profession regarding our profession is very inadequate. It is the responsibility of every physiotherapist to improve this situation.

In order to give our students an opportunity of doing research and of working with medical students, our third year students joined the medical students in Physiology II this year. It is hoped that they will gain insight into research which will stand them in good stead for their fourth year projects and, hopefully, in working for higher degrees. But, more important, they will have learned to work with others in obtaining information and in solving problems.

Methods of evaluating what has been learned are essential and the methods of examining a student will have to be modified. How can we ensure the maintenance of high standards, which are obviously assessed in the examination room where the student is under stress and is not functioning in her normal capacity? Continuing assessment would eliminate part of this problem, providing that we really know what we are assessing.

We have not proved that what we are measuring is that which we hope the student has learned. Rather, we have demonstrated that some students have better recall than others. Most students eventually learn one thing, and that is to pass examinations. When students do fail, or barely pass, observers are satisfied that the standards were high.

Are we then really ensuring that these young people are adequately equipped to meet the challenge of the times? Will they be able to take their place in society as truly professional people? Do our training centres and our professional bodies know what these challenges are and are physiotherapists doing anything about finding the answer?

Research is at present under way at the University of the Witwatersrand to assess what modalities are commonly used by the practising physiotherapist of today and what skills should be acquired by the future physiotherapist. We intend to do in-depth research into some of these modalities and by analysing our techniques in this manner we will be able to accept or reject these in an evidence-based way.

There is much that still needs to be done and our professional Society should be encouraging research into topics that have true meaning for the profession. Many of the subjects chosen for a higher degree are on obscure or barely-related topics, which do not fulfil the needs of our profession.

Workshops and brainstorming sessions to work out what is required to provide adequate and reliable physiotherapy services. From these we can work out our objectives of training and of continuing education.

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PSYCHOSOCIAL RELATIONSHIPS, TRAINING AND ATTITUDES WITH REFERENCE TO PHYSIOTHERAPISTS*

LAURA WEINBERG, B.Sc. (Physio) (Rand)

Hierdie studie het sekere aspekte omtrent die benadering van finale jaar studente tot die professe. hul opleiding, pasiente en hulself aan die lig gehring. Vraelyste en 'n opleidingsessie het daarop gewys dat terapeute opleiding van finale jaar studente tot die professie, hul opleiding, finanse van high standards, which are obviously assessed in the examination room where the student is under stress and is not functioning in her normal capacity? Continuing assessment would eliminate part of this problem, providing that we really know what we are assessing.

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LAURA WEINBERG, B.Sc. (Physio) (Rand)

"The first objective of the physical therapist is to help the patients to help themselves."

The psychological power inherent in the role of the physiotherapist can be understood when we consider that disability represents an attack upon the body, personality and external world of the patient. Rush pointed out that "in 50% of adults with a physical disability, emotional factors determined the success of rehabilitation: in children, the figure runs as high as 75%."2

In this study, the author isolated the helper — the therapist — as the key variable for survey. In the helping relationship, the helper (who is functioning at high levels of interpersonal dimensions) can offer a helpee (who is functioning at low levels) the experience of being understood sensitively and deeply. The ability of the therapist to have insight, self-awareness and self-understanding will enable her to develop genuine and congruent physiotherapist-patient relationships, and ultimately both the patient and the therapist will benefit.

It was hypothesised that, after training in dynamic psychology, perception of self would change in the direction of being more accepting of self which would seem more comfortable, confident, less anxious and with value goals more readily achievable.
The subjects' basic attitudes are those which will facilitate awareness was assessed using a semantic differential.

"The kind of physiotherapist I would like to be, during the process of training, significantly changed occurred to result in an increase in congruence of self and ideal at the follow-up test. This confirms the hypothesis that the discrepancy of self and ideal will be reduced over training, changes of self being in a direction of greater self understanding.

The results indicate that students will benefit from this type of training. Further evidence for the necessity of such a programme was elucidated in the follow up questionnaire. A. The participants felt that the sessions were of value. In keeping with the generally positive attitude expressed, students felt that a person-centred course should be part of their training (third and fourth year). Ramsden stated that “in order to translate the helping process inherent in the role of the physiotherapist into active, effective and efficient use, the student must be exposed to interpersonal interaction throughout his educational experience. This exposure should include both theoretical and practical experience in the dynamics of interpersonal relationships.” Dunkel concluded that physicians and physiotherapists had a need for further improvement in the areas of interpersonal relations, communication and decision making.

Subjects who did not Speak Individually

The results were greatly affected by subjects who did not expose their personal characteristics. This group's mean pre-counselling self ideal correlation was 8.7 and the follow up mean score was 10.5, a mean difference of 1.8, indicative of deterioration.

This has implications which should be applied to the teaching. The groups must be small and time must be available for each person to speak individually. However, the results could also indicate that these subjects waited an undue length of time before speaking, thereby resisting expression and change.

CONCLUSION

The subjects expressed strong sentiments as to having a course in human relationships throughout their physiotherapy training. Such a course would mean realisation of the full potential of physiotherapists. If the 4th year class of 1976 is to be regarded as a sample of the potential quality of physiotherapy professionals, it would be a waste of valuable resources not to take up the challenge of providing opportunities to develop the existing potential.

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