



The development of entrustable professional activities for the Kinesiology and Physiotherapy program at the National University of Hurlingham

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Abstract

This study aims to define the “Entrustable Professional Activities” (EPAs) for Kinesiology and Physiatry graduates at the National University of Hurlingham, Argentina. It also establishes competency development areas relevant to this context. The qualitative research involved documentary analysis and surveys of kinesiologists serving as clinical practice teachers. The results identified 6 competency areas and 5 EPAs for new graduates. These findings benefit students, teachers, the institution, and service recipients, and can guide similar institutions. The limitations include context-specific transferability and the lack of implementation and calibration, as this is the first stage. Future stages involve further development, analysis, and consensus on EPAs followed by implementation and evaluation.

KEYWORDS: PHYSICAL THERAPY EDUCATION, COMPETENCY BASED EDUCATION, EDUCATIONAL PLANNING.

Introduction

The work, in its first stage, seeks to establish the professional activities to be entrusted to students upon graduation from the Bachelor's Degree in Kinesiology and Physiatry at UNAHUR. As a previous step, it was necessary to define the areas of development of professional competencies. Having a framework of competencies and EPAs that responds to the formative needs in the context of UNAHUR will allow guiding the teaching-learning process and a better defined evaluation of achievements. These are the reasons that justify this work.

Literature Review and Theoretical Framework

In the review we did not find in Argentina frameworks of competencies and EPAs that serve as a reference, thus constituting a gap to be filled. When exploring the international literature, we found several competency frameworks and two articles on EPA in kinesiology, which have served as orientation for the work.

The documentary analysis focused on the following competency frameworks: National Physiotherapy Advisory Group of Canada, World Physiotherapy, Report of the Evaluation Commission of the design of the Degree of Physiotherapy in Spain, New Zealand, Hong Kong, France, Colombia.

In Latin America (Durante et al., 2023), presents a guide for the development of EPAs in Spanish, which was taken into account for the development of the present work. On the other hand, and in relation to EPAs linked to the training of physical therapists, the work of Zainuldin (2021) refers to different types of EPAs: 1- conditionbased (Management of a patient with airway dysfunction due to stroke), 2- specialtybased (pediatric physical therapy, or sports rehabilitation), 3- activity-based (performing case management in the community, or group exercises), 4- setting-based (management of patients by musculoskeletal system consultation in primary care, rehabilitation to a day center patient), 5- procedure-based (teaching gait training with assistance).

Method

The design responds to a developmental, qualitative study, considering that the object of study is a re-interpreted and contextualized reality; the researchers are part of this interpretation. We used content analysis and consultations with professionals through surveys, to then produce our own contextualized frameworks. The sample of reference frameworks was incidental, those that were available in search engines and Internet sites and complied with the condition of being an official framework approved by some recognized organization (Institution, Association, etc.) The consultation to professionals involved teachers of clinical practices at the National University of Hurlingham.

In the content analysis, recurrences, similarities and perspectives on professional competencies and activities are considered. In the case of the consultations to teachers, the professional activities and reasons for consultation with greater presence, the teaching-learning and evaluation activities that they put into practice were considered.

Results

Through the analysis of the data, 6 areas for the development of competencies were defined (Table 1). And from areas A, B and F, directly related to work in the clinical context, 5 professional activities were established that graduates of the course should be able to perform with partial autonomy under the supervision of teachers at the time of graduation (Table 2).

Table 1: Areas for the development of competences	
A. Care of individuals and communities.	
B. Collaboration with the community, patients and members of the health team.	
C. Continuous learning, self-learning and decision making	
D. Leadership in and management of professional practice.	
E. Generation, transfer and communication of knowledge.	
F. Health promoter	
Table 2: Professional activities	
1. Intervenes in a community to attend factors that individually or collectively affect body movement.	
2. Attends to a patient with body movement deficits due to low complexity locomotor system dysfunctions	
3. Attends to a patient with body movement deficits due to low complexity cardiorespiratory system dysfunctions.	
4. Attends to a patient with body movement deficits due to low complexity neurological system dysfunctions.	
5. Advises on ways to maintain or improve the functions of the locomotor, cardiorespiratory and neurological systems.	

Discussion

Although we have found diversity in the competency frameworks, our analysis allowed us to take as a reference those on which there was greater agreement; clinical expert, communication, collaboration, management, leadership, academic knowledge, professionalism, ethics, research and teaching. With this we were able to define those that we think are more in line with the UNAHUR context. Regarding EPAs, we believe that these favor clinical teaching planning and we agree with Chesbro et al. that; "The development of EPAs is one way in which the physical therapy profession could create competency-based performance outcomes" (Chesbro et al., 2018, p. 3).

Finally, having a set of EPAs that respond to the specific needs where the profession is developed entails the challenge of building them. The work of Zainuldin et al. (2021), being the only one referring to kinesiology, has been orienting and the contribution of kinesiologists working in the context of the National University of Hurlingham in clinical teaching has provided contextualized data to achieve our objective.

Conclusions

Through this work we were able to define 6 areas for the development of professional competences in kinesiology and 5 EPAs taking into account the professional profile and the needs of the environment in which the National University of Hurlingham is located. We found positive implications for the future for students, teachers, the institution and the recipients of the services provided by the profession. At the same time, it may serve as a reference for other institutions that are on similar paths.

We thank the Clinical Practice teachers of UNAHUR for their contributions to this work.

Limitations and future research

The EPAs list is context-specific and therefore not always transferable to other contexts. On the other hand, it is necessary to advance in the detailed description for its subsequent implementation and evaluation of its operation; future work will aim to resolve this limitation.

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