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CONTINUING EDUCATION FOR PHYSICAL THERAPISTS IN
NEBRASKA; A SURVEY OF CURRENT PRACTICES AND SELF-
EXPRESSED NEEDS WITH RECOMMENDATIONS FOR PROGRAM
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CONTINUING EDUCATION FOR PHYSICAL THERAPISTS IN NEBRASKA;
A SURVEY OF CURRENT PRACTICES AND SELF-EXPRESSED NEEDS
WITH RECOMMENDATIONS FOR PROGRAM DEVELOPMENT

by

Roger W. Long

A DISSERTATION

Presented to the Faculty of
The Graduate College in the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy
Adult Education Area

Under the Supervision of Roger P. Hiemstra

Lincoln, Nebraska

December, 1972

TITLE

CONTINUING EDUCATION FOR PHYSICAL THERAPISTS IN NEBRASKA: A SURVEY OF
CURRENT PRACTICES AND SELF-EXPRESSED NEEDS WITH
RECOMMENDATIONS FOR PROGRAM DEVELOPMENT

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ACKNOWLEDGEMENTS

Success in almost any undertaking depends upon the assistance and cooperation from many individuals. Completion of this study was no exception. I would therefore like to thank all the Nebraska physical therapists who willingly and competently responded with the necessary information.

I would also like to thank my doctoral committee who gave up time, from already overloaded schedules, to see me through this endeavor. I would especially like to thank Roger P. Hiemstra, the Chairman of my doctoral committee, for his encouragement as well as the many helpful suggestions he provided during the critical periods.

A special thanks must be said to Jackie Wilken for her assistance in so many ways that space will not allow their enumeration. I would also like to thank my typist, Cheryl Marr; my editor Marilyn Heidtbrink; and my research assistant, Jeannie Kiser. Their help was invaluable.

Last, but not least, I would like to thank and maybe offer my apology to my wife, Sondra, for the many hours of negligence she was forced to endure during the completion of this study.

TABLE OF CONTENTS

CHAPTER I.	INTRODUCTION	1
	General Statement	
	Problem Setting	
	Purpose of the Study	
	Significance of the Study	
	Questions to be Answered	
	Limitations of the Study	
	Definition of Terms	
	Outline of the Study	
CHAPTER II.	SURVEY OF SELECTED LITERATURE	26
	Introduction	
	What Has Been Done in Continuing Education?	
	Summary of Survey to Institute Participants	
	Summary of Survey to Components on Continuing Education Programs	
	What is Being Proposed in Continuing Education?	
	Need Assessment in Physical Therapy	
	The Andragogical Model Versus the Traditional Model of Program	
	Design	
	Summary	
CHAPTER III.	DESIGN OF THE STUDY	57
	Introduction	
	Type of Study	
	Selection of Subjects	
	Selection of the Jury	
	Data Collection	
	The Pilot Test	
	Summary	
CHAPTER IV.	A PROFILE OF THE NEBRASKA THERAPIST	73
	Profile of Nebraska Physical Therapists	
	Summary	
CHAPTER V.	FINDINGS OF THE STUDY	102
	Introduction	
	Preferred Methods of Continuing Education of Nebraska Therapists	
	Professional Needs of Nebraska Therapists	
	Demonstrated Needs of Nebraska Therapists	
	Programs and Methods of Preference	

Comparison of Needs Listed by Experts and Nebraska Therapists
Clustering of Needs of Nebraska Therapists
Controversial Issues Facing Nebraska Therapists

CHAPTER VI. CONCLUSIONS AND RECOMMENDATIONS 193

Introduction
The Nebraska Physical Therapist
The Current State of Continuing Education of Physical Therapists
in Nebraska
Needs of Nebraska Physical Therapists
Mechanics of Program Development
Selecting a Model of Program Planning
Clustering in Nebraska
Controversial Issues in Nebraska
General Summary

BIBLIOGRAPHY 230

APPENDIX 234

PREVIEW

LIST OF TABLES

	Page
Table 1 Age, Location, and Sex of the Nebraska Physical Therapist	81
Table 2 Work Facilities of Nebraska Physical Therapists . . .	82
Table 3 Positions Held by Nebraska Physical Therapists . . .	83
Table 4 Graduation Dates and Number of Years in Physical Therapy Practice of Nebraska Physical Therapists	85
Table 5 Work Information of Nebraska Physical Therapists . .	87
Table 6 Work Experience of Nebraska Physical Therapists . . .	89
Table 7 Educational Background of Nebraska Physical Therapists	90
Table 8 Licensure of the Nebraska Physical Therapist	92
Table 9 Professional Involvement of Nebraska Physical Therapists	94
Table 10 Vacation Schedules of Nebraska Physical Therapists	96
Table 11 Distances Involving Nebraska Physical Therapists . .	97
Table 12 Continuing Education Activities in Progress and Rankings of Continuing Education Activities Felt Most Important by Nebraska Physical Therapists . .	105
Table 13 Available Programs or Courses Designed for or Adaptable to Physical Therapists in Areas of Nebraska	110
Table 14 Inservice Programs Offered and Attended in Past Year	113
Table 15 Need for Additional Knowledge by Situation	115
Table 16 Need for New Knowledge by Situation	118

	Page
Table 17 Basic Science Needs as Indicated by Subject Listing of Nebraska Physical Therapists	122
Table 18 Clinical Science Needs as Indicated by Subject Listing of Nebraska Physical Therapists	123
Table 19 Theory and Procedure Needs as Indicated by Subject Listing of Nebraska Physical Therapists	126
Table 20 Results of Demonstrated Needs--Test Section	131
Table 21 Needs as Indicated by Three Methods of Assessment	134
Table 22 Schedules of Programs Preferred by the Nebraska Physical Therapist	137
Table 23 Time Length for Programs Preferred by the Nebraska Physical Therapist	138
Table 24 Program Type Preferred by the Nebraska Physical Therapist	139
Table 25 Program Presentation Preferred by the Nebraska Physical Therapist	140
Table 26 Presenter of Programs Preferred by the Nebraska Physical Therapist	141
Table 27 Accrediting Agency for Determination of Program Credits Preferred by Nebraska Physical Therapists	144
Table 28 Utilization of Credit or Points Given by Physical Therapy Organization	145
Table 29 Preferred Utilization in Physical Therapy of Advanced Degrees Earned by Nebraska Physical Therapists	147
Table 30 Comparison Between Nebraska Physical Therapists and Jury as to Preference for Credit or Non-Credit Programs	151
Table 31 A Comparison of Activities Considered Most Important to Continuing Education by the Jury and Nebraska Physical Therapists	152

	Page
Table 32 Comparison of Basic Science Needs as Indicated by Subject Listing Between Nebraska Physical Therapists and Jury	155
Table 33 Comparison of Clinical Science Needs as Indicated by Subject Listing Between Nebraska Physical Therapists and Jury	158
Table 34 Comparison of Theory and Procedure Needs as Indicated by Subject Listing Between Nebraska Physical Therapists and Jury	159
Table 35 A Comparison of Schedules of Programs as Indicated by Nebraska Physical Therapists and Jury	161
Table 36 Comparison of Time Lengths of Programs as Indicated by the Nebraska Physical Therapist and Jury	164
Table 37 Comparison of Program Types as Indicated by the Nebraska Physical Therapist and Jury	165
Table 38 Comparison of Program Presentation Methods as Indicated by the Nebraska Physical Therapist and Jury	166
Table 39 Comparison of Program Presenters as Indicated by the Nebraska Physical Therapist and Jury	168
Table 40 How Basic Science Needs Cluster in Nebraska	171
Table 41 How Clinical Science Needs Cluster in Nebraska	173
Table 42 How Theory and Procedure Needs Cluster in Nebraska	174
Table 43 How Program Schedule Needs Cluster in Nebraska	176
Table 44 How Program Types Cluster in Nebraska	177
Table 45 How Program Time Lengths Cluster in Nebraska	178
Table 46 How Program Presentation Preferences Cluster in Nebraska	179
Table 47 How Program Presenters Preferences Cluster in Nebraska	180
Table 48 How Preferences for Credit and Non-Credit Programs Cluster in Nebraska	181

	Page
Table 49 How Program Time Lengths Cluster in Nebraska	181
Table 50 How Theory and Procedure Needs Cluster in Nebraska	182
Table 51 Response to Controversial Question #1	185
Table 52 Response to Controversial Question #2	186
Table 53 Response to Controversial Question #3	188
Table 54 Response to Controversial Question #4	189
Table 55 Preferred Methods of Nebraska Physical Therapists for Implementing Increased Responsibility in Patient Care	190
Table 56 Response to Controversial Question #5	191
Table 57 How Nebraska Therapists and Jury Perceived Selected Elements of Program Planning	219
Table 58 How Basic Science Needs Cluster in Nebraska	262
Table 59 How Clinical Science Needs Cluster in Nebraska	265
Table 60 How Theory and Procedure Needs Cluster in Nebraska	269
Table 61 How Program Schedule Needs Cluster in Nebraska	275
Table 62 How Program Types Cluster in Nebraska	277
Table 63 How Program Time Lengths Cluster in Nebraska	279
Table 64 How Program Presentation Preferences Cluster in Nebraska	281
Table 65 How Program Presenters Preferences Cluster in Nebraska	283
Table 66 How Preferences for Credit and Non-Credit Programs Cluster in Nebraska	285

LIST OF FIGURES

	Page
Figure 1 Map of Nebraska	99

PREVIEW

CHAPTER I

INTRODUCTION

General Statement

Our society is one of change. The many technological advances, the knowledge boom, the age of high specialization, and the affluence in general render it such. No longer can a person expect to be self-sufficient and completely independent. No longer does life in general remain the same during an individual's lifetime. Change and the necessity to deal with change permeate our culture.

Changes are taking place rapidly within medicine and the allied health professions. Innovations, new techniques, and new knowledge provide the impetus for these changes. These changes must not only be met and adapted to but anticipated and planned for. The literature in the health fields stresses this fact. As Perry stated, "Each of the allied health professions has the monumental task of expanding existing curricula and developing new programs of education."¹ Most professions point out to the practitioner the need for keeping up to date both as a professional and as an individual citizen.

For a professional person to be competent in his field he must be aware of the changing demands which are made upon him as an individual and as a member of a profession. The professional person must not only be aware of these changes, but also must be willing to discipline himself to study and to learn so that his body of knowledge continues to expand. The professional person incurs a lifelong obligation to continue his education not only in his own professional field, but in other areas as well.²

Physical therapy as any other health profession is not immune to the changing society. Reappraisal of role, education, manpower, and labor relationships seem to be the most critical challenges physical therapists face today. These challenges require attention, study, practical planning, and implementation of appropriate plans of action.³ It is imperative that physical therapists adapt to and utilize new technology, new knowledge, new methods, and new skills.

The profession of physical therapy is in the process of transition. Few have the vision to see where this will lead. One thing, however, is certain--the physical therapist has a significant responsibility in the health care programs of today and for the future.⁴

No matter how good, how thorough, how extensive the undergraduate and graduate or specialized education in physical therapy might have been, it simply cannot suffice adequately throughout a professional career. Johnson stated:

The tremendous contemporary expansion of the medical sciences places on all clinical disciplines the obligation for continuous renewal of knowledge, acquisition of new skills, and assimilation of current concepts in both basic and applied areas.⁵

Educators within a profession must provide opportunities for their colleagues not only to maintain professional competency, but also to anticipate and prepare for future demands. There must be a means of retooling, upgrading, and updating for the physical therapist or his professional efficiency will suffer.

Traditionally, programs of continuing education for the physical therapist have been designed to promote the acquisition of information pertinent to the care of patients. To meet this end result, lectures, demonstrations, and treatment methodology have predominated. More recently, physical therapists have become aware

of the need to develop skills in supervision and management. A need also exists for interprofessional continuing education programs. As new professions develop as a result of newer technologies, physical therapists must be able to communicate with all those in the health care area.⁶

It has been said that for greatest effectiveness a program or programs of continuing education should not be an arbitrary undertaking primarily because of the availability of leaders, resources, or participants. The number of sponsoring agencies that appear genuinely interested in assessing individual or group needs before developing a continuing education program is very small in any health profession. Programs appear more often to be built upon the interests and expertise of the available teachers, or the special concern and commitment of the sponsoring group.⁷ It appears that the primary reason for programs of continuing education has been merely to assemble an audience. This type of reasoning falls far short of the benefits of continuing education programs that should be realized. Ideally, programs of continuing education should meet both perceived and demonstrated needs of the physical therapist without program leaders being concerned about the attendance record compiled. The programs should evolve out of real needs of those involved although the matter of assessment of these needs is not without problems.

It is true that, in some programs, questionnaires or other surveys have attempted to assess the needs of potential program participants, but from the nature of the inquiry it seems clear that the response is more likely to reflect what practitioners want than to uncover any substantial evidence about the nature of their real needs.⁸

It is also suggested in the literature that interest surveys seem to have limitations as guides for planning continuing education programs. Although basic science had been identified as an outstanding area of interest in the Johnson survey, anatomy had such a low enrollment that it was not feasible to continue the program. Conversely, few physical therapists had expressed interest in programs on public health or prosthetics, but these courses showed high actual participation.⁹

It is felt by the researcher that the majority of physical therapists do realize their needs and can express them to present a clear picture so program development can proceed to meet these needs. This necessitates a method of need assessment that will give a clear picture of actual needs of physical therapists in Nebraska and thereby give rise to programs that are relevant. The method of choice is the mail questionnaire reinforced by a personal interview of a random sample with the thought that this will provide the depth and comprehensiveness necessary to obtain the pertinent information. This researcher also felt that needs and interests will have a somewhat narrow range permitting a pinpointing of specific programs to satisfy them. It is felt that education, geographic location, type of institution, hierarchical position, length of time out of school, age, experience, and sex of the physical therapist have a bearing on how needs and interests of physical therapists in Nebraska will cluster.

Problem Setting

Physical therapy has progressed in many ways since its inception; it has become a profession in the true sense of the word. Wilensky describes the endeavors central to the professionalization process as:

1. Full-time activity in the performance of a bundle of necessary tasks
2. Establishment of a training school
3. Formation of a national professional association
4. Redefinition of the core task, giving dirty work over to subordinates
5. Conflict between the home guard and the profession-oriented newcomers
6. Hard competition with neighboring occupations, especially at the later stages of professionalization
7. Political agitation in order to win support of law for protection of the job territory and its prerogatives
8. Rules and ideals embodied in a formal code of ethics¹⁰

Physical therapy is presently confronted with problems that must be faced and dealt with by the members of the profession. Foremost among these problems is education. Basic education (see definitions, page 18) and continuing education have a direct relationship and may hold the answer to solving such additional problems as definition of role, manpower, and labor relationships.

Through the years basic physical therapy education has been upgraded to the point that graduates of our schools of physical therapy are well prepared to take their place in the profession. However, continuing education for physical therapists is not as well

organized, not as intensely stressed, and not as easily discernible. It would be hard to argue against existent needs for continuing education in physical therapy but how these needs are looked upon and met by the physical therapy practitioners causes some concern.

More and more the literature carries articles concerning continuing education. Various authors point out the benefits of continuing education to practitioners in physical therapy. In the national physical therapy association (APTA) a committee of continuing education has recently been established. In Nebraska there has been much informal discussion about the need and benefits of continuing education. It appears that the time is here to take definitive action and move past the discussion stage.

Purpose of the Study

The specific area of concern and source of information for this study was the state of Nebraska. The physical therapy practitioner was surveyed to provide the basis for recommending continuing education programs and to determine the most acceptable methods for presenting educational information. Although there are many physical therapists in similar positions, each individual physical therapist has certain unique features within his work setting that will justify studying his/her particular situation. By surveying each licensed physical therapist in the state of Nebraska it was anticipated that several areas of concern could be dealt with more intelligently and with greater expediency. Therefore, the purpose of the study is to provide information on which to base recommendations for continuing education programs that are relevant,

useful, and practical to the physical therapist in Nebraska.

The following objectives are designed to guide the study in meeting the above purpose:

1. Determine the existing and current methods of continuing education of physical therapists in Nebraska.

2. Determine the professional needs of physical therapists, as perceived by the individual that can be in part or whole alleviated by programs of continuing education.

3. Determine the demonstrated needs of physical therapists by means of direct knowledge assessment.

4. Determine from the individual physical therapist the programs and methods he perceives as best answering his needs.

5. Determine if these needs are similar to needs listed by experts taken from a sample of selected physical therapy school directors.

6. Determine whether needs as indicated by physical therapists in Nebraska will cluster sufficiently to enable the development of programs and delivery systems necessary to satisfy these needs.

In Nebraska the physical therapist has limited continuing education opportunities other than through individual study or initiative. There appears to be no program or programs he or she can attend or follow that are specifically prepared and presented for physical therapists. To the researcher's knowledge the physical therapy profession in Nebraska has done little to attempt to meet and anticipate change through continuing education.

To help insure pertinent and relevant program recommendations a group of 12 physical therapy education experts (Jury) were

identified and surveyed as to what they perceive as needs of the practicing physical therapist. The information gathered from this group of experts, the "Jury," was utilized in two ways. The information was compared with the self-identified needs of practicing physical therapists in Nebraska to determine if their needs are local in nature or if they encompass overall needs of the entire physical therapy profession. Another use of the information gathered from the experts was to determine if the individual physical therapist listed methods and procedures to answer his needs that the jury identified as sound and effective based on their experience. This was also done by a comparison of the two sets of responses to the same questions.

The study also attempted to determine the differences between two models of program planning. The traditional model on the one hand, where experts decide needs of the clientele as well as set the objectives and plan the program, as opposed to the model offered by exponents of continuing education concepts, where the clientele express their needs and interests, help formulate objectives, and help plan the program. The models will hereinafter be referred to respectively as the "traditional" model and the "andragogical" model (see definitions, page 21).

Significance of the Study

It is hoped by this writer that this study will provide information that will be a first step toward the development of continuing education programs with relevance and utility to each and every practicing physical therapist in Nebraska. It certainly will not answer all questions and solve all problems related to this area

of concern but if some type of unified action will result from the findings the significance will be realized.

Physical therapy as a profession is presently in a crucial position. At one level the associate physical therapy degree program is producing workers in the field that are supposed to function under the supervision of a physical therapist. Many of the routine facets of direct patient care will be handled by this group. The physical therapist is then placed primarily in an administrative role that in most instances is foreign to him and for which he has not been formally educated and prepared. The associate degree practitioner will also provide budget-minded and unethical administrators a chance to utilize a person who can provide enough service to "get by" and with some degree of similarity "be" a physical therapist. In physical therapy's own ranks the possibility also exists for some of the more enterprising practitioners to utilize the associate degree people to build empires. Hire the associate, place him in an institution or work setting, evaluate the patient for him, outline a treatment program to follow, turn the patient over to him, and periodically check the progress of the patient. On the surface this does not appear too bad but it spreads the physical therapist so thin that many of the decisions that have to be made fall to a person simply not prepared to make them. Consequently, the patient suffers.

Although not established or defined completely at this time, another group could conceivably occupy a second level in the medical profession hierarchy. This group is the physician's assistant and the hierarchical position could very possibly be between the physician and the physical therapist. This could mean several things to the

physical therapist: 1) usurpation of some of his responsibilities in patient care by the physician's assistant; 2) loss of the patient entirely to the care of the physician's assistant through referral of the patient by the physician to the physician's assistant rather than to the physical therapist; 3) referral for physical therapy treatment by a physician's assistant (a person less knowledgeable and less qualified in the field of physical disabilities). The nursing profession has also expressed concern with the development of this new specialty group with the basic thought that it is really unnecessary when in primary care areas and other defined areas the nurse (with some additional education) is the logical person to assume these responsibilities. Kubat stated:

The emerging trends have far-reaching implications for nursing, particularly as regards the expansion of nursing into the area of primary care. In view of the increasing physician manpower shortage, transfer of some of the physician's less demanding functions to other professionally trained people is a possible solution. It is indicated that the nurse is the professional person most able to assume some of the physician's functions. She will function in a more autonomous capacity. She will be making independent judgements and decisions. She will have competencies in techniques of health appraisal and will make appropriate referrals to physicians and others on the health team on the basis of her observations.¹¹

Role definition in the strict sense of the term then becomes one of high import to the physical therapist. The role of the physical therapist cannot be arbitrarily changed to meet these new challenges. The role will have to evolve out of an overall change in recognized qualifications and competencies built into the overall scope of the profession. If this does not occur, a similar circumstance could befall physical therapy as envisioned by Kubat concerning the nursing profession:

It is the opinion of this author that the nursing profession must take note of programs being designed to train health personnel to carry out functions within the realm or functional potential of nursing practitioners, or nursing may find herself technologically unemployed.¹²

The vehicle of redefinition of role will fall largely to basic education of the upcoming physical therapy student and to continuing education for the practicing physical therapist.

A larger and larger discrepancy is developing between the present basic education program for physical therapists and earlier basic education programs for physical therapists. Not only are the qualifications higher for acceptance into a school of physical therapy but both the course of study prerequisite to acceptance and the course of study in the physical therapy school itself have become perceptibly more difficult over the years. As a result of the discrepancy in basic education programs noted above, coupled with a new trend of thinking within the schools of physical therapy themselves (that the practitioner of physical therapy is qualified and prepared for evaluation of the patient, program development, and added responsibility for patient care), a wide breach appears to exist between the new practitioner and the older practitioner. An assessment of this discrepancy and breach (if one exists) must be made to put programs of continuing education in motion that will narrow any gaps and bring the older, less knowledgeable practitioner up to the new level of excellence. Again, this author hopes that this study can provide information to determine the right direction to take.

This study represents the first attempt of the Nebraska physical therapist to investigate his own professional group for