

Methods: International modified eDelphi study conducted in 3 rounds. The panel was made up of expert's researchers in telehealth selected on the Expertscape and Pubmed platform, in addition to clinicians, professors, administrators and higher-level coordinators for the snowball sample. The questions were developed by an international steering committee and tested in a pilot test. The first round was presented to the participants with closed questions, with 47 competences distributed in 11 domains, and an open question, the participants judged the degree of agreement on the competencies and suggested new competencies. The consensus was defined with the competencies that reached high agreement (>75%) at the end of the third round.

Results: Total of 100 participants, from 18 different countries, responded to first round suggesting 2 new competencies and 1 new domain. At the end of the third round with 80 participants, we reached a consensus (>75%) with 47 core competencies in a telehealth curriculum distributed in 12 domains: principles of telehealth; care planning and management; assessment, diagnosis, and treatment; adequacy of the environment; professionalism; legal aspects; patient privacy; patient safety; access and equity; patient preference; technology; applicability of telehealth.

Conclusion: Our framework describes the core competencies distributed in different domains necessary in the telehealth curriculum in health care higher education, recommended by a panel of international experts, clinicians and professors. Future research on implementation and effectiveness needs to be carried out to investigate whether the structure provided in this study covers the need to train future professionals.

Implications: This curriculum is a first step towards promoting higher education and training of future health professionals in telehealth care. The core competencies in a telehealth curriculum make it possible to guide teaching institutions and health course coordinators, regarding the training of students and contribution in the disciplines that use or may use the telehealth resource, being a first step in the educational development of international telehealth.

Keywords: Curriculum, Telehealth, Delphi study

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304

COMPARISON OF SYMPTOMS AND CHANGES IN PHYSICAL ACTIVITY LEVEL AFTER COPD EXACERBATION

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Background: Chronic obstructive pulmonary disease (COPD) has periods of stability and exacerbations, and in exacerbated cases there is an increase in symptoms, which may lead to the need for hospitalization, resulting in greater physical inactivity and time in sedentary activities. Thus, it becomes necessary to verify behavior

change in relation to the level of physical activity after COPD exacerbation.

Objectives: To compare short-term symptomatology, distance covered in the 6-minute walk test (6MWT) and behavioral change in relation to the level of physical activity using a wearable device in patients after COPD exacerbation.

Methods: This is a longitudinal observational study, in patients after hospitalization for exacerbation of COPD. Patients were evaluated before hospital discharge and after 30 days. An anamnesis was performed, symptomatology was evaluated using the Medical Research Council questionnaires - MRC dyspnea; COPD Assessment Test™ - CAT, a 6-minute Walk Test (6MWT) was performed, and an actigraph activPAL3M accelerometer was placed in the anterior region of the middle third of the right thigh to assess the level of physical activity, which the patient used for 7 days consecutive. Data were analyzed using the SPSS program, and the dependent samples test was used to compare the two moments.

Results: We evaluated 24 patients, 13 (54%) female and 11 (46%) male, with a mean age of 66±7.68 years, FEV1 of 42±9.12%, GOLD 3 (3-3), length of stay was 6(5-6) days, MRC 3(2-3). There was a significant difference between the moments (pre discharge and 30 days) in CAT 26(20-19) and 17(14-26) (p=0.021), 6MWT 282(214-326) and 347(289-402) (p=0.000), sitting time 1281(974-1326) and 1052(895-1270) minutes/week (p=0.007), standing time 171(129-422) and 306(160-431) minutes/week (p=0.035), walking time 63(33-134) and 89(54-124) minutes/day (p=0.54), number of steps 2839(1331-8417) and 4755(2503-6933) steps/day (p=0.53), inactive time 1281(974-1326) and 1052(895-1270) (p=0.007) minutes/day, active time 421(305-497) and 1307(1002-1351) (p=0.000) minutes/day.

Conclusion: The main findings were that 30 days after hospitalization for the exacerbation of COPD, the patients showed improvement in symptoms and exercise capacity with a reduction in sedentary time, however, they still had a reduced level of physical activity.

Implications: It is of great importance to assess the symptoms and the level of physical activity of patients who were hospitalized due to exacerbation of COPD, for monitoring and better targeting in rehabilitation.

Keywords: Physical activity, Wearable device, Physiotherapy

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305

COMMON ASSESSMENT TOOLS OF POST-STROKE PATIENTS UNDERGOING REHABILITATION: A SCOPING REVIEW

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Background: Stroke is the second leading cause of death and the third leading cause of disability in the world. Its alterations reflect functional impairments that limit the return to participation in Activities of Daily Living (ADLs) and to work. The International Classification of Functioning, Disability and Health (ICF) considers that the interaction of biopsychosocial factors defines health. Addresses

that Environmental Factors, Activity and Participation, Body Structure and Body Functions, interact with the Health Condition and Personal Factors of the individual to consider limitations as disabilities. Rehabilitation is allied to the return to function of post-stroke people, so that it is effective, it is important that the assessment instruments address aspects of the ICF to contemplate a broad aspect of functionality, guaranteeing effective results and therapies appropriate to the patient's needs.

Objectives: Identify the tools used in the rehabilitation of post-stroke patients and their relationship with the domains recommended by the ICF.

Methods: This is a scoping review, developed according to the preferred reporting items for systematic reviews and extension of meta-analyses for scoping reviews (PRISMA-ScR): checklist and explanation. The searches were carried out in the databases: PubMed, Lilacs, Scielo and PeDRO, and the descriptors used were: "stroke", "rehabilitation", "clinical trial" and "randomized clinical trial". Three researchers carried out the research between December 2020 and March 2021. Initially, the selection was performed at the title and abstract level. Subsequently, there was a complete reading and extraction of studies that fit the pre-established criteria. Inclusion criteria: Clinical trials and randomized clinical trials in post-stroke rehabilitation, in English, Portuguese and Spanish, published between 2016 and 2020. Exclusion criteria: Study protocols and studies that didn't use assessment tools to measure outcomes.

Results: 6,750 articles were found and 355 were included. In total, 88 instruments were found in 1,074 citations. There is a wide variety of assessment instruments used in post-stroke patients. The 10 most cited were: the Modified Barthel index, the Modified Ashworth Scale, the Mini-Mental State Examination, the Fugl-Meyer Scale, the National Institute of Health Stroke Scale, the Berg Balance Scale, the Modified Rankin Scale, Action Research Arm Test, Wolf Motor Function Test and Timed Up and Go. Body Functions and Structure covered 77% of the instruments. Activity and Participation 16% and none evaluated participation directly. Environmental factors represented 0.4% and personal factors 1% of the instruments.

Conclusion: Most instruments found evaluate the Structure and Function of the Body. Although there are instruments that measure Activity and Participation, none of them contemplate participation individually, showing that the external context maybe not considered.

Implications: Knowing the instruments available to assess post-stroke patients and their relationship with the ICF makes it possible to assess the biopsychosocial outcomes that affect health. In addition, having more instruments that address the function and structure of the body shows the need to develop instruments that involve participation, as well as its inclusion in scientific research.

Keywords: International Classification of Functioning, Disability and Health, Stroke, Neurology

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318

COMPARISON BETWEEN ASSOCIATED AND NON-ASSOCIATED PROFESSORS IN STRICTO SENSU GRADUATE PROGRAMS IN RELATION TO PSYCHOSOCIAL ASPECTS OF WORK

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Background: Pressure for high production index affects professors, mainly the ones linked to Stricto Sensu Graduate Programs (PP). This scenario may increase the overwork, resulting in long and exhausting working hours. In this way, professors linked to PP can experience high psychosocial risk at work.

Objectives: To compare two groups of professors, according to their involvement in PP, in relation to psychosocial aspects of work: quantitative demands, emotional demands, work-family conflict, stress and burnout. Our hypothesis is that professors associated to PP will present more psychosocial risks.

Methods: Baseline data from the Respira cohort, was used. Professors were invited to participate through advertisements in the media, social networks, and individual emails. Data collection took place from May to December 2022, using an electronic form structured with sociodemographic, occupational and health questions. Psychosocial aspects were assessed using the COPSOQ II-BR instrument. Data were analyzed descriptively, using relative frequencies. The independent variable "being associated in a Stricto Sensu Graduate Program" was dichotomized into associated group (AG) and non-associated group (NAG). The groups were compared using the Chi-square association test.

Results: The study included 954 professors (AG:61.9%; NAG:38.1%) in higher education courses at public institutions with exclusive dedication of 40 hours a week. The mean age was 49 years (± 9.7), 51.4% were male. Regarding burnout, 63.5% of the AG and 60.9% of the NAG present psychosocial risk; 15.7% (AG) and 15.4% (NAG) require attention; 20.8% (AG) and 23.7 (NAG) are safe. About stress, 63.6% of the AG and 63.3% of the NAG present psychosocial risk, 16.2% (AG) and 17.1% (NAG) require attention; 20.1% (AG) and 19.6% (NAG) are safe. Regarding work-family conflict, 47.5% of the AG and 43.9% of the NAG present psychosocial risk; 10.3% (AG) and 9.4% (NAG) require attention; 42.2% (AG) and 46.7% (NAG) are safe. About emotional demands, 51.4% of the AG and 50.1% of the NAG present psychosocial risk; 25.5% (AG) and 22.7% (NAG) require attention; 23.1% (AG) and 27.1% (NAG) are safe. Regarding the quantitative demands, 22.2% of the AG and 14.9% of the NAG present psychosocial risk; 18.8% (AG) and 16.5% (NAG) require attention; 59% (AG) and 68.6% (NAG) are safe. Only for quantitative demands, there was a significant association, and the AG had a higher proportion of professors in the risk category.

Conclusion: Associated professors in Stricto Sensu PP showed a higher psychosocial risk in relation to the quantitative demands, demonstrating a greater overload of activities. Despite the other variables not being associated with the groups, it is noted that the professors had high frequencies of psychosocial risk in relation to burnout, stress, work-family conflict, and emotional demands of work.

Implications: These results highlight the psychosocial risks reported by professors and can support the institutions to formulate policies to reduce these risks and promote health actions for this working population.

Keywords: Faculty, Psychosocial Impact, Occupational Health

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