UKRAINE CONTINUOUS EDUCATION FRAMEWORK

Continuous Education
Policy statement

The Ukrainian Association of Physical Therapy (UAPT) recognizes that Continuous Education (CE) is essential for physical therapists to maintain and improve their knowledge, skills and competence. Continuing competence is an integral component for delivering safe and effective services for the benefit of patients in the ever-changing health and social care environment.

CE is an ongoing process that includes:
- Ethical standards
  (Code of Ethics and Professional Conduct physical therapists in Ukraine)
- Key competencies for professional practice in Ukraine
  (Physical Therapist’s Scope of Professional Practice in Ukraine)
- Evidence-based practice
  (Evidence-based practice – World Physiotherapy Policy statement, Ukrainian article ‘Practical activities are based on evidence’)
- Reflective practice.
  (Clinical reflection)

Documentation
UAPT expects all Ukrainian physical therapists to participate in the CE program to ensure their ongoing competence, developing expertise, and advancing their career and profession. Relevant documentation supporting their professional lifelong learning is necessary to demonstrate this professional advancement.
Introduction
Lifelong learning is a concept that is universally recognized as a mechanism for personal growth. The professional extension of lifelong learning is Continuous Education (CE), a systematic and structured process of learning that is a fundamental part of a competent and safe physical therapist to improve healthcare service. The learning starts during the university physical therapy program and continues throughout the professional’s career.

Continuous or Continued Education (CE), Continuing Professional Education (CPE) or Continuous/Continued/Continuing Professional Development (CPD) are terms that are often used interchangeably in different workplaces and jurisdictions. CE is used in this document as it is more universally recognized in Ukraine.

CE is necessary to enable physical therapists to maintain and develop their knowledge, skills, behaviors and expertise as their career progresses or changes focus. It also is a mechanism that allows a physical therapist to ensure their knowledge and skills are current and informed by the best available evidence. As research develops, so should the physical therapist’s knowledge and skills in their relevant area of practice.

The main components of a structured Continuous Education program are:
Learning needs analysis.
This component covers **what** the physical therapist needs to learn. It is essential that any CE is individualized, close to the physical therapist's practice area and cover the potential future needs of both the professional and the patient. The analysis should result from a thoughtful, reflective process that considers any scope of practice issues, areas for practice and professional improvement. This analysis may benefit from a mentor or colleague’s input. These learning needs should be incorporated into a professional development plan (PDP) detailing the type and schedule of the learning activities.

Learning activity.
This component covers the learning needs of the physical therapist established in the analysis and **how** and **when** they will be undertaken. There is a wide range of learning opportunities that could be selected as the learning activity.
- These could be formal learning as provided by university lectures and workshops.
- There are many informal learning opportunities, including reading professional journals, reading professional publications or websites, personal reflection on practice, working with mentors, and delivering work or public lectures or workshops.

Learning reflection
Reflective practice or self-reflection is the crucial part of the learning process. It allows the therapist consciously to evaluate the positive, challenging, and confusing aspects of a learning activity or clinical situation. Specifically, this component asks what did the physical therapist **learn**? This critical aspect of the learning covers the translation of new knowledge and skills into an improvement in practice. Reflective practice is also another method to reinforce and imbed learning.

Learning application
Incorporating any learning into practice is the main component of improving healthcare service delivery. This component covers how the physical therapist will **use** their learning. This can be accomplished through direct patient contact or dissemination to peers, patients, and the public.

Learning documentation
Documenting CE demonstrates and further reinforces the learning, reflective and evaluative process. It is an integral part of a CE record or portfolio and could be used as evidence to justify CE needs and resources.
Continuous Education program

Continuous Education Portfolio
The physical therapist’s portfolio should document all the different components of the CE program, detailed above.

1. Learning needs to be analyzed (Professional development plan – PDP)
   This should be updated annually, ideally in conjunction with a peer or colleague.
   a. It should include a reflection of the physical therapist’s needs and future direction.
   b. It should consist of short- and long-term time referenced goals on future learning.
   c. It should detail the learning activities planned.
   (See Appendix 1 - PDP template)

2. Learning activity
   The completed learning activities should be documented, including the type of learning, time and place of learning and the hours involved.

3. Learning reflection
   The learning reflection deals with the analysis of the learning activity and how it will be implemented into practice. (See Appendix 2 - Reflective Practice Template)

4. Learning application
   The learning application details the results, outcome, or feedback of the implemented improvements to practice.

5. Learning documentation
   This includes the documentation of the PDP and other components detailed above with the associated hours. It also covers a further reflection of any modification that needs to be included in the following year’s PDP.

6. Additional recommended components
   a. Peer review
      The clinical review by a peer or colleague provides performance feedback. It is an effective method for clinical quality improvement. The documented feedback should stress any positive or negative aspects of the clinical appraisal along and any potential improvement strategies.
      It is recommended this should be undertaken annually. (See Appendix 3 – Peer Review template)
b. CE Hours
Thirty CE hours must be completed over three years, detailed in the CE portfolio documentation and accompanying evidence (see below in the audit). Ten hours is the minimum that must be completed in one year of the three-year cycle.

Continued Education Audit
When a CE audit is undertaken, the following will need to be provided as part of the CE portfolio:

1. PDP
2. Peer review. This should ideally be annually completed though only one is required in the three years.
3. Evidence of the completion of at least ten hours per year and 30 hours over the three-years. Evidence can include course/workshop/professional meeting certificates. If self-directed learning has been completed, the evidence should consist of the notes completed or the learning reflection of that activity.

Glossary

*Competence* is the proven ability to use knowledge, skills, and personal, social, and methodological abilities, in practice or study situations and professional and personal development.

*Scope of practice* means the professional role and services that an individual health practitioner is educated and competent to perform.

*Evidenced-based practice* is the clinical decision-making that results from integrating the best available evidence, clinical expertise, cultural context and the patient’s values and goals.

*Patient* means the person to whom the physical therapist provides services. The term patient may be substituted with the term client or service user, where appropriate.

*Reflective practice* is a deliberate way of thinking about experiences: to learn from mistakes; to identify skills and strengths; and to develop options and actions for change and future success, promoting a lifelong process of learning and development.¹

¹ Dewey J. How we think. Revised ed. DC Heath, Boston. 1933
## Appendix 1

### Continuing Education Professional Development Plan

<table>
<thead>
<tr>
<th>LEARNING NEEDS ANALYSIS</th>
<th>LEARNING ACTIVITY</th>
<th>LEARNING REFLECTION</th>
<th>LEARNING APPLICATION</th>
<th>LEARNING DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong> are your learning needs? Specify the reasons</td>
<td><strong>Plan how</strong> you will undertake the learning, which could be practical or theoretical through formal or informal means, e.g. workplace meetings or workshops, courses, readings.</td>
<td><strong>When</strong> will the learning take place?</td>
<td>What did you <strong>learn</strong> from this activity? This could include either clinical or non-clinical knowledge or skills and their potential benefit and application.</td>
<td>Have you used or when would you potentially <strong>use</strong> this new learning, e.g. patient contact or dissemination to peers.</td>
</tr>
</tbody>
</table>
| **[EXAMPLE]** I need to upskill/update my gait analysis skills. | • Physiopedia reading on gait.  
• Formal course through Physioplus – Instrumented Gait analysis.  
• Following and getting oversight from a colleague with these skills.  
• Reading latest journal articles online in this area. | 01/01/2021 | In the next 6 months | • I learned so much from this learning. I can now appreciate and understand the difference in gait related to age, injury, illness and disability.  
• I can now do a reasonably comprehensive gait analysis. Though I need to practice this and get more comfortable using technology like my iPhone and computer for more complex analysis.  
• My colleague was great in helping me reinforce this learning practically. I also learnt some really good facilitatory techniques for gait rehab and some communication skills.  
• I read a really good systematic review on improving gait and balance (Bland DC et al. Effectiveness of physical therapy for improving gait and balance in individuals with traumatic brain injury: a systematic review. Brain Inj. 2011;25(7–8):664–79. Overall, the knowledge and techniques I have learned have improved my skills, and I feel more confident in my ability. | **I am now using these new assessment skills and I feel I have a much better knowledge of the different causes of gait dysfunction and how to assess, diagnose and rehabilitate appropriately.**  
**I now need to practice these skills more so I become completely comfortable and proficient in this area.**  
**Next, I would like to increase my experience and expertise in this area as I may be interested in teaching in this area. This could be part of future PDPs.** | 15 hours | • reading five hours  
• online course three hours  
• Working with colleague seven hours |

[Add more rows as necessary]

<p>| | | | |</p>
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</table>

**Total hours:**
Appendix 2

Reflective Practice Template²

There is no right or wrong way to reflect on your practice. Different people learn in different ways. While one person may learn by reflecting on a positive outcome, another may find it most useful to focus on a challenging situation.

Below we have provided some prompts to help you add value to your reflection.

Some prompts will be more relevant than others depending on the situation, your practise and whether you reflect as a group or an individual.

<table>
<thead>
<tr>
<th>What event or topic are you reflecting on?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Give a brief description. You don’t need to give all the details but rather focus on the event itself.</em></td>
</tr>
<tr>
<td><em>Too broad a focus can make it difficult to give the topic the attention it needs, and it might be hard to provide direction to your reflection, especially if you are reflecting in a group setting and everyone will want to make input.</em></td>
</tr>
<tr>
<td><em>Remember to keep things confidential.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Would you call this a positive or challenging event?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>What feelings would you use to describe the event?</em></td>
</tr>
<tr>
<td><em>Even when things go right, they can still be challenging. Think about the outcomes of this event and whether you feel they could have been improved.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happened?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Give a brief description of the event</em></td>
</tr>
<tr>
<td><em>How did you respond?</em></td>
</tr>
<tr>
<td><em>How did your team respond?</em></td>
</tr>
<tr>
<td><em>What did you feel during the event?</em></td>
</tr>
<tr>
<td><em>What did you feel afterwards?</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Looking back</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Are you satisfied with how you responded? If not, why not?</em></td>
</tr>
<tr>
<td><em>Do you think you worked effectively with your colleagues? If not, what would help effective work in the future?</em></td>
</tr>
<tr>
<td><em>Did you have all the support you needed? If not, what would have helped?</em></td>
</tr>
</tbody>
</table>

If in a group, was the group satisfied with how it responded? If not, why not? Did the group work as an effective team?

Looking forward

- How will this learning improve your practice?
- How will this learning be used to the benefit of patients?
- Are there lessons to be learned for your team/your colleagues/the policies or systems you follow?
- Did the things you learned after this event help you achieve any of your development objectives?
- Did this event help you identify new learning objectives?

Reflection isn’t an activity. It’s a process, so you may want support after your reflection.

It’s vital for health professionals to look after their physical and mental health and to seek help when they need it.
Appendix 3

Peer Review template

Date:  
Peer Reviewer Name:  
Peer Reviewee Name:  

<table>
<thead>
<tr>
<th>Practice type reviewed</th>
<th>Clinical</th>
<th>☐</th>
<th>Teaching</th>
<th>☐</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reviewee to complete before review</th>
<th>Reviewer to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas to review</td>
<td>Specific feedback sought on the following...</td>
</tr>
</tbody>
</table>

**[EXAMPLE]**  
Subjective assessment

Order of questions and completeness of the subjective assessment

Well done, you have a calm, friendly and interested manner talking to the patient. Overall, you covered the main parts of the subjective well.

A few things to consider:

- Ensure you have all the baseline demographics of the patient, including past medical history, current medications, and if they have suffered from this type of complaint previously
- Take care not to ask leading questions and when it is better to use ‘open’ or ‘closed’ questions
- You should have a good idea of the main issues and their cause before the objective assessment if you have asked the right questions
- Remember to ask what the patient’s goals (functional) or expectations are of treatment.

Modify spacing as needed
Reviewer summary

[EXAMPLE]
Congratulations on a thorough assessment. You covered all the main parts of the assessment and established what was needed to be worked on. There are a few things mentioned above that will make your subjective more effective. Finally, remember always to ensure the patient understands and is happy with what you are doing before starting each part of the assessment (informed consent) and you both understand the goals of the treatment.

Reviewee Summary (I have learnt from this review...)

[EXAMPLE]
It was great to have someone watch me assess the patient and give feedback, but I was a bit nervous initially. In the end, I found it was a positive experience. I have learnt many things and now appreciate understanding the different types of questioning and the advantages of open and closed questions.

Reviewee Action Plan (I will make the following changes as a result of the review)

[EXAMPLE]
I will check my notes every two weeks to ensure I have covered and noted informed consent and patient goals. I will concentrate on the type of questioning I am using to establish a more complete subjective. In two months, I will get a colleague to check my subjective assessment or video it and check it myself.

Modify spacing as needed

Signature of the reviewer

Signature of the reviewee