment of the primary health care programme. This resulted in the modification of the physiotherapy education curriculum, with greater focus on community-based physiotherapy. Courses in humanities were included in the curriculum for the preliminary and preclinical years. Also, courses in physiotherapy administration and management were included in the clinical years.

Deficiencies

While pressure is put on different physiotherapy education programmes to transform their curricula to focus on the needs of the majority of the people in their countries, much of our training has been hospital-based and clinically oriented, with little emphasis on the culture and socioeconomic background of the society. Our students are most competent and able to work in well-equipped hospitals, which give them a licence to practice outside the country. It is necessary to modify the clinical training further to orientate the students to the health needs and problems in the community, as well as provide the skills attained to management within the limited available resources. There is the need to allocate more time for community-based physiotherapy, as was recommended by Amosun, and it should include a period for rural attachment. Introduction of clinical elective posting into the curriculum could be also helpful too.

Nevertheless, the physiotherapy education programme at the University of Ibadan, is the lack of adequate funding for development. Any increase in the intake of students, from the present estimated average of 20 students per academic year, is limited by the need for support personnel. Funds are regularly sought from the staff and also from the library with current reading materials, and to equip the research laboratory. Computers with appropriate software, equipment and other teaching aids are needed for teaching, research and secretarial uses. Space is also a critical factor as the present physical layout may not be able to accommodate the needed development.

The main objectives of the recommended programme by ARI are to produce physiotherapists who:

- are capable of performing therapeutic skills in varying capacities in solving health problems of individuals and groups.
- are capable of relevant scientific research, administration and participation in continuing education to improve performance.
- have a wider concept of rehabilitation in Africa.

Similarities are observed, when comparing the ARI programme with that of the University in the committing programme objectives, pre-entry requirements, length of course, subjects essential for theoretical and clinical education, and clinical practice. One major difference is the fact that ARI has prepared different and distinct programmes for physiotherapy and occupational therapy education. However, Nigeria has no occupational therapy education programme, and the physiotherapy students are trained to assume some of the responsibilities of the occupational therapist.

Another difference is that the University of Ibadan programme has focused on gerontology, which is in line with the recommendation of the WCPT that gerontology be stressed throughout the training. The ARI curriculum has focused only on diseases of old age in the psychiatry course. The care of the elderly is of particular importance in African culture. The elderly person is not institutionalised but rather occupies a respected position in the community. It is also important that the ARI should be emphatic on whether the physiotherapy educational programme should be an integral part of the Faculty of Medicine of the university or be run by schools of physiotherapy outside the Faculty of Medicine, as in some schools in Brazil.

Two of the conclusions from the SLCP report are that:

1. The SLCP supports four year educational programmes for the profession of physiotherapy in order to meet the developments of the society.
2. The professional education should include elements of self and corporate analysis for the objective assessment of effectiveness of the individual and the efficiency of physiotherapy services.

On comparison, it would seem that the physiotherapy education programme of the University of Ibadan bears many similarities with the programmes offered in most countries of the European Community, especially in the subjects included in their curricula.

CONCLUSIONS

Physiotherapy has evolved over the years from the initial role of providing technical care, to providing primary care. Thus the curriculum has moved from focusing solely on technical skills to incorporating elements of thought and rationalisation for actions taken. The trend today is to supplement the curative approach with that of prevention.

While physiotherapy education in Africa may not be as developed as in some countries like Canada and the United States of America, there is a genuine need to transform the undergraduate degree in physiotherapy education had been started in Africa many decades ago. The first BSc Physiotherapy degrees in South Africa were awarded in the late nineteen-fifties, while the BSc Physiotherapy degree programme was started in Nigeria in 1966. However, global, socioeconomic changes have made it necessary for some geo-political blocks to pool resources in the training of physiotherapists. With similar aims in mind, the physiotherapy education programme recommended by ARI for African countries, compares favourably with that of the University of Ibadan, although Nigeria was not represented at the planning workshops. The aims of ARI are highly commendable, and the benefits in the physiotherapy education programme designed for Africa, if given the necessary support, will soon be manifested.

REFERENCES