Author's response to reviews

Title: Promoting inclusion for students with a disability - Physiotherapy inherent requirements

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Version: 2 Date: 8 March 2013

Author's response to reviews: see over
Thank you for the reviewers’ comments regarding the manuscript titled “Promoting inclusion for students with a disability – physiotherapy inherent requirements”. This document provides detailed responses to the feedback provided by Referee 2 and 3, and the changes that have subsequently been made to the manuscript. These changes are highlighted in red underlined text within the manuscript.

Referee 2

“It lacks a theoretical base and it is lacking in methodological rigor.”

This manuscript details developmental work that was performed at one university to meet local needs. The manuscript has reconceptualised to reflect this, and is now presented as a case study.

“The stakeholders and experts involved in the study are not described and neither is the selection process.”

An additional section has been added in the Case presentation section, titled “Stakeholders”. This section reads:

Stakeholders
A diverse group of stakeholders participated in development of the physiotherapy inherent requirement statements. These stakeholders included all UWS physiotherapy academic staff members, who collectively had expertise spanning curriculum development, disability and clinical practice placements. This provided a comprehensive and holistic approach to inherent requirement statement development [22]. Moreover, engagement with all UWS physiotherapy staff provided the opportunity of “ownership” of the inherent requirement statements by the staff collective.

“There is no method used to maintain the objectivity among stakeholders.”

We more explicitly stated the role of the reference group, which aimed to provide objectivity to the project. On page 11 it is stated:

In addition, a University inherent requirement reference group oversaw this project. The reference group consisted of the IRONE project leader (a nursing academic with extensive experience in curriculum); Head of the University of Western Sydney Disability Services and the IRONE Project Officer. The reference provided independent feedback to the inherent requirement statement developers to ensure that there was congruence with the IRONE framework and a shared understanding of inherency across courses at UWS.
“The work is based on an existing framework that does not seem to have a theoretical base.”

Articles on the IRONE model and framework are currently being prepared for publication. One article, by Azzopardi et al is in press and has been referenced in the manuscript (reference number 30). Moreover, the model and framework are framed on recommendations made by the World Confederation for Physical Therapists and the Australian Human Rights Commission, as stated on page 11:

....was underpinned by the recommendations by WCPT [9] and the Australian Human Rights Commission [33] to include professional and statutory regulatory body requirements and the UWS physiotherapy curriculum to inform inherent requirement statement development.)

Furthermore, more detailed information (page 10) was provided on why this model was used:

This model and framework was endorsed by the UWS Academic Senate in 2011, where it was mandated that inherent requirement statements must be developed (using the IRONE model and framework) for all courses by 2013. This well aligns to the University’s mission of providing a supportive learning environment so that students can achieve their full potential within their chosen field [31]. Moreover, the IRONE model and framework offer advantages over published models of inclusion, such as the PracAbility Framework [32] as it explicitly defines how inherent requirements should be developed.

“This framework does not signal inclusion of students with disabilities, but rather the opposite. Is it really possible for a student with even the slightest disability to study physiotherapy according to this framework?”

The framework used in this work enhances inclusion by explicitly articulating the essential requirements of the program of study and the characteristics of adjustments which are appropriate. This provides a clear, academically- and professionally-sound basis for systematically and comprehensively determining adjustments and facilitating access. Inherent requirements are one of the key factors in the process of determining whether adjustments are reasonable, according to the Australian Disability legislation. In addition, Kerr and Barker [20] state that the first of six principles of inclusive curriculum design is the identification of inherent requirements. Moreover, the model and framework used encourages disclosure, which has been cited as one of the major barriers to inclusive education. As Rankin et al [19] states... well informed students understand how disclosure impacts positively on the success of their study.

Defining and using inherent requirement statements eliminates the need for students to meet compulsory requirements which are not inherent (e.g. full time clinical placements). This process enhances access and inclusion. Where students are unable to meet the inherent requirements of a course even after all reasonable adjustments are implemented, course progression is quite appropriately restricted.
“The framework is not included in the paper and can only be reached on a web-page and not via the link in the paper.”

The manuscript has been reviewed to ensure that the model and framework is appropriately referenced.

“Returning to the title and scope of the paper, it does not deal with inclusion of students with disabilities but rather with hindrances for those students.”

The title of the manuscript has been edited and is now “Development of physiotherapy inherent requirements statements – An Australian experience”. However, we would still maintain that the manuscript does deal with the inclusion of students with disabilities. Disability Discrimination legislation and principles of inclusion do not guarantees unfettered access of assured success. The legislation and principles of inclusion provide equal opportunity, the obligation to provide reasonable adjustments and the elimination, as far as possible, of unnecessary disadvantage. The model and framework used in this work eliminates unnecessary barriers, facilitates all reasonable adjustments and assures the integrity, legitimacy and validity of learning and teaching, assessment and accreditation for professional credentialing.

Referee 3

“I would not classify this paper under technical advance category rather than research report, as it is kind of a case report about the experience of one academic institution.”

The manuscript has been rewritten to reflect that it reports on the experience of developing inherent requirement statements for a 4 year entry-level physiotherapy program at one Australian university. This has been clearly stated in the abstract (page 2) and in the background section which details the aim of the manuscript: “This paper addresses this gap, by describing the steps which were taken to develop inherent requirement statements for a 4-year entry-level physiotherapy at one Australian University, the University of Western Sydney” (page 9). The manuscript has subsequently been submitted as a case report.

“I think the manuscript does not fully reflect the title of the paper. A suggested title could include Australia and or students with a disability.”

The title has been changed to more accurately reflect the content of the manuscript. The title (as illustrated on page 1, is now “Development of physiotherapy inherent requirements – An Australian experience”.

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“Overall, the abstract is an excellent and complete summary, with these exceptions:

- Not structured according to the journal’s style
- Context could be replaced with background
- Methods could be shortened
- Conclusion is important to be included into the abstract section”

The abstract has been edited and it found on pages 2 and 3. It now meets to journal’s style for case studies, the term “context” has been replaced with “background”, the methods have been shorted and incorporated with the results into a section titled “case presentation” and a conclusion section has been added.

“Background – The authors state that “one third of Australian universities provide generic information on the requirements of physiotherapy study” without providing a reference.”

We undertook a systematic search of all Australian physiotherapy program websites to ascertain this information. This has been qualified: “Our systematic web-based search of Australian physiotherapy programs found that one third of Australian universities provided generic information on the requirements of physiotherapy study.” (page 8).

“Background – I would like to know about the percentage of students with disability admitted into physiotherapy schools in Australia and globally.”

A small body of evidence exists regarding the prevalence of students with a disability who study physiotherapy. This information, which is detailed below, has been added on pages 6 and 7 of the manuscript.

**Students with a disability and physiotherapy**

A small body of evidence exists on students with a disability studying physiotherapy. Ward et al [14] interviewed 43 physical therapists and 6 physical therapy assistants with a disability to describe their education experiences. Ninety-one percent of participants reported the onset of their disability was prior to admission. Diagnoses included disorders that were visible (e.g. amputation, stroke, cerebral palsy) and non-visible (e.g. chronic fatigue syndrome, asthma). Sixty-two percent of participants reported that they required adjustment in academic and or practice placement settings. Diagnoses included auditory and visual disorders, mental health issues, speech impediments, and orthopaedic, neurological and cardiorespiratory disorders. Sharby and Roush [16] reported an increase in new graduate physiotherapists requesting disability-related adjustments on the US licensure examination from 1 to 4% from 2001 to 2005. The most frequently reported diagnoses were psychiatric, learning difficulties and attention deficit hyperactivity disorder.

Epidemiological data is not available on the prevalence of Australian students with a disability studying physiotherapy, as it has not been systematically collected from Australian physiotherapy programs. Anecdotal evidence suggests that lack of disclosure by students makes it difficult to
quantify the extent of the issue. Lack of disclosure has been cited as a major issue in the Higher education inclusion literature [7]. Anecdotally, however, there is similarity in the types of disorders present in US and Australian physiotherapy student cohorts.

Evidence suggests that reasonable adjustments can be made to allow students to participate in and complete physiotherapy education programs, once disclosure has occurred, without compromising academic and professional standards, and legal requirements [14,17-19]. However there is a paucity of published evidence on how decisions on reasonable adjustments are made for physiotherapy students, and the impact of these on learning and student progression.

“Background – I would like to know if the World Confederation of Physical Therapy (WCPT) has any input on this issue, especially in their recent guidelines about physical therapy education.”

The WCPT has guidelines regarding Physical Therapy Education, which lists characteristics inherent in a practicing physiotherapist, which also should be incorporated into curriculum design (e.g. assessment, diagnosis, prognosis, intervention, re-assessment, communication, critical evaluation, evidence based practice, research). This has been detailed on page 6 of the manuscript. No WCPT documents were found that detail inherent requirements of physiotherapy study or admission requirements to physiotherapy courses.

“Method – Wast there any published article dissed the advantages of using the framework or model in developing new policy or statement, as the authors built on the method used for the IRONE framework?”

Articles on the IRONE model and framework are currently being prepared for publication. One article, by Azzopardi et al is currently under review and has been referenced in the manuscript (reference number 30).

“Method – lack of information about the history of the physiotherapy program at the University of Western Sydney; and the different between the Bachelor of Health Science and master of Physiotherapy Programs.”

Information regarding the 4-year Bachelor of Health Science/Master of Physiotherapy program was added in the case presentation section, under the heading of “Context”. It reads:

Context

Inherent requirement statements were developed for the 4-year entry level physiotherapy program at UWS, Australia. This program consisted of two seamless combined degrees: Bachelor of Health Science and Master of Physiotherapy, and was commenced in 2010. The physiotherapy program is located in the School of Science and Health, which offers other health professional education
programs with the same degree structure (occupational therapy, podiatric medicine, traditional Chinese medicine) [28]. The vision of the physiotherapy program is to attract students who reside in Greater Western Sydney to study and then to practice physiotherapy in the region upon graduation. This vision supports the rapid expansion of the population in Greater Western Sydney and its need for healthcare services [29].

In addition reference to the other physiotherapy programs offered at UWS were removed from the manuscript for simplicity.

“Results – the results were not clearly explained and presented the 15 inherent requirements in an appropriate format.”

The results section (now found under the head of Case Presentation, with a sub heading of “Physiotherapy inherent requirement statements” was completely re-written. It is found on pages 13 and 14 and now reads:

**Physiotherapy inherent requirement statements**

Fifteen physiotherapy inherent requirement statements were developed and are found, in full, at http://www.uws.edu.au/ir/inherent_requirements/inherent_requirements_for_physiotherapy_courses [34]. The inherent requirement statements covered all eight IRONE domains: ethical behaviour, behavioural stability, legal, communication, cognition, sensory abilities, strength and mobility and sustainable performance [22]. More than one inherent requirement statement was developed for four domains:

- Communication: statements were developed for verbal, non-verbal and written communication
- Cognition: statements were developed for knowledge and cognitive skills, numeracy and literacy
- Sensory abilities: statements were developed for visual, auditory and tactile sensory abilities
- Strength and mobility: statements were developed for gross motor and fine motor skills.

As per the IRONE framework, all physiotherapy inherent requirement statements consisted of five levels:

1. An introductory statement to communicate the intent. This statement is underpinned by professional and statutory regulatory requirements [9,33]
2. A description of the inherent requirement, which provides information on the expectation of knowledge and behaviour of physiotherapy students
3. Justification of the inherency, including the impact on the client and the student
4. Characteristics of reasonable adjustments
5. Examplars from both classroom and clinical settings, as anecdotal evidence suggests that students often consider these education settings as distinct, with different policies and expectations governing them. Examplars create a shared understanding among those involve in using the inherent requirement statements – the student with a disability, the disability advisor and the academic staff member.

Table 3 provides an example (in full) of one of the physiotherapy inherent requirement statements – ethical behaviour.
“Results – It did not include some details that were found in the abstract (under results)”

The abstract was re-written to comply with formatting guidelines for case studies. Cross checking was undertaken to ensure that the information presented in the abstract was identical to that in the body of the manuscript.

“Results – it is always good to provide a link to the university website and how these requirements are presented for students, but I am not sure if it could be readable for students with vision impairments.”

This is a good point. However, anyone can increase the resolution and font size of text on electronically presented material.

“Discussion and conclusions – The authors stated that this paper was synthesized systematically-collected data from different sources without writing about the search strategies in the method section. It might be useful starting with this statement if the study was designed as a qualitative systematic review.”

This phrase was removed from the manuscript, with content of the manuscript refocused to a case study style.

“Discussion and conclusions – The findings not properly described in the context of the published literature.”

The discussion and conclusions were edited to ensure that they address the published literature.

“Discussion and conclusions – No limitations were discussed, especially about using the pre-existing framework.”

Limitations regarding use of an existing model and framework and model were added on page 17:

However, it is acknowledged that the IRONE model and framework has not been vigorously testing. However, its eight domains cover the characteristics inherent in a practicing physiotherapist, as defined by WCPT [9], as well as documented behaviours that question the competence of physiotherapy students [36]. Evaluation and possible subsequent adaptation of the model and framework, as well as the physiotherapy inherent requirement statements, may be required once the
statements have been in regular use. In addition, the physiotherapy inherent requirement statements will require updating if / when physiotherapy professional and or statutory regulatory requirements change.