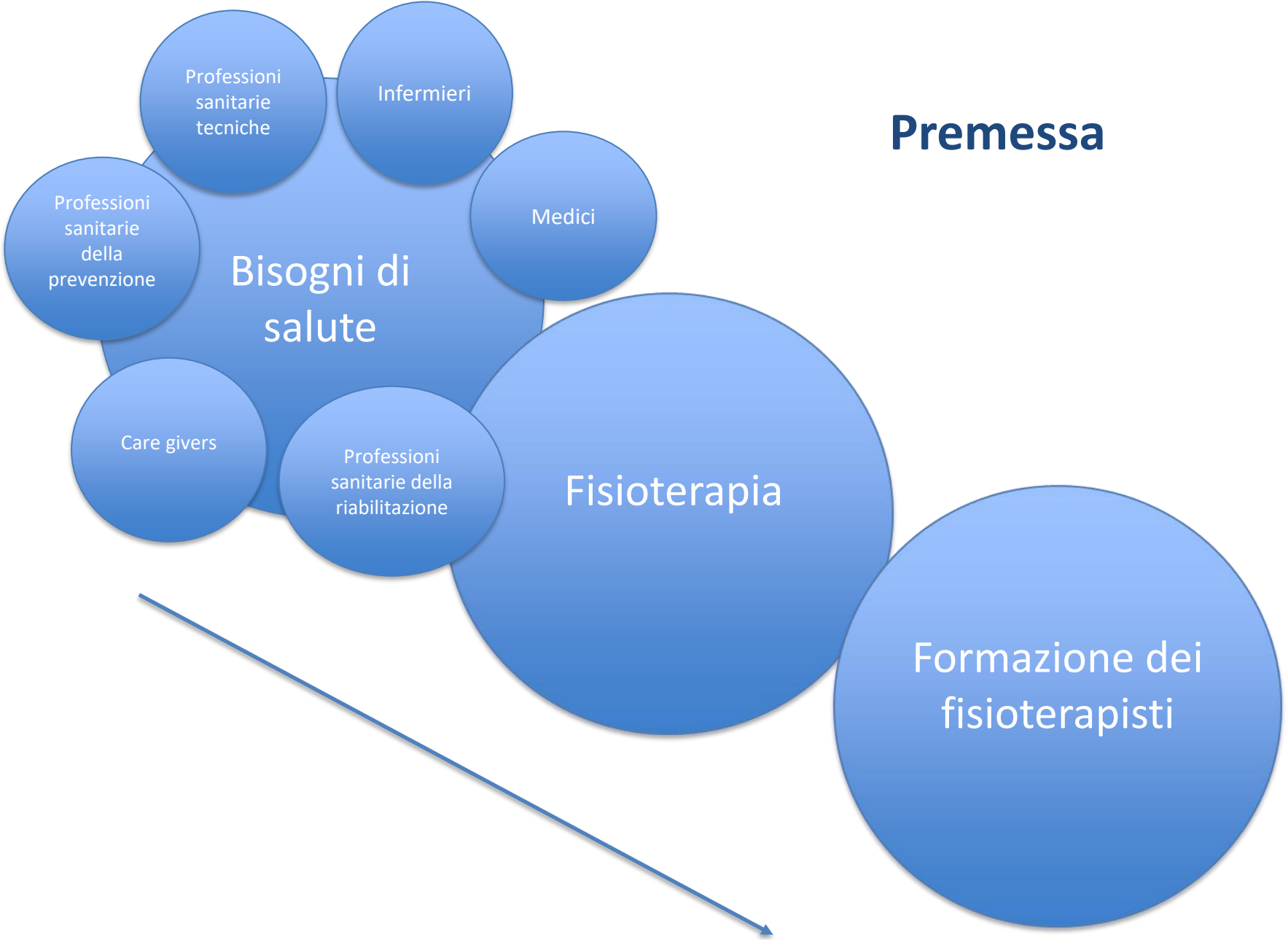
Identità professionale e trasformazioni del sapere: la formazione tra mutamento e senso

Roberto Gatti, *Humanitas University, Ospedale Humanitas*

Premessa

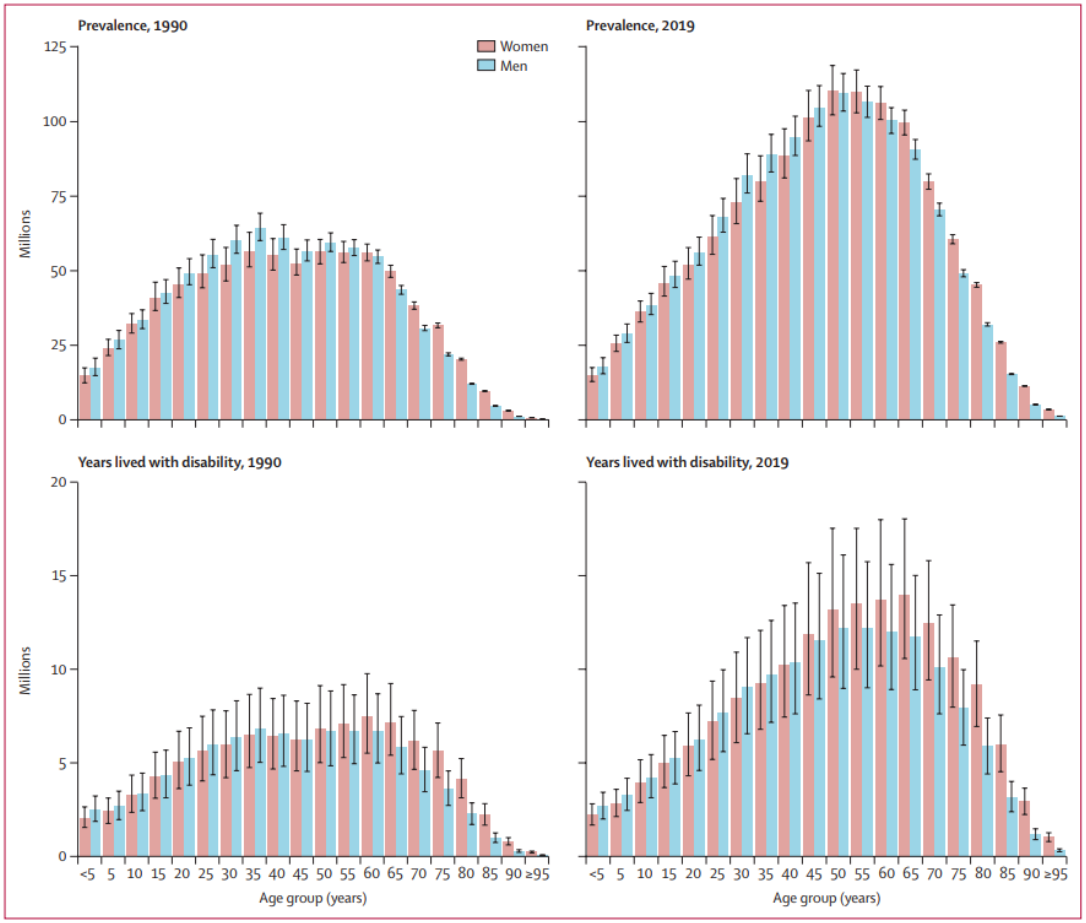

Professioni sanitarie tecniche
Infermieri
Professioni sanitarie della prevenzione
Medici
Bisogni di salute
Care givers
Professioni sanitarie della riabilitazione
Fisioterapia
Formazione dei fisioterapisti

Bisogni di salute

Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019

Alarcos Cieza, Kate Causey, Kaloyan Kamenov, Sarah Wulf Hanson, Somnath Chatterji, Theo Vos

www.thelancet.com **Published online December 1, 2020**



Prevalenza e anni di vita vissuti con disabilità nel 1990 e nel 2019

	Prevalence				Years of life lived with disability				Average disability weight
	All age (millions)		Age-standardised rate (per 1000)		All age (millions)		Age-standardised rate (per 1000)		
	2019	Percentage change*	2019	Percentage change*	2019	Percentage change*	2019	Percentage change*	2019
Overall total	**2412·0 (2338·0 to 2501·0)**	**63% (61 to 64)†**	**298·0 (289·0 to 309·0)**	**–5·6% (–6·1 to –5·1)†**	**310·0 (235·0 to 392·0)**	**69% (67 to 72)†**	**38·0 (29·0 to 49·0)**	**–5% (–6 to –3·9)†**	**0·13 (0·10 to 0·16)**
Musculoskeletal disorders									
Musculoskeletal disorders (total)	**1714·0 (1632·0 to 1800·0)**	**62% (60 to 64)†**	**210·0 (200·0 to 221·0)**	**–8·8% (–10 to –8·2)†**	**149·0 (108·0 to 199·0)**	**59% (55 to 64)†**	**18·0 (13·0 to 24·0)**	**–11% (–13 to –10)†**	**0·08 (0·06 to 0·11)**
Low back pain	568·0 (505·0 to 641·0)	47% (44 to 51)†	70·0 (62·0 to 79·0)	–16% (–17 to –16)†	64·0 (45·0 to 85·0)	47% (43 to 51)†	7·8 (5·5 to 10·0)	–16% (–17 to –16)†	0·11 (0·08 to 0·15)
Neck pain	223·0 (179·0 to 281·0)	79% (70 to 87)†	27·0 (22·0 to 34·0)	–0·45 % (–2·6 to 1·7)	22·0 (15·0 to 32·0)	78% (69 to 87)†	2·7 (1·8 to 3·8)	–0·31% (–2·5 to 1·8)	0·10 (0·07 to 0·14)
Fractures	436·0 (411·0 to 465·0)	69% (67 to 71)†	54·0 (51·0 to 57·0)	–6·9% (–7·8 to –6·0)†	26·0 (18·0 to 36·0)	66% (63 to 68)†	3·2 (2·2 to 4·4)	–8·3% (9·5 to –7·2)†	0·06 (0·04 to 0·08)
Other injuries	305·0 (282·0 to 336·0)	43% (40 to 46)†	38·0 (35·0 to 41·0)	–17% (–18 to –15)†	11·0 (7·5 to 15·0)	25% (19 to 31)†	1·3 (0·9 to 1·8)	–24% (–27 to –21)†	0·03 (0·02 to 0·05)
Osteoarthritis	344·0 (275·0 to 414·0)	114% (112 to 117)†	41·0 (33·0 to 50·0)	3·1 % (1·8 to 4·2)†	19·0 (10·0 to 38·0)	115% (112 to 117)†	2·3 (1·2 to 4·5)	3·3% (2 to 4·6)†	0·05 (0·03 to 0·1)
Amputation	176·0 (164·0 to 190·0)	52% (50 to 55)†	22·0 (20·0 to 23·0)	–13% (–14 to –12)†	5·5 (3·8 to 7·7)	36% (29 to 44)†	0·7 (0·5to 1·0)	–23% (–27 to –18)†	0·03 (0·02 to 0·04)
Rheumatoid arthritis	13·0 (12·0 to 15·0)	106% (104 to 109)†	1·6 (1·5 to 1·8)	8·1% (7·5 to 8·6)†	2·4 (1·7 to 3·3)	105% (102 to 108)†	0·3 (0·2 to 0·4)	8·3% (7·3 to 9·3)†	0·18 (0·13 to 0·24)
Neurological disorders									
Neurological disorders (total)	**255·0 (242·0 to 268·0)**	**106% (103 to 110)†**	**32·0 (31·0 to 34·0)**	**10% (8·4 to 12)†**	**51·0 (37·0 to 65·0)**	**104% (100 to 109)†**	**6·4 (4·7 to 8·2)**	**11% (8·5 to 13)†**	**0·20 (0·15 to 0·25)**
Cerebral palsy	50·0 (44·0 to 57·0)	159% (138 to 183)†	6·6 (5·8 to 7·6)	94% (78 to 111)†	11·0 (7·4 to 15·0)	155% (134 to 178)†	1·4 (1·0 to 1·9)	91% (76 to 108)†	0·21 (0·15 to 0·28)
Stroke	86·0 (79·0 to 94·0)	85% (82 to 88)†	11·0 (10·0 to 12·0)	–6·1% (–7·3 to –4·9)†	18·0 (13·0 to 23·0)	89% (85 to 93)†	2·2 (1·6 to 2·8)	–4·7% (–6·1 to –3·3)†	0·21 (0·15 to 0·26)
Traumatic brain injury	49·0 (47·0 to 51·0)	80% (78 to 82)†	6·0 (5·7 to 6·3)	–0·01% (–1·1 to 1·2)	7·1 (5·0 to 10·0)	79% (77 to 82)†	0·9 (0·6 to 1·2)	0·16% (–1 to 1·3)	0·14 (0·1 to 0·2)
Alzheimer's disease and dementia	52·0 (44·0 to 59·0)	161% (156 to 166)†	6·8 (5·9 to 7·8)	5·7% (4·3 to 6·9)†	7·4 (5·2 to 10·0)	165% (159 to 171)†	1·0 (0·7 to 1·3)	5·5% (4 to 6·8)†	0·14 (0·11 to 0·18)
Spinal cord injury	21·0 (19·0 to 24·0)	82% (74 to 87)†	2·5 (2·3 to 2·9)	5·8 % (2·7 to 10)†	6·2 (4·5 to 8·2)	65% (56 to 72)†	0·8 (0·6 to 1·0)	–1·6% (–5·6 to 3·3)	0·30 (0·22 to 0·38)
Parkinson's disease	3·9 (3·3 to 4·7)	156% (150 to 161)†	0·5 (0·4 to 0·6)	16% (13 to 18)†	1·2 (0·8 to 1·6)	155% (149 to 161)†	0·2 (0·1 to 0·2)	16% (13 to 19)†	0·30 (0·21 to 0·39)
Multiple sclerosis	1·4 (1·2 to 1·5)	72% (66 to 77)†	0·2 (0·1 to 0·2)	–6·1% (–8·7 to –3·8)†	0·5 (0·3 to 0·6)	71% (65 to 77)†	0·1 (0·04 to 0·07)	–5·8% (–8·6 to –2·9)†	0·33 (0·24 to 0·42)
Motor neuron disease	0·2 (0·2 to 0·3)	69% (62 to 76)†	0·03 (0·02 to 0·03)	1·9% (0·61 to 3·4)†	0·1 (0·0 to 0·1)	69% (62 to 76)†	0·01 (0 to 0·01)	1·9% (0·57 to 3·3)†	0·25 (0·17 to 0·32)
Guillain-Barré syndrome	0·1 (0·1 to 0·1)	67% (57 to 77)†	0·01 (0·01 to 0·02)	6·6 % (3·6 to 10)†	0·03 (0·02 to 0·04)	67% (57 to 77)†	0 (0 to 0·01)	6·5% (3·6 to 9·5)†	0·30 (0·20 to 0·41)

	Prevalence				Years of life lived with disability				Average disability weight
	All age (millions)		Age-standardised rate (per 1000)		All age (millions)		Age-standardised rate (per 1000)		
	2019	Percentage change*	2019	Percentage change*	2019	Percentage change*	2019	Percentage change*	2019
(Continued from previous page)									
Mental disorders									
Mental disorders (total)	**187·0 (147·0 to 229·0)**	**40% (36 to 47)†**	**24·0 (19 to 30)**	**0·52% (–2·1 to 4·2)**	**29·0 (22·0 to 37·0)**	**53% (49 to 58)†**	**3·7 (2·8 to 4·7)**	**1·7% (0·06 to 3·5)†**	**0·16 (0·12 to 0·20)**
Developmental intellectual disability	137·0 (97·0 to 177·0)	37% (32 to 46)†	18·0 (13·0 to 23·0)	1·2% (–2·5 to 7·1)	10·0 (6·1 to 14·0)	44% (37 to 54)†	1·3 (0·8 to 1·9)	6·5% (1·3 to 13)†	0·07 (0·05 to 0·1)
Schizophrenia	24·0 (20·0 to 27·0)	66% (63 to 69)†	2·9 (2·5 to 3·3)	–0·88% (–1·7 to –0·13)†	15·0 (11·0 to 19·0)	65% (62 to 69)†	1·8 (1·3 to 2·3)	–0·57% (–1·6 to 0·38)	0·64 (0·49 to 0·76)
Autism spectrum disorders	28·0 (24·0 to 34·0)	39% (39 to 40)†	3·7 (3·1 to 4·4)	–0·93% (–1·3 to –0·61)†	4·3 (2·8 to 6·2)	39% (38 to 40)†	0·6 (0·4 to 0·8)	–0·76% (–1·4 to –0·16)†	0·15 (0·11 to 0·21)
Chronic respiratory diseases									
Chronic respiratory diseases (total)	**118·0 (107·0 to 130·0)**	**89% (85 to 93)†**	**15·0 (13·0 to 16·0)**	**–6% (–7·7 to –4·1)†**	**20·0 (17·0 to 22·0)**	**89% (85 to 94)†**	**2·5 (2·1 to 2·8)**	**–4·8% (–6·6 to –3)†**	**0·17 (0·14 to 0·19)**
Chronic obstructive pulmonary disease	118·0 (107·0 to 130·0)	89% (85 to 93)†	15·0 (13·0 to 16·0)	–6% (–7·7 to –4·1)†	20·0 (17·0 to 22·0)	89% (85 to 94)†	2·5 (2·1 to 2·8)	–4·8% (–6·6 to –3)†	0·17 (0·14 to 0·19)
Cardiovascular diseases									
Cardiovascular diseases (total)	**37·0 (30·0 to 44·0)**	**106% (99 to 113)†**	**4·6 (3·9 to 5·6)**	**–7·2% (–10 to –4)†**	**4·2 (2·7 to 6)**	**106% (99 to 114)†**	**0·5 (0·4 to 0·8)**	**–6·9% (–10 to –3·7)†**	**0·11 (0·08 to 0·16)**
Heart failure	35·0 (29·0 to 43·0)	107% (99 to 115)†	4·5 (3·7 to 5·4)	–6·9% (–10 to –3·5)†	4·1 (2·6 to 5·8)	107% (99 to 115)†	0·5 (0·3 to 0·7)	6·7% (–10 to –3·3)†	0·11 (0·08 to 0·16)
Acute myocardial infarction	1·3 (1·1 to 1·5)	82% (80 to 84)†	0·2 (0·1 to 0·2)	–15% (–16 to –14)†	0·1 (0·1 to 0·2)	83% (79 to 86)†	0·01 (0·01 to 0·02)	–14% (–16 to –13)†	0·09 (0·06 to 0·12)
Neoplasms									
Neoplasms (total)	**18·0 (17·0 to 19·0)**	**118% (104 to 132)†**	**2·2 (2·0 to 2·3)**	**4·7% (–2·2 to 12)**	**1·9 (1·4 to 2·6)**	**129% (114 to 144)†**	**0·2 (0·2 to 0·3)**	**15% (7·5 to 22)†**	**0·11 (0·08 to 0·14)**

*Percentage change from 1990 to 2019. †Statistically significant.

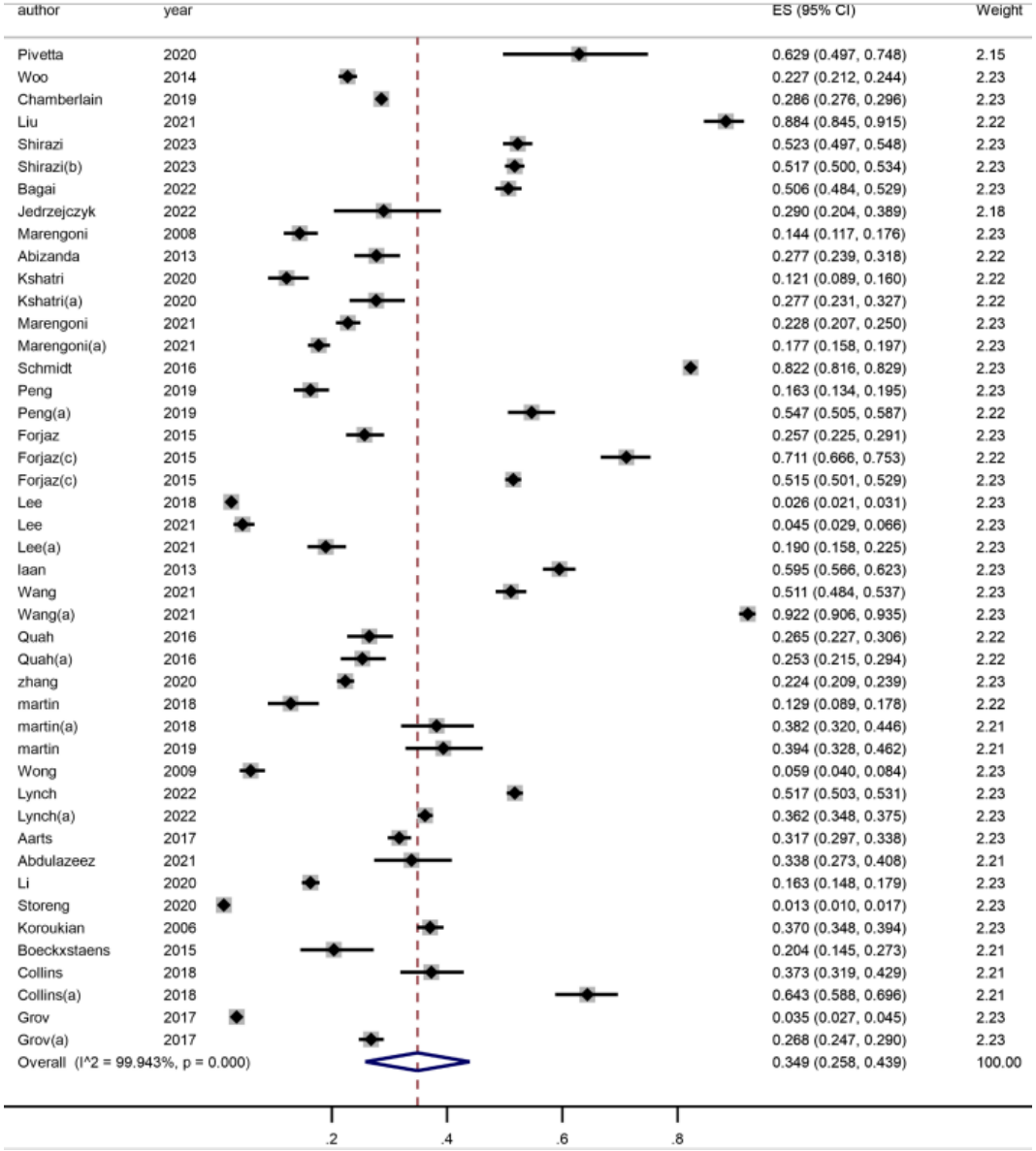
Aging Clinical and Experimental Research (2024) 36:186
https://doi.org/10.1007/s40520-024-02835-2

REVIEW

The prevalence of disability in older adults with multimorbidity: a meta-analysis

Jin Zhang[1] · Yan Sun[1] · Aiying Li[2]

32 articoli (71.135 soggetti anziani con comorbidità) sono stati inclusi nello studio. La prevalenza di disabilità è del 34.9% (95% CI=25.8-43.9%).



Physiotherapy

note: Entrata in vigore del decreto: 24/1/1995

Articoli

1
2
3

A D O T T A

il seguente regolamento:

Art. 1.

1. E' individuata la figura del fisioterapista con il seguente profilo: il fisioterapista e' l'operatore sanitario, in possesso del diploma universitario abilitante, che svolge in via autonoma, o in collaborazione con altre figure sanitarie, gli interventi di prevenzione, cura e riabilitazione nelle aree della motricita', delle funzioni corticali superiori, e di quelle viscerali conseguenti a eventi patologici, a varia eziologia, congenita od acquisita.

2. In riferimento alla diagnosi ed alle prescrizioni del medico, nell'ambito delle proprie competenze, il fisioterapista:

a) elabora, anche in equipe multidisciplinare, la definizione del programma di riabilitazione volto all'individuazione ed al superamento del bisogno di salute del disabile;

b) pratica autonomamente attivita' terapeutica per la rieducazione funzionale delle disabilita' motorie, psicomotorie e cognitive utilizzando terapie fisiche, manuali, massoterapiche e occupazionali;

c) propone l'adozione di protesi ed ausili, ne addestra all'uso e ne verifica l'efficacia;

d) verifica le rispondenze della metodologia riabilitativa attuata agli obiettivi di recupero funzionale.

Concetti superati	Concetti da inserire
Terapie fisiche **Massoterapia**	**Esperto di esercizio terapeutico** **Uso delle tecnologie a scopo riabilitativo** **Fisioterapia di Comunità** **Transdisciplinarietà (es: invecchiamento attivo)**

Formazione dei fisioterapisti

LM/SNT/2 Classe delle lauree magistrali in SCIENZE DELLE PROFESSIONI SANITARIE DELLA RIABILITAZIONE

OBIETTIVI FORMATIVI QUALIFICANTI

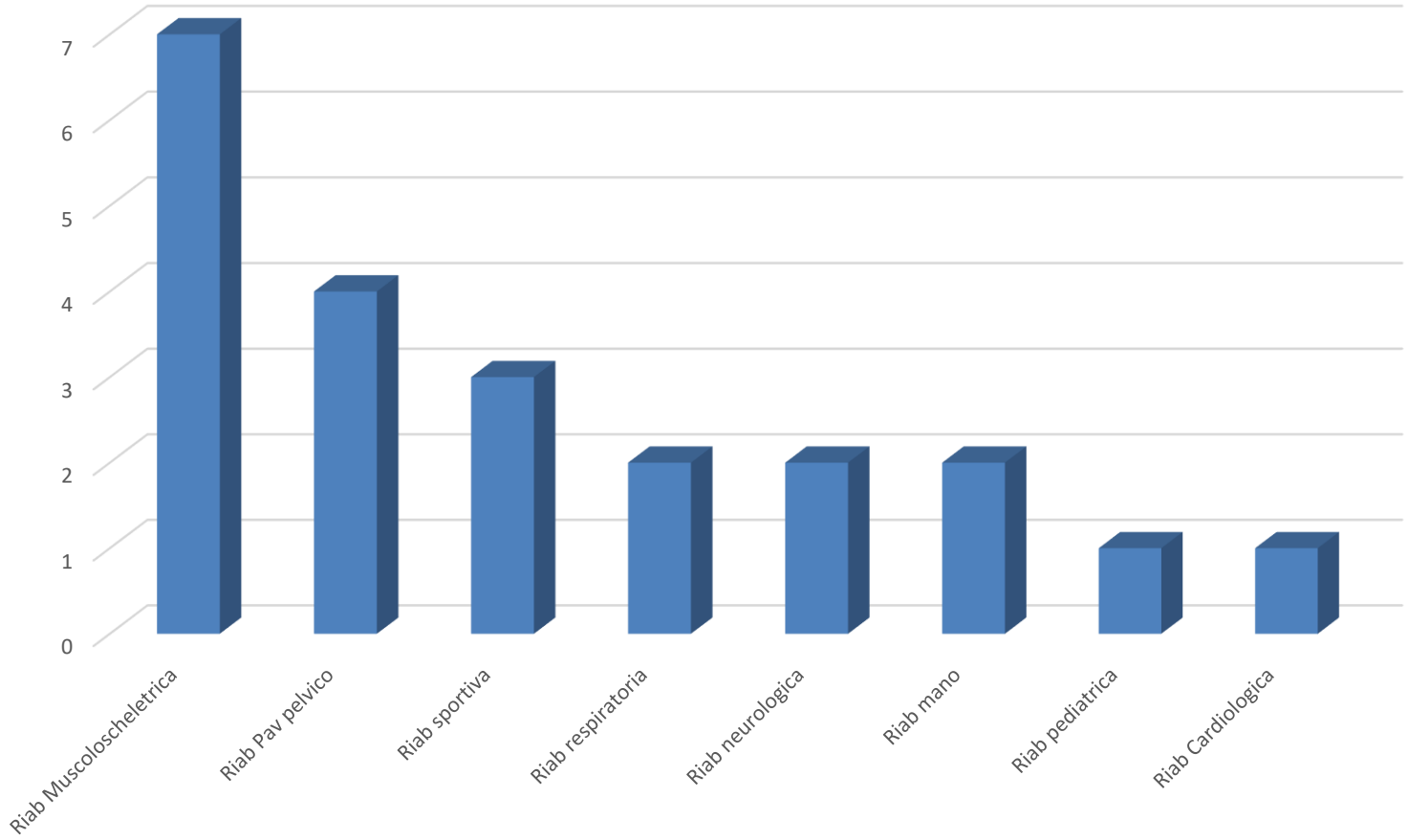
I laureati della classe della Laurea Magistrale nelle Scienze delle professioni sanitarie della riabilitazione, ai sensi dell'articolo 6, comma 3 del decreto legislativo n. 502/1992 e successive modificazioni e integrazioni e ai sensi della legge 10 agosto 2000, n. 251, articolo 2 , comma 1, possiedono una formazione culturale e professionale avanzata per intervenire con elevate competenze nei processi assistenziali gestionali, formativi e di ricerca in uno degli ambiti pertinenti alle diverse professioni sanitarie ricomprese nella classe (podologo, fisioterapista, logopedista, ortottista - assistente di oftalmologia, terapista della neuro e psicomotricità dell'età evolutiva, tecnico dell'educazione e della riabilitazione psichiatrica e psicosociale, terapista occupazionale, educatore professionale).

Scienze giuridiche ed economiche	IUS/01 - Diritto privato IUS/09 - Istituzioni di diritto pubblico SECS-P/07 - Economia aziendale SECS-S/02 - Statistica per la ricerca sperimentale e tecnologica	3

Dimensioni antropologiche, pedagogiche e psicologiche	M-DEA/01 - Discipline demoetnoantropologiche M-PED/01 - Pedagogia generale e sociale M-PSI/04 - Psicologia dello sviluppo e psicologia dell'educazione SPS/07 - Sociologia generale SPS/08 - Sociologia dei processi culturali e comunicativi	3

Scienze del Management Sanitario	IUS/07 - Diritto del lavoro IUS/09 - Istituzioni di diritto pubblico IUS/10 - Diritto amministrativo IUS/13 - Diritto internazionale IUS/14 - Diritto dell'unione europea M-PSI/05 - Psicologia sociale M-PSI/06 - Psicologia del lavoro e delle organizzazioni MAT/09 - Ricerca operativa MED/42 - Igiene generale e applicata SECS-P/06 - Economia applicata SECS-P/10 - Organizzazione aziendale SPS/09 - Sociologia dei processi economici e del lavoro	6

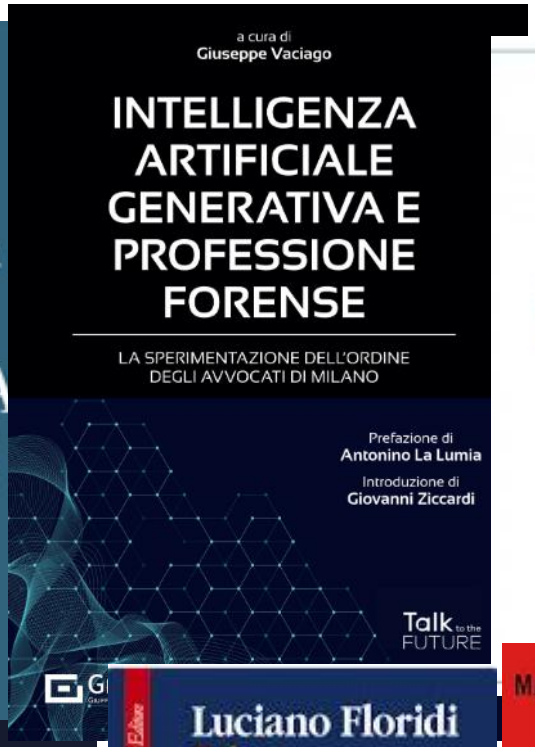
a.a. 2024/2025: master I livello aperti ai fisioterapisti



Tutti pensano
a cambiare
il mondo, ma
nessuno pensa
a cambiar
se stesso
•LEV TOLSTOJ•

2a Edizione
INTELLIGENZA ARTIFICIALE PER LE RISORSE UMANE
Utilizzare l'IA per supportare e sviluppare una forza lavoro di successo
BEN EUBANKS
HIVE
SEAC

Giuseppe Zenti
DALLA
CRISTIANITÀ
ALL'
INTELLIGENZA ARTIFICIALE
I CAMBIAMENTI EPOCALI DA ME VISSUTI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Giuseppe Vaciago
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LA SPERIMENTAZIONE DELL'ORDINE DEGLI AVVOCATI DI MILANO
Prefazione di
Antonino La Lumia
Introduzione di
Giovanni Ziccardi
Talk to the FUTURE

Intelligenza artificiale e diritti della persona
a cura di
Dario Bazzelli e Massimo Palazzo
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Intelligenza artificiale
Il diritto, i diritti, l'etica
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ESERCIZI SPIRITUALI CONTRO L'INTELLIGENZA ARTIFICIALE
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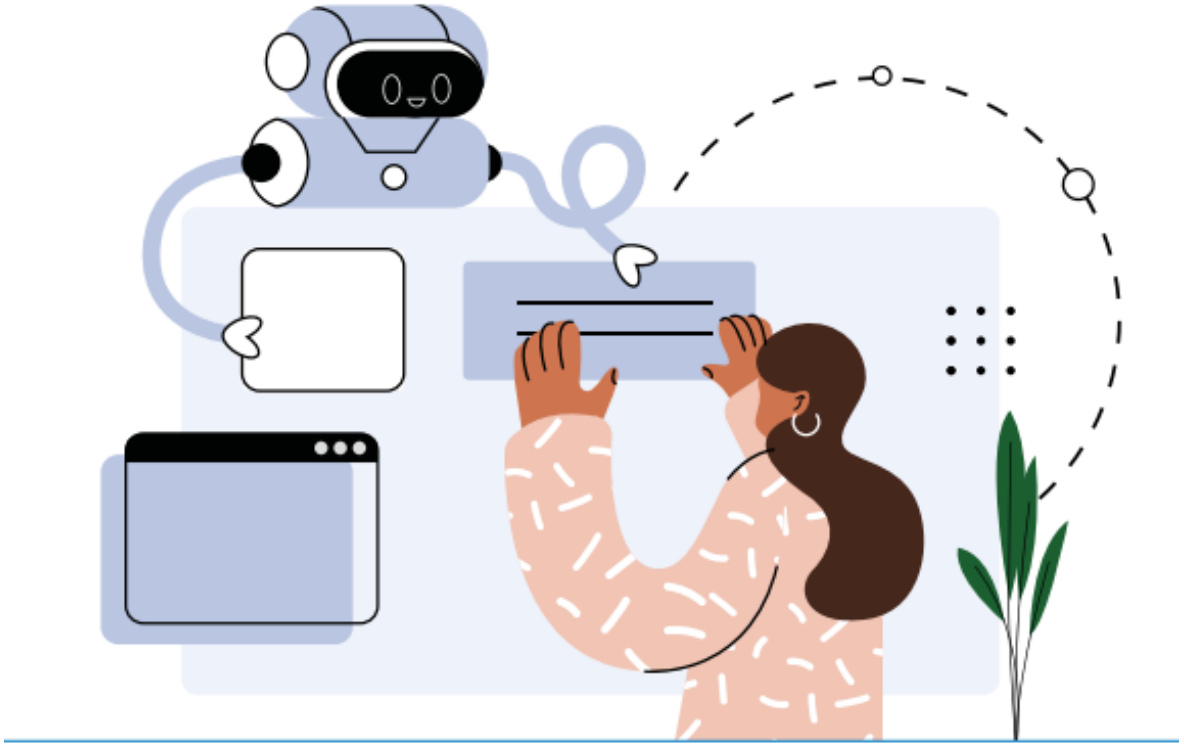
Guidance for generative AI in education and research

Education 2030



Education 2030

HU HUMANITAS UNIVERSITY

6.5 Rethinking assessment and learning outcomes

The implications of GenAI for assessment go far beyond the immediate concerns about learners cheating on written assignments. We must contend with the fact that GenAI can produce relatively well-organized papers and essays and impressive works of art, and can pass some knowledge-based exams in certain subject areas. We therefore need to rethink what exactly should be learned and to what ends, and how learning is to be assessed and validated.

6.6 Thinking processes

The most fundamental perspective of the long-term implications of GenAI for education and research is still about the complementary relationship between human agency and machines. One of the key questions is whether humans can possibly cede basic levels of thinking and skill-acquisition processes to AI and rather concentrate on higher-order thinking skills based on the outputs provided by AI.

PLOS DIGITAL HEALTH

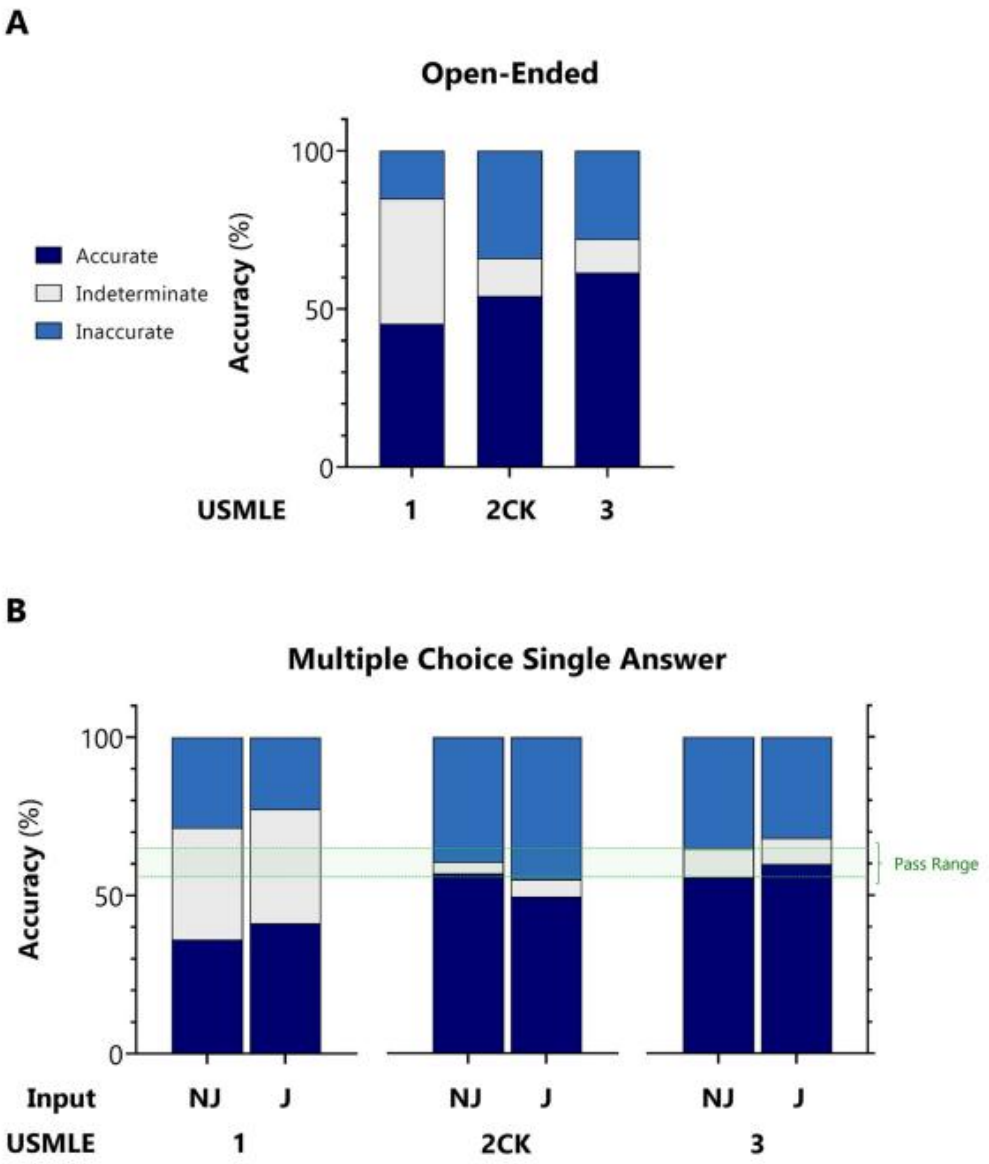
RESEARCH ARTICLE

Performance of ChatGPT on USMLE: Potential for AI-assisted medical education using large language models

Tiffany H. Kung[1,2], Morgan Cheatham[3], Arielle Medenilla[1], Czarina Sillos[1], Lorie De Leon[1], Camille Elepaño[1], Maria Madriaga[1], Rimel Aggabao[1], Giezel Diaz-Candido[1], James Maningo[1], Victor Tseng[1,4]*

A: Accuratezza delle risposte alle domande aperte previste dal test USMLE

B: Accuratezza delle risposte alle domande a risposta multipla previste dal test USMLE, con o senza giustificazione



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Open Access Original Article

Performance of ChatGPT in Solving Questions From the Progress Test (Brazilian National Medical Exam): A Potential Artificial Intelligence Tool in Medical Practice

Review began 07/08/2024
Review ended 07/14/2024
Published 07/19/2024

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Rodrigues Alessi et al. This is an open

Mateus Rodrigues Alessi [1], Heitor A. Gomes [1], Matheus Lopes de Castro [1], Cristina Terumy Okamoto [2]

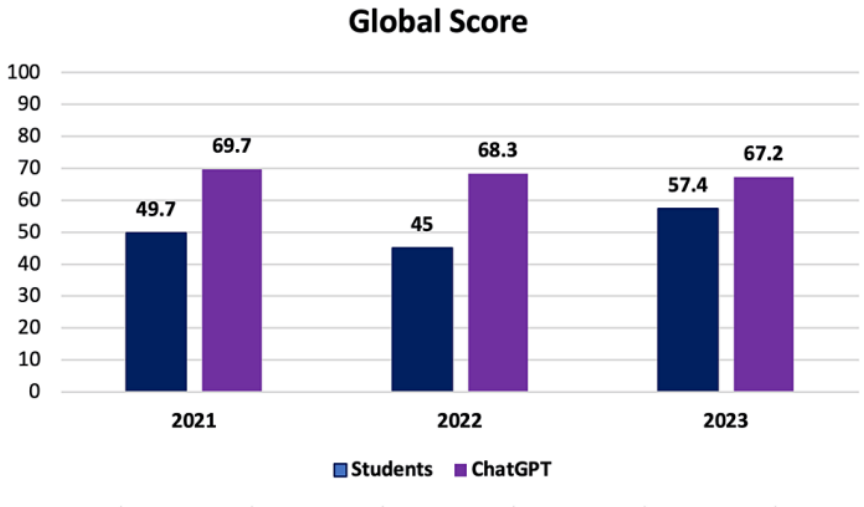


FIGURE 1: Score by year.

Percentage score by each year of all students and ChatGPT.

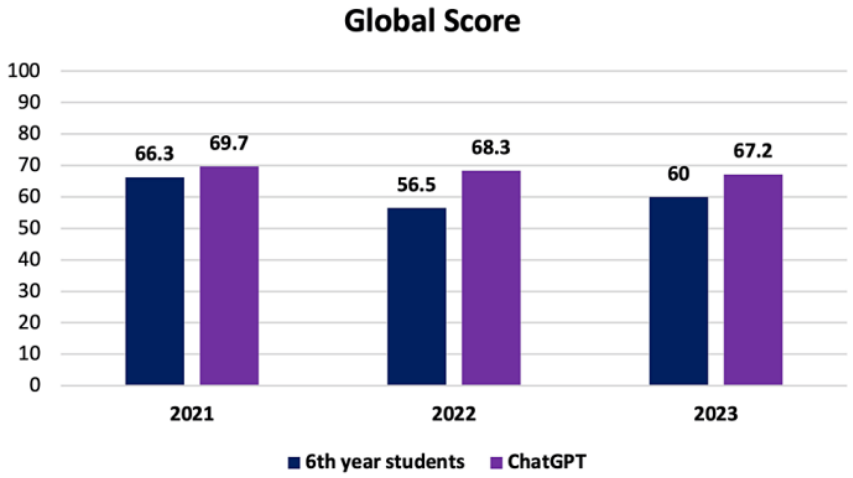
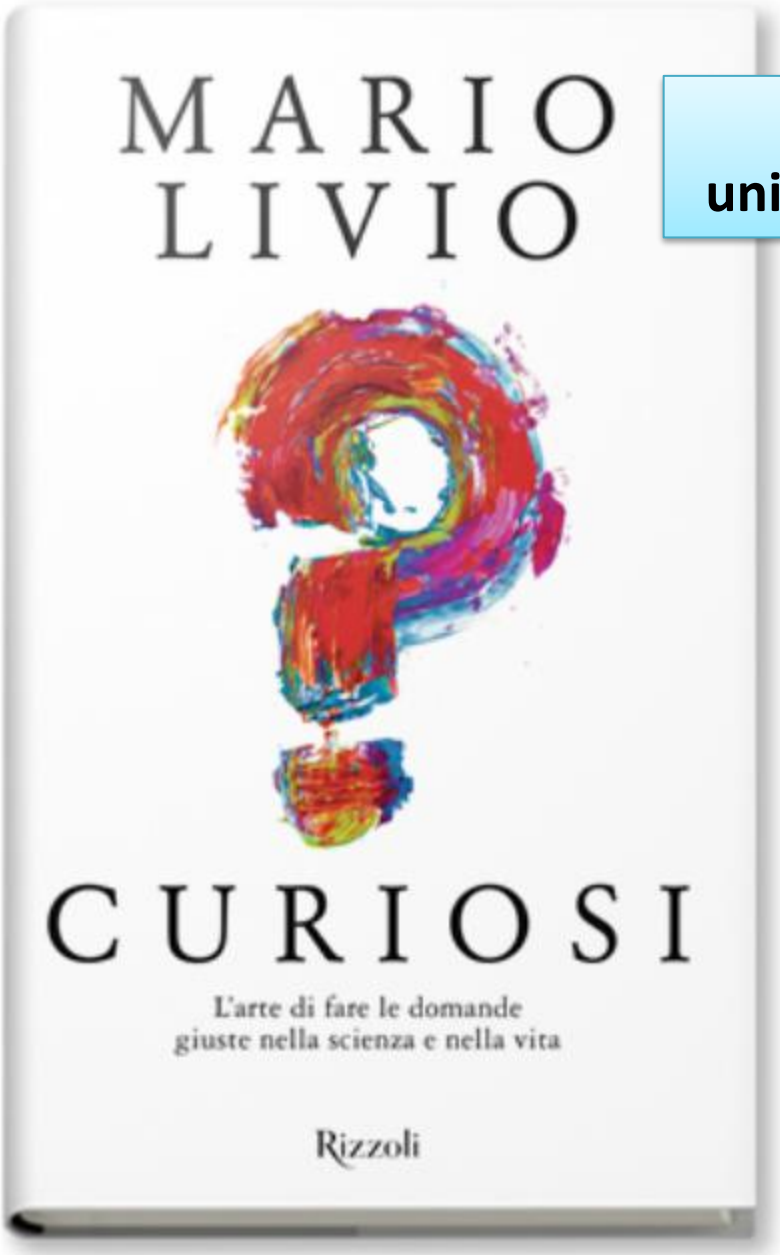


FIGURE 2: Score by year of sixth-year students.

Percentage score by each year of only sixth-year students and ChatGPT.



Farsi le domande giuste:
unico modo per ottenere risposte corrette

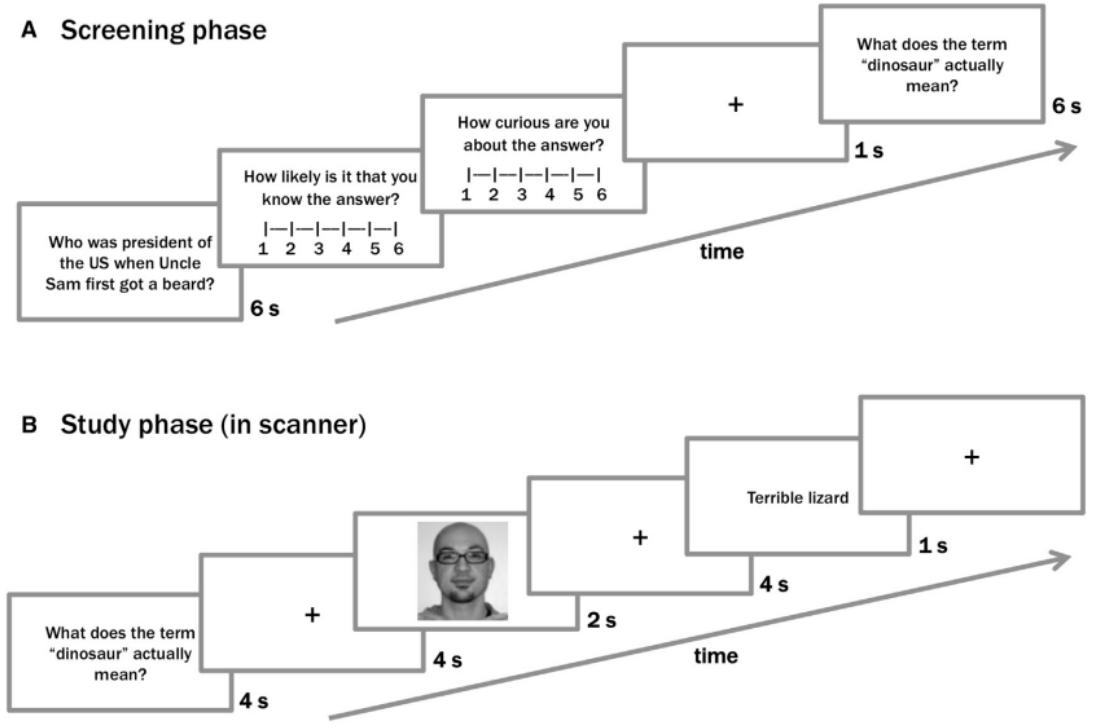
« … la curiosità è un fenomeno inarrestabile, che nasce dal porsi le domande giuste, motore della nostra spinta alla scoperta, all'esplorazione, alla conoscenza del pianeta e di ciò che ci circonda…»

States of Curiosity Modulate Hippocampus-Dependent Learning via the Dopaminergic Circuit

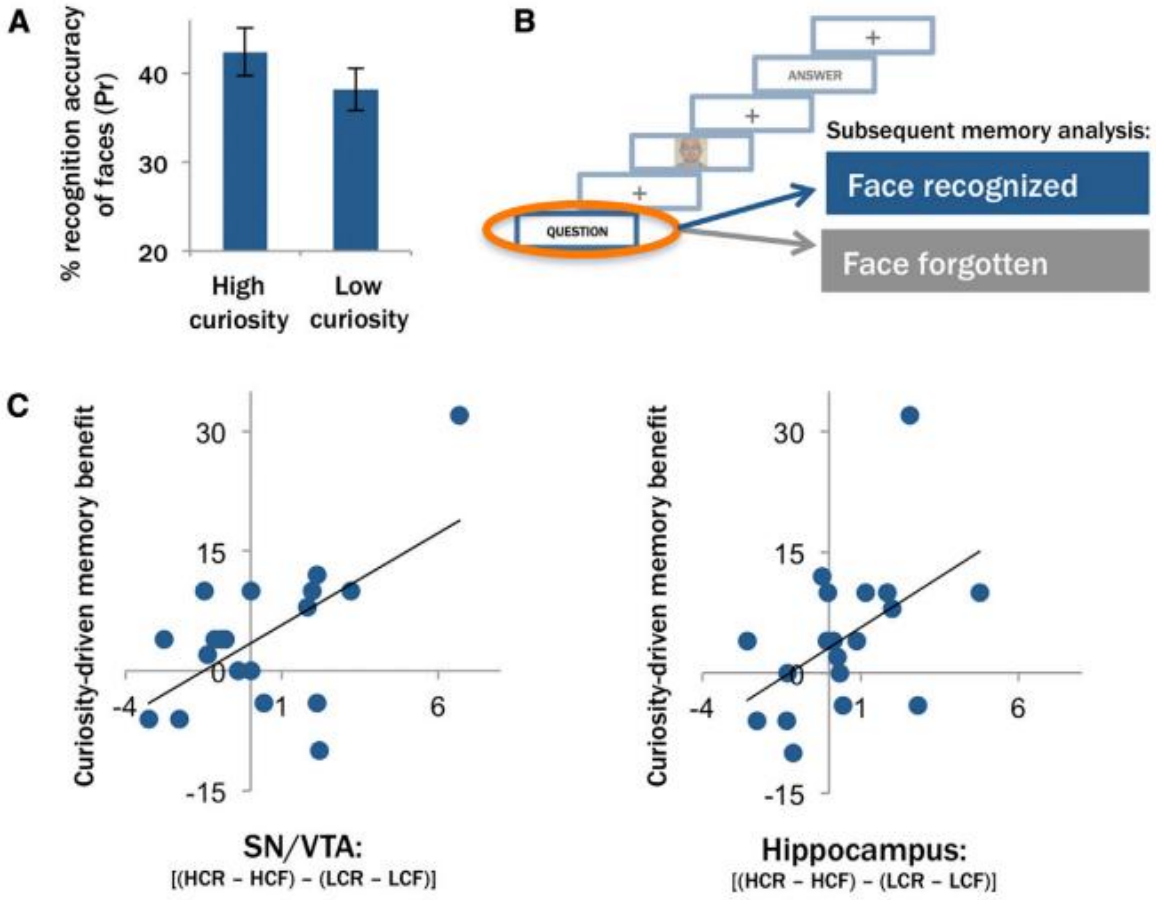
Matthias J. Gruber,[1,*] Bernard D. Gelman,[1] and Charan Ranganath[1,2]

SUMMARY

People find it easier to learn about topics that interest them, but little is known about the mechanisms by which intrinsic motivational states affect learning. We used functional magnetic resonance imaging to investigate how curiosity (intrinsic motivation to learn) influences memory. In both immediate and one-day-delayed memory tests, participants showed improved memory for information that they were curious about and for incidental material learned during states of high curiosity. Functional magnetic resonance imaging results revealed that activity in the midbrain and the nucleus accumbens was enhanced during states of high curiosity. Importantly, individual variability in curiosity-driven memory benefits for incidental material was supported by anticipatory activity in the midbrain and hippocampus and by functional connectivity between these regions. These findings suggest a link between the mechanisms supporting extrinsic reward motivation and intrinsic curiosity and highlight the importance of stimulating curiosity to create more effective learning experiences.



Enhanced Incidental Learning of Faces Encoded during States of High Curiosity



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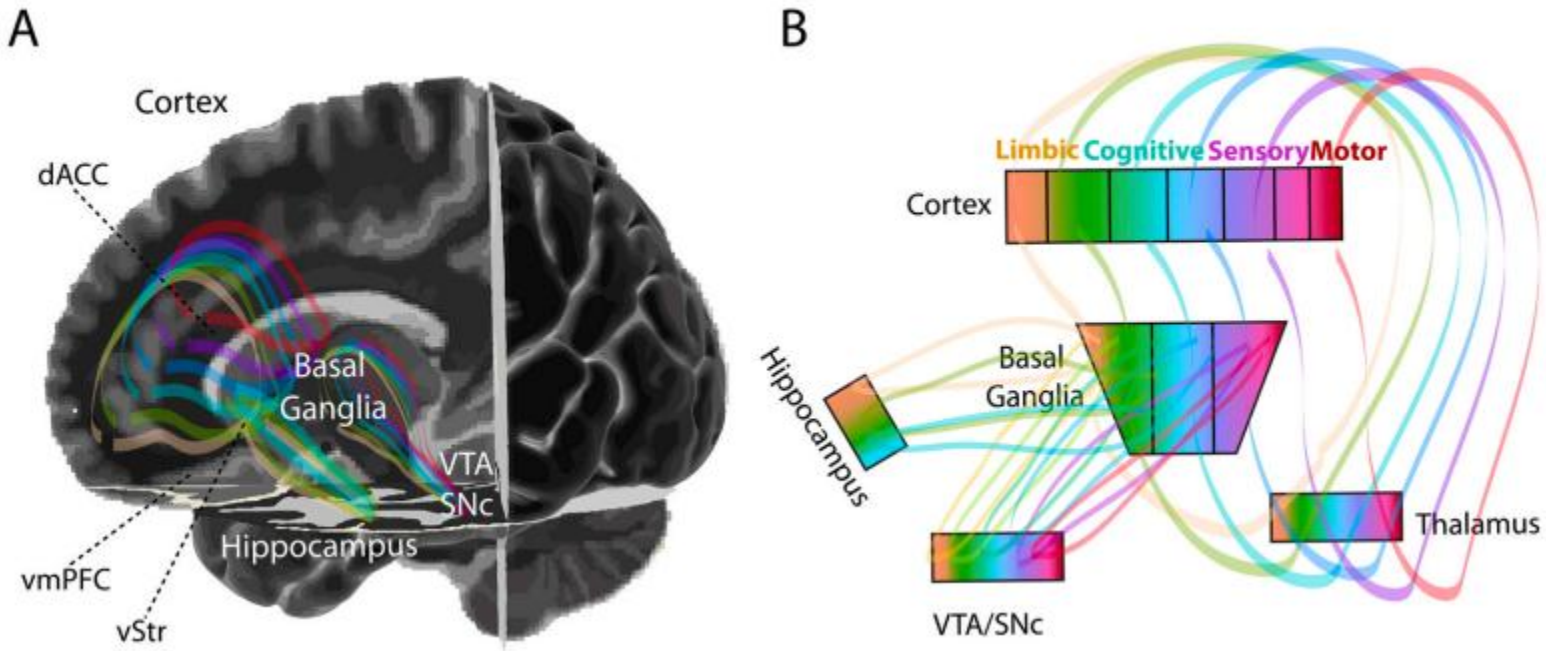
L'active learning rinforza I circuiti di apprendimento, la curiosità, e le interazioni sociali alla pari, aumentando la motivazione e le abilità cognitive

The neuroscience of active learning and direct instruction

Janet M. Dubinsky [*,1], Arif A. Hamid

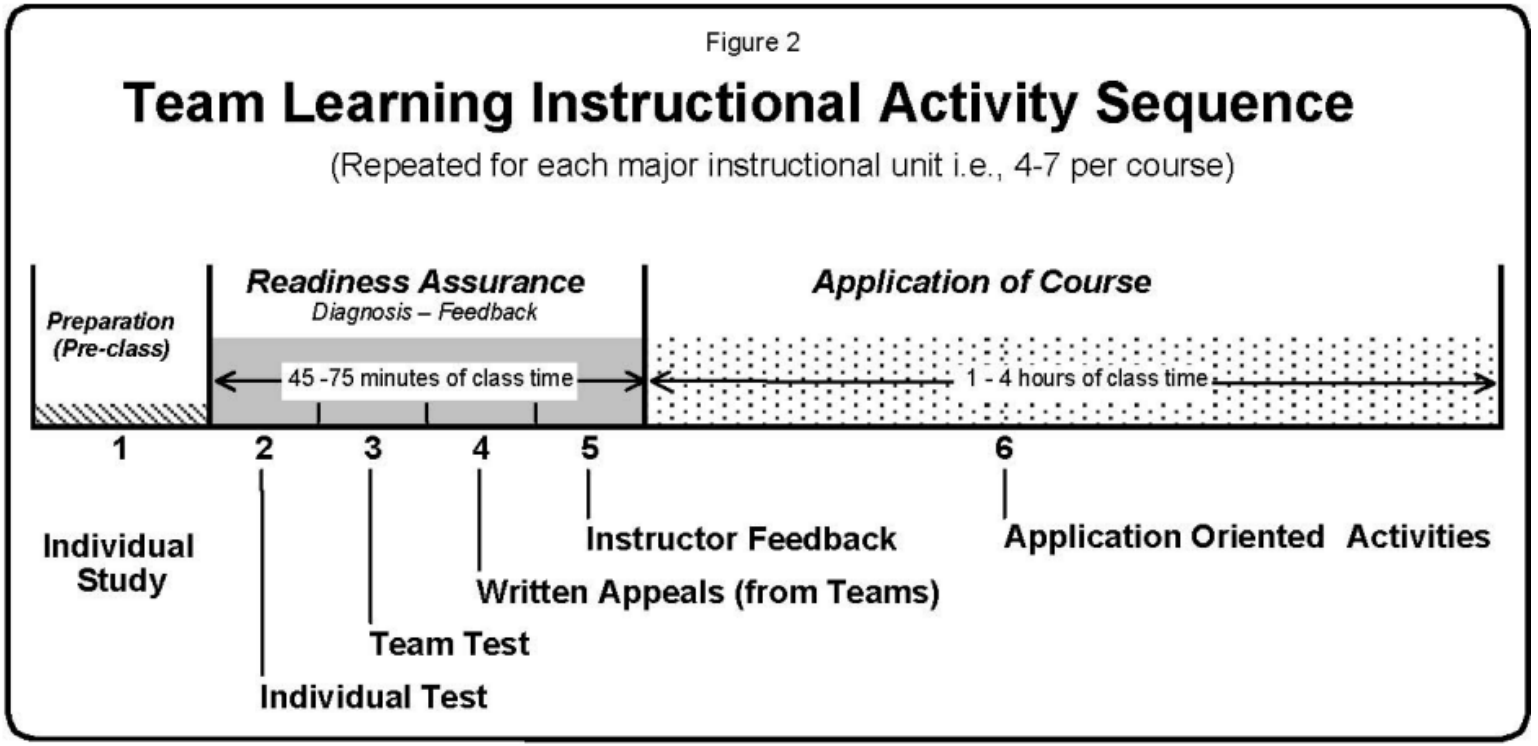


Team based learning

Il grande potere del TBL dipende da un singolo fattore: l'alto livello di coesione che si manifesta dentro lo "student learning Team

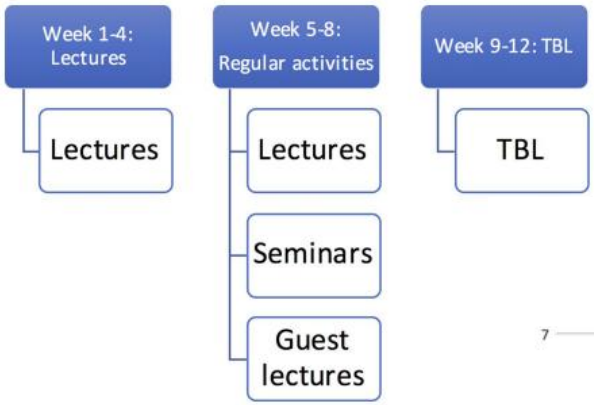
In alter parole, l'efficacia di questo approccio si basa sul fatto che esso promuove una coesione di Gruppo, utile all'apprendimento

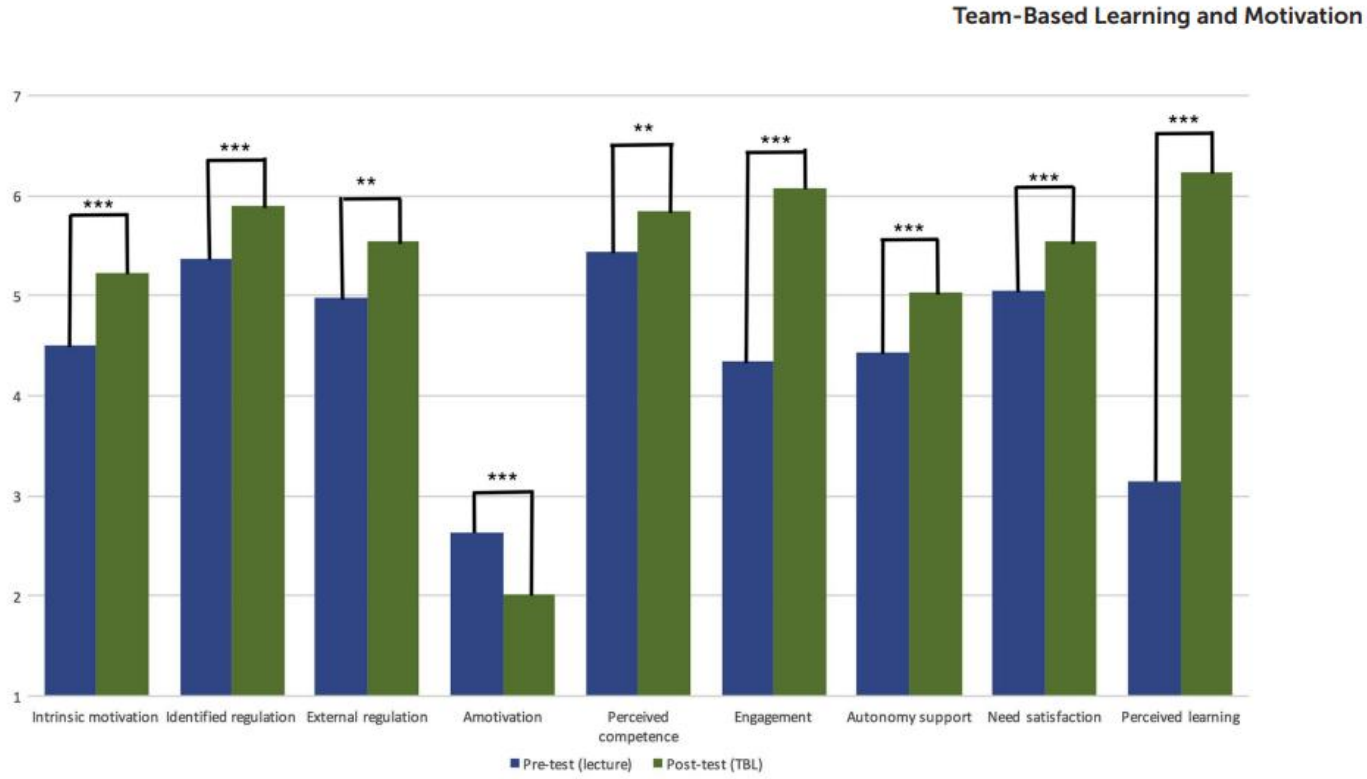
Larry Michaelsen



The Relative Effect of Team-Based Learning on Motivation and Learning: A Self-Determination Theory Perspective

Lucas M. Jeno,[†*] Arild Raaheim,[‡] Sara Madeleine Kristensen,[§] Kjell Daniel Kristensen,[§] Torstein Nielsen Hole,[‡] Mildrid J. Haugland,[‖] and Silje Mæland[‖]





Percezione degli studenti di Fisioterapia sul team-based learning

Table-1: Students responses on knowledge, practices and satisfaction regarding team-based learning.

Sr. No	Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Overall satisfaction with team experience						
1.	Do you think working in team is a valuable experience?	0.9%	6.3%	5.9%	54.5%	32.4%
2.	Do you think that the other team members and you have equally contributed?	4.1%	9.5%	17.1%	53.2%	16.2%
3.	Do you think the team has worked well together?	1.4%	3.6%	14.9%	55.0%	25.2%
4.	Do you think that the other team members have respect for you?	1.4%	1.4%	13.1%	59.0%	25.2%
5.	Do you think team work is a productive use of course time?	0.5%	1.8%	9.5%	50.0%	38.3%
Impact of team on Quality of learning						
6.	Do you think the team helped you to understand course material more than studying alone?	1.8%	6.8%	5.9%	42.8%	42.8%
7.	Do you think that when you are in team you have learned a lot?	0.9%	3.2%	6.8%	49.1%	40.1%
8.	Do you think that being part of team helps you to improve your grades?	1.8%	5.9%	13.5%	48.7%	30.2%
Compliance with PEER Evaluation						
9.	Do you think your peers are fair to judge your contribution in a team?	1.4%	9.9%	27.9%	54.1%	6.8%
10.	Do you think peer evaluation motivates you to work harder?	1.8%	6.8%	9.0%	60.8%	21.6%
11.	Do you think peer evaluation motivates you to work more collaboratively?	1.4%	5.4%	10.4%	63.1%	19.8%
12.	Do you think you like the use of peer evaluation as a part of your team?	1.8%	7.7%	20.3%	54.5%	15.8%
Impact of team on clinical reasoning ability						
13.	Do you think being a team member has helped you to become better problem solver?	0.9%	1.8%	7.2%	55.0%	35.1%
14.	Do you think team makes good decision?	2.7%	4.1%	19.8%	50.0%	27.9%
15.	Do you think team discussion has improved your ability to solve problem?	0.9%	3.6%	6.3%	55.9%	33.3%
Professional development						
16.	Do you think it helps you to develop skills to work with others?	0.9%	0.5%	4.5%	47.8%	46.4%
17.	Do you think it helps you to develop cooperative leadership skills?	0.0%	4.1%	7.2%	46.4%	42.3%
18.	Do you think it helps you to develop more respect for the opinions of others?	0.9%	2.3%	4.1%	55.4%	37.4%
19.	Do you think it helps you to enhance the sense of who you are?	2.3%	2.3%	9.5%	52.7%	33.3%

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Interprofessional Team-Based Learning: A Qualitative Study on the Experiences of Nursing and Physiotherapy Students

OPEN ACCESS

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TABLE 2 | Design of the IPE course.

Phrase	Session
Preparation (1 week in advance)	Pre-class study materials from different disciplines delivered to students for preapration of the course
Implementation Face-to-face meeting	Session 1: Individual Readiness Assurance Test (iRAT) - Students worked individually on MCQs related to the reading materials Session 2: Team formulation & Ice-breaking Activity - Students formed into small teams with 5–7 members from at least two disciplines. - Students introduced each other for better understanding among themselves. Session 3: Team Readiness Assurance Test (tRAT) - Students worked as teams to discuss on the same set of questions. - Each team submitted one answer for each question. Session 4: Team Appeals - Students were allowed to appeal if they disagreed with the answers from the above session. Session 5 - Teachers as a role of facilitator provided constructive feedback to students. Session 6: Team Application Exercise - A clinical scenario designed to inspire team discussion. - Each team submitted one answer for each question.

TABLE 3 | Interview question.

1. How would you describe your experience of participating in this course?
2. What is your experience of working in a team?
3. How do students from different professions work together to solve problems?
4. How could this learning experience help you in preparing for your future career?

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Check for updates

RESEARCH ARTICLE

REVISED How to cross the line: design principles for interdisciplinary education

[version 2; peer review: 3 approved, 2 approved with reservations, 2 not approved]

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Conclusioni

La formazione dei fisioterapisti deve essere incentrata sulla risposta ai bisogni di salute ai quali risponde la fisioterapia.
Sarebbe importante:

- rivedere i contenuti della formazione post-graduate
- rivedere le modalità di erogazione della didattica

Ritengo che Formazione si basi sul condurre gli studenti a porsi le domande giuste e comunicargli la passione e il metodo per cercare le risposte

Grazie per l’attenzione