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SCENARIOS FOR REGENERATION OF REHABILITATION EXPERTISE FOR THE FUTURE

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This is the English version of the publication *Näkymiä kuntoutuksen osaamisen uudistumiseen ja tulevaisuuteen* published by Metropolia University of Applied Sciences.

The publication has been made together with all of the universities of applied sciences that provide rehabilitation education in Finland.



Background to the scenarios for continuing learning in rehabilitation



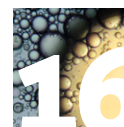
Rehabilitation in 2030



Requirements for rehabilitation competencies towards 2030



Future scenarios: what has happened in rehabilitation in 2030?



Summary

BACKGROUND TO THE SCENARIOS FOR CONTINUING LEARNING IN REHABILITATION

Regeneration of competencies as the aim of the rehabilitation education

At the beginning of 2017, Jyväskylä University of Applied Sciences and Metropolia University of Applied Sciences launched a project in the field of rehabilitation expertise. The aim of the four-year activities of the project was to reform, strengthen and develop rehabilitation training for the benefit of the people in rehabilitation. The project was funded by the Ministry of Education and Culture.

The purpose of the project was to develop a collaborative network with the universities of applied sciences responsible for education in the field of rehabilitation in Finland. Focus was to ensure the quality of education by creating common practices for quality in rehabilitation education and by disseminating good practices. The project has bridged nationally with secondary and university education.

The preparation of the rehabilitation roadmap 2030 started as a nationwide cooperation between universities of applied sciences. During 2020, a common vision and steps for rehabilitation education to 2030 were built. The roadmap was formed through three development programs:

1. reformation of competences in the field of rehabilitation
2. opportunities for continuing learning
3. strengthening research, development and innovation activities in the field of rehabilitation.

The work involved an extensive range of rehabilitation experts. This publication is part of the development program on the opportunities for continuing learning.

The left side of the page features a vertical blue gradient background with numerous water droplets of varying sizes, some in sharp focus and others blurred, creating a textured, organic feel.

Continuing learning and working life cooperation as keys to rehabilitation competencies

The current topic of discussion in the society is continuing learning, which is being promoted in different sectors of society in order to promote Finnish competitiveness and employment. The aim of continuing learning is to respond to changes in and transformation of working life. Special attention is paid to the development of competences at different stages of a person's working life. The Ministry of Education and Culture launched a reform for continuing learning in 2019. In different professional fields, continuous dialogue with working life and organisations and research institutions is needed, in order to develop rehabilitation competences together with all stake holders.

During the project, workshops with rehabilitation professionals were held across Finland, using the method "reminiscing the future". The purpose of the workshops was to discuss the experiences and perceptions of rehabilitation professionals regarding the changes in the field of rehabilitation and the need for new competencies in the future.

The workshops provided information and ideas on the future of rehabilitation and the competences in rehabilitation that are needed in the future.

The aim of this publication is to provide new information and increase understanding of changes in the field of rehabilitation. The information can be utilised in the development of rehabilitation training in universities of applied sciences.

The themes for the discussions in the reminiscing the future- workshops were presented as the following questions:



**"HOW WILL REHABILITATION
BE REALIZED IN 2030?"**

**"WHAT REHABILITATION COMPETENCIES
WILL BE NEEDED IN 2030?"**

**"WHAT WILL HAVE HAPPENED
TO ACCOMPLISH THE SITUATION IN 2030
IN REHABILITATION AND REHABILITATION
COMPETENCIES?"**

Reminiscing the future, co-developing new knowledge and practice

Through ten universities of applied sciences, rehabilitation professionals from different fields of rehabilitation and from different areas of the country were invited to the workshops, which resulted in a nationwide representation. A total of 15 workshops were carried out across Finland, involving a total of 63 rehabilitation experts, teachers and students. The workshops took place from 1 June to 2 October 2020, mainly as on-line workshops. The following universities of applied sciences were responsible for their implementations:

- Jyväskylä University of Applied Sciences
- Lapland University of Applied Sciences
- Laurea University of Applied Sciences
- Metropolia University of Applied Sciences
- Satakunta University of Applied Sciences
- Savonia- University of Applied Sciences
- Seinäjoki University of Applied Sciences
- Southeast Finland University of Applied Sciences
- Tampere University of Applied Sciences
- Turku University of Applied Sciences.

The workshops were designed jointly by the project experts in accordance with research ethics and data protection guidelines. Participants were asked for consent for participation and use of the material. The data collection was carried out as group discussions.

The following chapters describe rehabilitation in 2030 from three perspectives, based on the discussions in the workshops. These three areas are the implementation, the required competences and the changes in rehabilitation practice.

REHABILITATION IN 2030

The most important issues in the implementation of rehabilitation were the utilisation of technology, the multidisciplinary and multiprofessionality in rehabilitation, the individuality of rehabilitation and the active role of the client in his/her own rehabilitation process.

"DIGITALIZATION WILL INCREASE. DIGITAL SERVICES AND DIGITAL REHABILITATION ARE COMMONPLACE."

"DIGITALLY IN REMOTE REHABILITATION — THIS WILL INCREASE AS A TREND."

"MULTIDISCIPLINARITY AND -PROFESSIONALISM ARE ACCOMPLISHED. NETWORK COOPERATION IS SMOOTH, LOW THRESHOLD FOR COOPERATION, NO BOUNDARIES. NETWORK COOPERATION ENABLES THE UTILIZATION OF MULTIDISCIPLINARY EXPERTISE."

Rehabilitation is carried out using technology

Digitalization has increased significantly in rehabilitation. Digital paths and digital rehabilitation are commonplace. Technology has evolved, and various technical solutions have brought new dimensions to the implementation and evaluation of rehabilitation (3D printing, robotization, big data). Technology and artificial intelligence can be used to define individual needs and the feedback received from them can now be used in assessing the effectiveness of rehabilitation.

The use of technology is visible in the use of digitalization (e.g. digital questionnaires), the use of rehabilitation technology solutions and remote guidance. Different technological solutions are part of daily practice, such as smartwatches and -rings for measuring health variables. The use of technology streamlines multidisciplinary, client-centeredness, networking and flexibility in services. A hybrid model is used in rehabilitation, on-site and remote services have found a common client-oriented theme.

Rehabilitation is multidisciplinary and multiprofessional

Rehabilitation has become more diverse and includes multifunctional networks. Multidisciplinary cooperation is strong across sectoral boundaries. We know how to share common knowledge. Networking enables the utilization of multidisciplinary expertise, and the network is transparent, and service providers have easy access to information. Professionals know and value each other's expertise, and the threshold for consultation is low. Primary and specialised health care do not overlap, but enable professionals to work as a team. The service field has expanded, and relatives also take part in rehabilitation.

"COMPREHENSIVE AND RESOURCE-ORIENTED REHABILITATION THAT CONSIDERS THE CLIENT'S NEEDS."

"THE CLIENT IS A PARTNER AND A RESPONSIBLE PLAYER. SHE/HE HAS THE RESPONSIBILITY OF HER/HIS OWN REHABILITATION."

Rehabilitation is individualized and needs-oriented in the client's own environment

The focus of rehabilitation is on the client's everyday life. Rehabilitation is based on understanding the individual's life situation and overall functional capacity. The starting point is the identification of needs, resources and environments. Rehabilitation emphasizes the knowledge of a client's everyday life. The rehabilitation plan is developed together with the client. Rehabilitation professionals act as road signs, who guide and coach their clients to different supportive activities.

Rehabilitation is empowering and facilitates inclusion. The client's equal participation and functionality are realised. The client is listened to and her/his rhythm is considered. The client's own goals (GAS method, Goal Attainment Scaling) guide the rehabilitation process, and the implementation is flexible. Professionals operate in the client's own environment, and rehabilitation is no longer bound to time or place. The effects of rehabilitation are measured from the individual's perspective in their everyday life. Equality and consistency in access to rehabilitation can be achieved through proactive work approach.

The client is an active and responsible actor in her/his own rehabilitation process

Clients have an active and responsible approach to their own rehabilitation. They take responsibility for preventive actions – 'life long -health'. The client is listened to, and his or her own goals direct the rehabilitation. The client chooses suitable methods from the professional's toolbox. The professional is "in the role of coach." Self-assessment and "self-help" indicators are in use.

Requirements FOR REHABILITATION COMPETENCIES TOWARDS 2030

The key competences were interaction, assessment of function, technological know-how with remote rehabilitation, networking involving multidisciplinary and multiprofessional teams, evaluation of impact of the quality of work and research expertise. In addition to these competences, there is a strong need for one's own professional knowledge and skills. Continuing learning must be ensured for all employees. All professionals working in rehabilitation need ever greater and higher levels of expertise in the future.

"ABILITY TO PUT ONESELF IN SOMEONE ELSE'S SHOES AND TO HEAR THE OTHER. THESE ARE THE GENERIC THINGS THAT ARE NEEDED THERE. BEING HUMAN."

"COMPETENCES IN EVALUATION: WHAT A PERSON NEEDS, THE ABILITY TO ASSESS FUNCTIONAL CAPACITY AND THE ASSESSMENT OF THE PROGRESSION OF REHABILITATION."

"LEGAL BASIS AND PEOPLE'S PERSPECTIVE OF ACTIVITIES REQUIRE EXPERTISE."

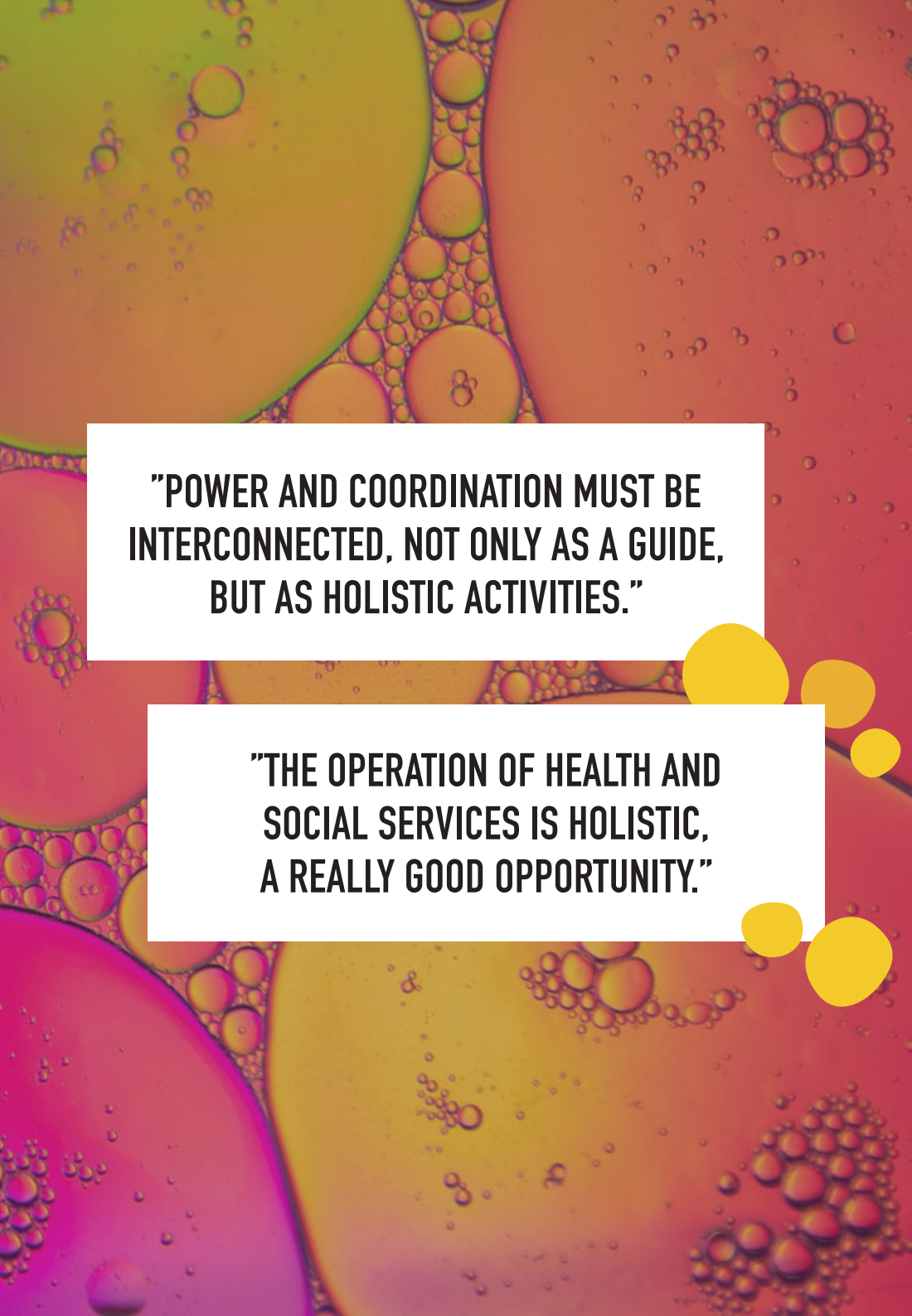
Interaction skills

Competencies in interaction was strongly emphasized as one of the starting points for client-oriented rehabilitation. It requires social skills, the ability to meet the person and a holistic perspective of humans. Interaction requires emotional intelligence, sensitivity and empathy in meeting the client as a psychosocial entity. In particular, it was seen that this should be strengthened throughout a professional's working life.

Expertise in the assessment of function and environment

In the respondents' view, comprehensive expertise was the cornerstone in the assessment of both function and the progress of the rehabilitation process. The client's individual needs and defining the need for help took centre stage in the evaluation. In this context, attention should be paid to expertise in evaluation and assessment. In addition to the expertise in assessing individuals it was considered important to consider the environment and its analysis as part of rehabilitation. Expertise in evaluation should include proactivity and foresight to ensure the successful implementation of rehabilitation. The concurrent evaluation of work capacity, rehabilitation process and rehabilitative work activities were emphasized as specific themes. Unemployment, combined with mental health problems, was highlighted as one particular area of challenges. Working-life skills are so significant in the future, that they were seen as an important area to which more attention should be paid in education and training. As an example, the term "Return to Work Consultant" was used.

It is important to understand fundamental rights of people with disabilities, as well as human rights issues, to consider equality and inequality as part of the actions. In general, understanding of the legal basis was considered essential as part of a professional's future practice and expertise.



"POWER AND COORDINATION MUST BE INTERCONNECTED, NOT ONLY AS A GUIDE, BUT AS HOLISTIC ACTIVITIES."

"THE OPERATION OF HEALTH AND SOCIAL SERVICES IS HOLISTIC, A REALLY GOOD OPPORTUNITY."

Special expertise

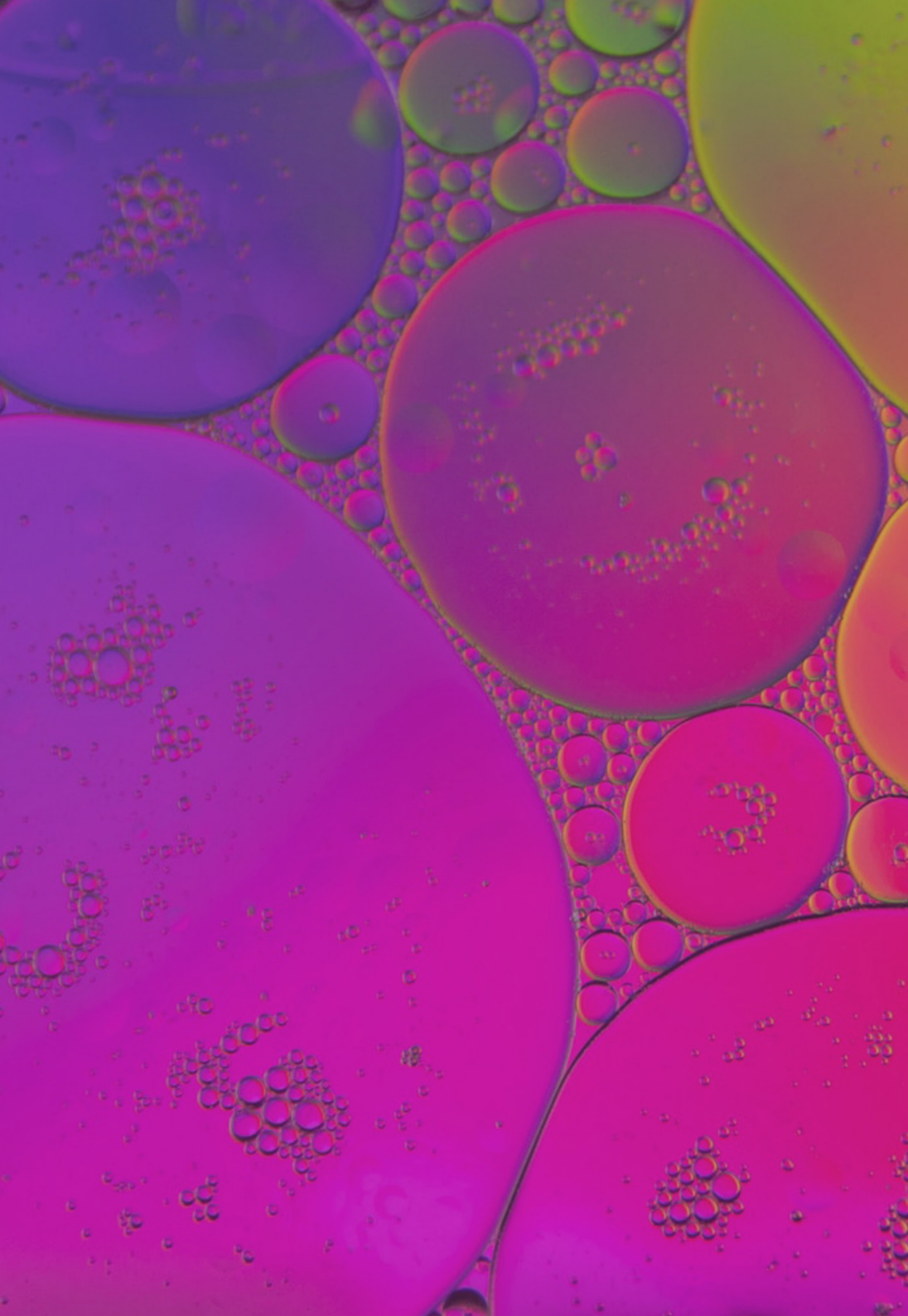
Specialized competencies will remain in the future. It requires a strong professional knowledge and skills base. Experts were of the opinion that it is the basis for all activities in rehabilitation. Comprehensive rehabilitation requires both profession-specific in-depth expertise and the ability to work collaboratively together.

Technology expertise

A strong developing area of expertise is in the use of technology as a competence both for professionals and people in rehabilitation. Competences in remote rehabilitation, digital know-how and online guidance are the future. We also need expertise in the production of digital materials and training skills in virtual education.

Team working skills

Team working in its various forms was highlighted as a particular challenge. Collaboration will play a major role in the future, both in the implementation of rehabilitation and in the provision of services. Terminology used to describe competences in collaboration included: networking, dialogue, multifunctionality, multi-professionalism, multi-disciplinarity, and in particular, the integration of one's own professionalism into the competences of others. In the discussions, it was considered that in the 2030 expertise in co-ordination are important so that the client's needs can be handled smoothly and flexibly. Similarly, management of services and client guidance are emphasized, so that the rehabilitation paths of clients are understood. The trend is the combination of collective competences and team work, so that systematic competences in the field are strengthened.



Impact and research expertise

Effectiveness- and research- competencies are key areas of expertise in rehabilitation, in particular, interpretation and application, as well as complex and cross-sectoral research. On the other hand, more attention should be paid to the quality of work, the ability to reflect on own work and the use of impact indicators, which will highlight the benefits experienced by the client.

In connection to the above, proficiency in knowledge acquisition, innovation, artificial intelligence, technological know-how and health economics are essential in the future rehabilitation expertise.

Expertise for the future


Expertise for innovation, for change and adaptability are needed in rehabilitation in the future. In addition, hybrid-competence, multi-skillfulness, resilience and reform-expertise were mentioned. All in all, it was felt that the change would be permanent in the future and that the skills and competences in connection with the reform are needed. Expertise in social influencing were also seen as part of the work.

Continuing learning as a guarantor for competences

Ensuring continuing learning and upholding continuing learning capacities were seen as important. Competencies must be assessed at regular intervals, and a system must be developed for the health and social services sector that enables self-assessment of own competences. Organizations must take responsibility and offer opportunities for the continuing development of individuals' and the work communities' competences. In the early stages of working life, there could be a mentoring model for professional development that would support the development of a young employee.

FUTURE SCENARIOS: WHAT HAS HAPPENED IN REHABILITATION IN 2030

The implementation of social and structural changes as the rehabilitation process became clearer was identified as the key. This entwined the use of multidisciplinary research in society's decision-making related to the stages of the rehabilitation process. The high-quality impact-research requires education in wide ranging and multi-level rehabilitation practices that considers the empowerment and responsibility of the future rehabilitation client as part of the multidisciplinary network of rehabilitation.



"A NEW SOCIAL AGREEMENT —SHAKE-UP OF POWER, IS NEEDED, SO THAT SERVICES ARE ORGANIZED IN A GENUINELY NEW WAY TO BREAKDOWN BOUNDARIES."

Social and structural changes have taken place

The legislation governing rehabilitation has changed and allows for structural changes that have enabled access to and timely targeting of services. In addition, structural changes have influenced the clarity and comprehensiveness of rehabilitation processes but more work is needed to breakdown boundaries. The fragmentation of the rehabilitation system has also been eliminated.

The expertise in the impact-research in rehabilitation and the results of the research are utilized in decision-making

The number of impact and cost-effectiveness studies in rehabilitation has increased, and it is of a high standard and multidisciplinary. The research results are utilized in decision-making, in social awareness of rehabilitation, in assessment of the quality of services and in competitive tendering.

"THE MOTIVATION OF THE USER IS RECOGNIZED, ENCOURAGED TO TAKE UP NEW THINGS."

"IT WOULD NO LONGER BE SO FIRMLY DIAGNOSTIC-ORIENTED TO SEEK SERVICES SO THAT IT WOULD BE POSSIBLE TO ASSESS MORE EASILY THE ABILITY TO FUNCTION AND ITS CHALLENGES."

Education and training are wide-ranging and educational levels and geographical boundaries are removed

Rehabilitation training has diversified and distributed across educational levels, organisations and geographical locations, so that the quality, versatility and availability of education are improved and broader. Learning environments and content are modern and consider the needs of technology expertise and future expertise related to the rehabilitation process.

The client is empowered and responsible in her/his rehabilitation process

The client is actively and responsibly involved in and consulted on different perspectives in their own environment. The client's rehabilitation needs have been correctly identified. The client is aware of the freedom of choice and options related to her/his situation. She/he is able to utilise technology in the rehabilitation process.

Rehabilitation is carried out in a multidisciplinary manner

The implementation of rehabilitation and the networks of rehabilitation are multidisciplinary and multiprofessional. New areas are involved in rehabilitation. This has triggered a better quality and content of rehabilitation. There is a strong "Working Together ethos" in rehabilitation.

A microscopic view of numerous colorful bubbles of various sizes, ranging from small, faint spheres to large, prominent ones. The bubbles exhibit a spectrum of colors including blues, greens, yellows, and oranges, likely due to light refraction and interference. They are densely packed, with some overlapping, creating a complex, textured appearance.

Summary

The outlook for the regeneration and future of rehabilitation competences is based on three areas: implementation, its changes and the required competences in rehabilitation.

Rehabilitation was examined from a future-oriented perspective until 2030. From this perspective, a vision emerged of the desired state of rehabilitation. The following competencies are required to achieve the vision. In addition, issues were examined which contribute to the realization of the vision.

REHABILITATION IN 2030

- Rehabilitation is carried out using technology.
- Rehabilitation is multidisciplinary and multiprofessional.
- Rehabilitation is individualized and needs-based, taking place in the client's own environment.
- The client is an active and responsible actor in the rehabilitation process.

REQUIRED REHABILITATION COMPETENCES 2030

- Interaction skills
- Expertise in the assessment of function and environment
- Technological skills
- Team working skills
- Impact- and research- expertise
- Innovation and transformation expertise
- Lifelong learning skills

FUTURE SCENARIOS: WHAT HAS HAPPENED IN REHABILITATION IN 2030?

- Education and training are more wide-ranging and educational levels and geographical boundaries are broken
- The client is empowered and responsible in her/his own rehabilitation process.
- The expertise of rehabilitation impact-research and the results of the research are utilized in decision-making.
- Social and structural changes have taken place.

Based on the discussions in the “reminiscing the future” workshops, experts see technology as a strong trend in the future rehabilitation. The versatile use of technology as part of rehabilitation requires strong technological expertise.

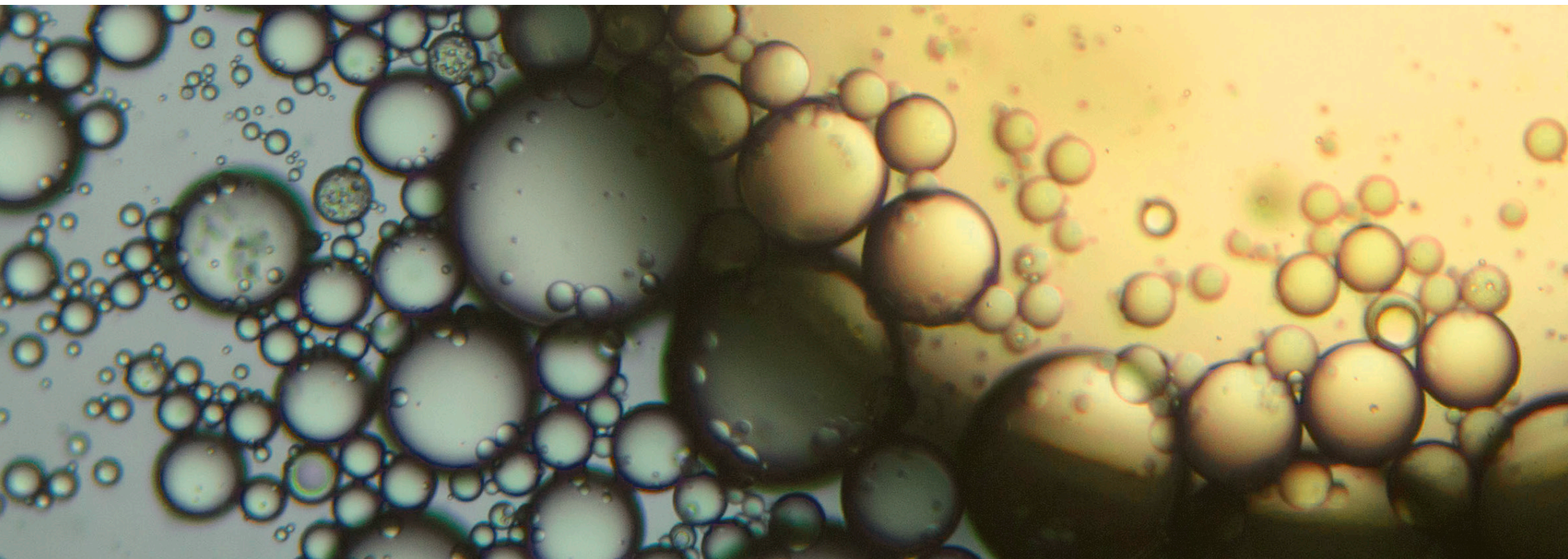
In the future, rehabilitation will be seen as multidisciplinary and multiprofessional collaboration, which requires strengthening competencies for team work. This requires that education should be more comprehensive and that educational levels and scientific boundaries be broken. Learning in practice is required for professionals and organizations.

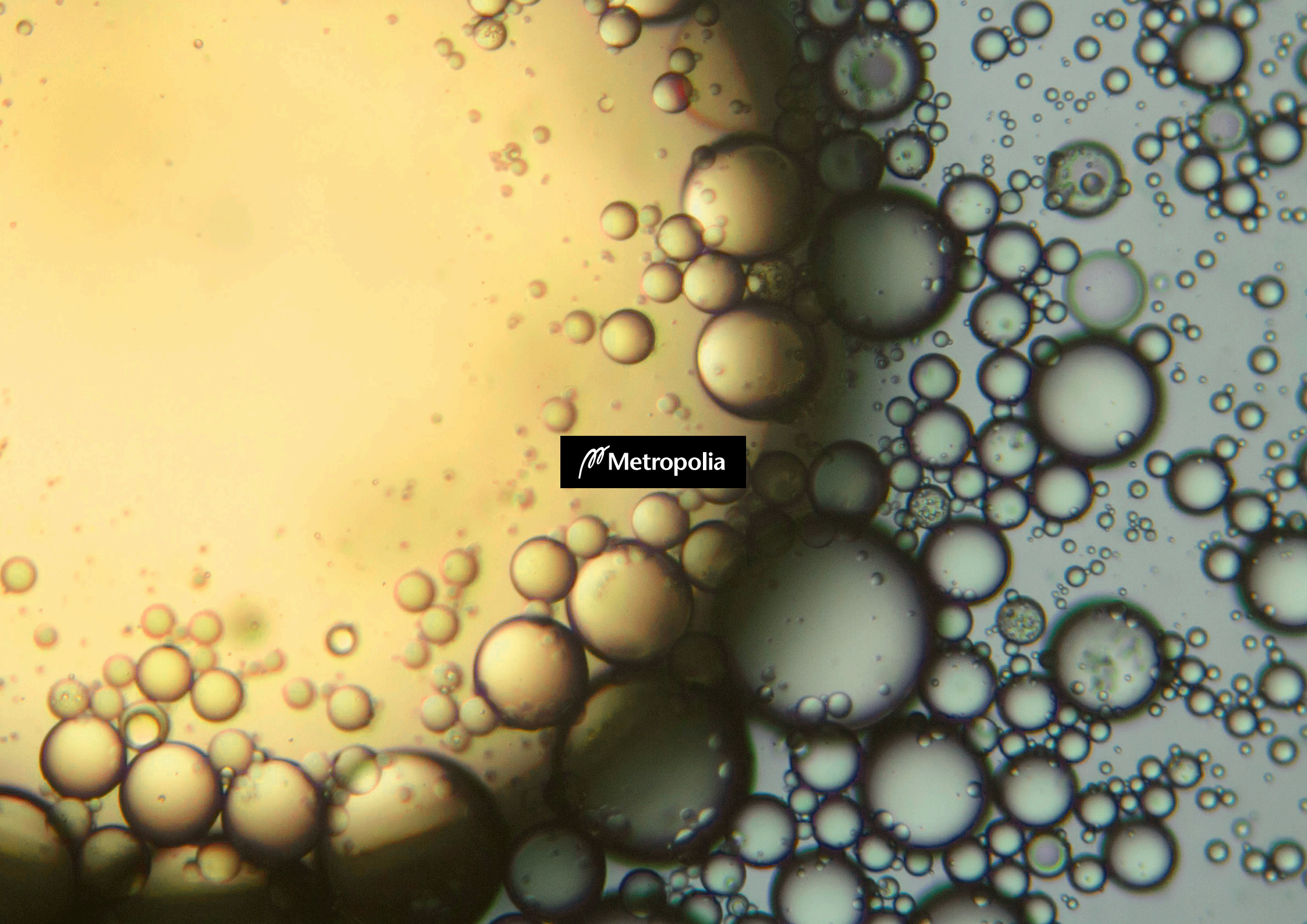
Clients’ individual rights and needs are realized. The client is an active and responsible player in her/his own rehabilitation process. Rehabilitation is individual and needs-based, taking place

in the client’s own environment, which requires comprehensive competencies in the assessment of function and environment. Employees are also required to have strong substance expertise in their own professional field.

The core of future competences will be both change-competence and foresight-expertise in all activities. The expertise of rehabilitation impact-research and the results of the research are utilized in decision making, which requires professionals to have these competencies. By 2030, it will be seen that social and structural changes have taken place.

In general, the participants in the “reminiscing the future” workshops had confidence that rehabilitation was accessible and known to all citizens.





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