

Curricular integration in Kinesiology and Physiatry careers in Argentina

Korell, Mario Ernesto¹[0009-0001-4110-1428] and Merlo, María Laura²[0009-0003-1409-1548]
National University of Hurlingham Av. Gdor. Vergara 2222, Villa Tesei, Province of Buenos Aires
mario@rppl.org
RPG LATAM organization. Paraguay Street 4271 apartment 2A. Palermo, CABA. Argentina.
ap@rppl.org

Summary. This is a descriptive, qualitative study of documentary analysis. It seeks to describe the curricular integration present in the grills of the Kinesiology and Physiatry careers in Argentina, two categories are defined, the presence of clinical subjects in the first two years and the presence of integrated courses. The results show that the greatest integration is given by the presence of clinical subjects in the first two years and to a lesser extent by the presence of integrated courses. The majority of the subjects present some clinical skill in their name, and very few show integration in the same subject of more than one skill as clinical practice demands. We found that there are subjects that contain the word integration or more than two disciplines in their name, but it is not possible to see how they are integrated. Only in one subject are the boundaries between disciplines blurred and a few subjects are organized around a health problem. In turn, in future research it will be necessary to investigate other levels of curricular specification that account for the concretion of integration.

Keywords: Curriculum, Integration, Physiotherapy

1. Introduction

The objective is to describe whether the curricular integration of the official Kinesiology and Physiatry career plans is reflected in the curricular integration. taking into account the presence of clinical subjects in the first two years and the presence of integrated curricular courses.

This is a descriptive, qualitative study of documentary analysis on the 27 ministerial resolutions of public and private management careers in Argentina that represent the total number of published resolutions.

2. Literature review

At the local level, we found few works on curricular analysis, one of them is that of M'rtola (2019), we did not find on curricular integration.

At the international level we find: Schmoll (1990), Ospina Rodríguez (2009) and the reference framework of the World Confederation of Physiotherapy (WCPT), also some models of integrated curricula: University of Qatar and York St. John of the

United Kingdom, the Universidad del Rosario in Colombia and the University of Michigan.Flint in the United States.

3- Theoretical Framework

Integration breaks academic forms unrelated to professional practice (Davini, 2008), and makes it possible to overcome the division between theory and practice. It is, therefore, aimed at overcoming fragmented knowledge towards the development of professional skills (Brailovsky, 2012). Including clinical content from the beginning that increases throughout the course allows the integration between basic and clinical sciences (Harden 2000, Escanero 2007 and Wijnen 2020). The WCPT expresses that the ways to facilitate integration are through the organization of their subjects, the integration of practical teaching with theory, the clinical sciences present in the basic ones, and the teaching of clinical reasoning. Schmoll (1990) proposes to take into account the dynamic relationship between theory and practice.

Curricular integration is necessary in kinesiology to respond to the complexity of clinical practice that demands the integration of various disciplines for the development of competencies, overcoming the fragmentation of knowledge. Also with a view to the future process of accreditation by an external commission.

4- Methods

Descriptive study, of documentary analysis, on 27 ministerial resolutions, which represent the totality of resolutions published in the Computer System of the Ministry of Education of Argentina.

The curricular grills can account for the integration by reflecting courses that have been prioritized from the design and organization of these, among other aspects. Conceptually, the categories and criteria were built taking into account the authors cited in the theoretical framework, who believe that the presence of clinical subjects in the early years and the dilution of disciplinary limits in the organization of curricular courses are, among others, aspects that reflect integration. curriculum.

Table 1. Categories and Criteria

Categories	Conceptual definiton	Classificattion criterio
1.Clinical subjects in the first two years	They integrate conceptual content from various disciplines with professional practice in the early years.	They contain words that reflect clinical skills: semiology, evaluation, analysis, techniques, diagnoses, clinical reasoning, treatment, prognosis, prevention, promotion, etc.

2. Subjects that reflect integration	They seek the integration of knowledge with professional practice, there is no reference to disciplines and/or they are organized according to: problems, health.	They contain the word integration, there is more than one discipline in their name, the boundaries between disciplines are blurred, or they are organized according to health problems.
--------------------------------------	---	---

5- Results

Of 27 grills analyzed, 26 contain, according to the criteria defined in Table 1, clinical subjects in the first two years, these are: semiology (18), kinesic techniques (21), movement analysis and biomechanics (6) evaluation (11), physiotherapy (11), courses oriented to prevention (5), oriented to dysfunction (3). We consider that these subjects, due to their name, reflect the presence of clinical skills and therefore curricular integration in accordance with what is stated in Table 1. These subjects in the first two years break with the classical structure in basic and clinical cycle health training. This allows the student to gradually integrate theory with the development of professional skills from the first years of training.

Of 27 grills analyzed, 16 present integrated courses according to the criteria adopted. This integration is identified by diluting the limits between disciplines in the naming of courses. Those that meet these criteria are: those that contain the word integration (15), in which there is more than one discipline in its name (16), for example: "semiology, medical kinesics", in which the limits are diluted between the disciplines (1), for example: "kinesiology, man and society", and those that are organized towards health problems, such as: dysfunctions of some system (3)

6- Discussion

The grills, except one, contemplate clinical subjects in the first two years. Although we cannot describe the degree of development, we found that there are courses oriented towards professional skills.

Linked to the integration reflected in the curricular courses, some contain the word integration, without giving an account of what integration it is about and in others (final work) the integration remains at the end of the learning. Semiology is found together with other disciplines, the fact that the disciplines appear in the denomination does not reflect what the integration is. Only one space has diluted the limits between disciplines and in the case of courses oriented towards health problems, they only appear on a grill.

7- Conclusions

We have found elements that reflect integration (26/27) due to the presence of the clinic in the early years, however, there is little integration that is reflected between clinical skills. There are fewer grills that present integrated courses (16/27) and those analyzed respond more to the presence of the word integration, the presence of more than one discipline in the name of the space, and to a lesser extent the presence of integrated courses from the disciplines (1) and oriented to health problems (3).

8- Limitations and Future Research

The results of this study reflect the need for future research that provides greater understanding of curricular integration considering other levels of curricular specification (program analysis, observation of practices, interviews with actors, information) which exceeds what is proposed in this study.

9- References

Brailovsky, C. A., & Centeno, Á. M. (2012). Algunas tendencias actuales en educación médica. REDU: revista de docencia universitaria.

Davini, M. C. (2008). Métodos activos de enseñanza y aprendizaje, La integración del conocimiento y la práctica. Versión adaptada del capítulo, 5, 113-133.

Escanero Marcén, J. F. (2007). Integración curricular. Educación médica, 10(4), 23-30.

Harden, RM (2000). La escalera de integración: una herramienta para la planificación y evaluación curricular. EDUCACIÓN MÉDICA-OXFORD- , 34 (7), 551-557.

Mrtola (2019) Los planes de estudio de la carrera de kinesiología y fisioterapia: un estudio comparativo de tres universidades del Conurbano Bonaerense. Universidad Nacional de Jauretche.

Ospina Rodríguez, J., & Torres-Narvaez, M. R. (2009). Actualización en las Tendencias de Formación en Fisioterapia.

Schmoll, BJ y Darnell, RE (1990). Incorporación de la práctica clínica contemporánea en la educación: un modelo de plan de estudios. Teoría y práctica de la fisioterapia , 6 (4), 193-201.

Wijnen-Meijer, M., Van den Broek, S., Koens, F., & Ten Cate, O. (2020). Vertical integration in medical education: the broader perspective. BMC medical education, 20(1), 1-5.

World Physiotherapy. (2022). Guidance for developing a curriculum for physiotherapist entry level education programme. Londres.
https://world.physio/sites/default/files/2022-09/Curriculum_framework_guidance_FINAL.pdf