



**University of  
South Australia**

**Allied Health and Human Performance  
Physiotherapy Clinical Education Manual**



**2021**

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## Welcome from the Program Director of Physiotherapy at UniSA

Clinical educators play a vital role in the teaching team at UniSA. The sharing of your clinical expertise and skills helps students to learn in a work integrated environment. We rely on your teaching skills to facilitate students to transfer their learning from the classroom into a clinical context. We look forward to working with you and hope that you enjoy your experience of educating our next generation of physiotherapy health professionals.

Kind regards,



Gisela van Kessel

Please note that this manual provides a broad overview of issues pertaining to physiotherapy clinical placement supervision. It should be used in conjunction with the specific information provided by the coordinators of the clinical courses. Descriptions of each course can be found at the following websites:

[Bachelor of Physiotherapy \(Honours\)](#)

[Master of Physiotherapy \(Graduate Entry\)](#)

The course coordinators can also provide you with detailed course information.

# Clinical Pattern 2021

School Holidays SA		Block 1				Block 2				Block 3				Block 4				Block 5				Block 6				Block 7				Block 8				Block 7																		
Eastern states clinics		Block 1				Block 2				Block 3				Block 4				Block 5				Block 6				Block 7				Block 8				Block 7																		
Date	4	11	18	25	1	8	15	22	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	6	13	20	27
Uni Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
<b>FU</b>																	CP3					CP4					CP1	CP1					CP5					CP6					CP2									
<b>Second Year</b>																	Q Week	Census				WF					week 1	Clinic 1								WF					Clinic 2											
<b>REHB 2012 Physiotherapy Practice with Older Adults</b>																																	Clinic 3 part time																			
<b>Third Year</b>	Clinic 1A				1 March - 3 April				5 April - 7 May				10 May - 11 June				Clinic 3A				19 July - 20 Aug				23 Aug - 24 Sept				27 Sept - 29 Oct				1 Nov - 4 Dec																			
<b>REHB 3011 Rehabilitation</b>	PC	PC			Clinic 1				Clinic 2				Clinic 3				PC	PC			Clinic 4				Clinic 5				Clinic 6																							
<b>REHB 3007 Acute Care</b>	PC	PC	PC		Clinic 1				Clinic 2				Clinic 3				PC	PC	PC		Clinic 4				Clinic 5				Clinic 6																							
<b>REHB 3065 Primary &amp; Ambulatory Care</b>					PC	PC			Clinic 1				Clinic 2				Clinic 3								PC	PC			Clinic 4				Clinic 5				Clinic 6															
<b>REHB 3009 Pain Sciences</b>					PC				Block 1				Block 2				Block 3								PC				Block 4				Block 5				Block 6															
<b>Advanced Evidence Based Practice</b>					Block 2				Block 3				Block 4								Block 5				Block 6				Block 6																							
<b>3rd Year Research Stream Honours</b>	Hon	P&A Pain			Clinic 1 - P & A care				Hons Prep				Clinic 3 - Pain Sciences				Acu	Acu	Reh	Reh	Clinic 4 - Acute Care				Clinic 5 - Rehab				Hons				Hons																			
<b>Fourth Year</b>	Clinic 1A																Clinic 3A												Clinic 7																							
<b>REHB 4050 Advanced Physio Practice B</b>					PC				Clinic 1				Clinic 2				Clinic 3								PC				Clinic 4				Clinic 5				Clinic 6				student conference											
<b>REHB 4034 Ethics &amp; Communication</b>					PC				Block 1				Block 2				Block 3								PC				Block 4				Block 5				Block 6															
<b>REHB 4011 WH&amp;S</b>					PC				Clinic 1				Clinic 2				Clinic 3								PC				Clinic 4				Clinic 5				Clinic 6															
<b>REHB 4051 Advanced Rehabilitation B</b>					PC				Clinic 1				Clinic 2				Clinic 3								PC				Clinic 4				Clinic 5				Clinic 6															
<b>REHB 4035 Health Promotion</b>					PC	PC			SP 2												PC	PC			SP 5																											
<b>REHB 3059 Physio with Children</b>	PC				Clinic 1				Clinic 2				Clinic 3								PC				Clinic 4				Clinic 5								Clinic 7															
<b>4th Year Research Stream Honours</b>	PwC	PC	E&C	Clinic 1 - PwC				Clinic 2 - E&C				Hons thesis								PC	E&C			Hons				APP				AR				VHS (+ student conference)																
<b>Graduate Entry</b>																																																				
<b>REHB 5066 Physiotherapy Professional Practice</b>																																																				
<b>REHB 5123 Pain Theory and Sciences</b>																																																				
<b>REHB 5111 PP Acute Care</b>																																																				
<b>REHB 5103 PP Adult Rehabilitation</b>	PC	PC			Clinic 1				Clinic 2				Clinic 3																								Clinic 7															
<b>REHB 6018 PP P&amp;A Care</b>					PC	PC	PC	Clinic 1				Clinic 2				Clinic 3																																				
<b>REHB 6017 PP Physio with Children</b>					PC				Clinic 1				Clinic 2				Clinic 3																																			
<b>REHB 6011 APP (community)</b>																																																				
<b>REHB 6019 APP (AC&amp;R)</b>																																																				
<b>REHB 6016 Ethics and Communication for Moral Action</b>																																																				

## UniSA-Employed Clinical Educator Credentialing Requirements

If you are employed by the service provider, you do not need to apply to be credentialled. If you will be attending a SA Health Facility as a **UniSA employed** supervisor, mentor or facilitator of students on clinical placement, you are required to complete the Application for an Access Appointment form. You are required to provide information about:

1. Your registration status
2. Your Criminal history checks as described below
3. Your Curriculum Vitae (CV) must include dates of employment, positions held and outline of responsibilities (within the past 5 years of practice) and minimum of 3 professional referees
4. Your insurance (including a copy of the certificate which can be the university one)
5. You need to sign 1 declaration
6. You need to send your completed form to each individual facility as advised by the course coordinator.

As of 2020 applications are processed by each Local Health Network and not the university.

**Please provide a copy of your credentialing approval to your course coordinator before commencing employment as these are sent directly to you and not to the university.**

### **Evidence requirements/record keeping**

In addition to the above evidence of credentialing requirements, a current CPR, and any mandatory training as specified by the facility must be emailed to the course coordinator and also the physiotherapy administration officer (Email: [ALH-TeachingLearning@unisa.edu.au](mailto:ALH-TeachingLearning@unisa.edu.au))

### **Criminal History Clearance**

#### ***Working with Children Check (WWCC)***

All **UniSA employed** staff are required to obtain and maintain a Working with Children Check (WWCC) for child-related employment via the Department of Human Services (DHS). Please note that this is **a mandatory requirement** prior to being issued with a casual contract to undertake clinical education duties at any of our sites. You can use your current, valid DHS/DCSI child-related employment screening until it expires. When it is time to renew, you will be required to apply for a Working with Children Check (up to six months before your current screening expires). All applications are to be submitted using the DHS Screening Online application system which is initiated by the University. The following information must be submitted to [HRinHealth@unisa.edu.au](mailto:HRinHealth@unisa.edu.au) and upon receipt, an online application will be initiated.

First Name	
Last Name	
Email Address	
Date of Birth	
Employee ID <i>(if they have been employed by the University)</i>	
Proposed Start Date <i>(if not known close approximation)</i>	
Role description <i>(position title)</i>	
Screening Application(s) Required <i>(select which clearances are required)</i>	<input type="checkbox"/> Aged Care Sector Employment <input type="checkbox"/> Child-related Employment <input type="checkbox"/> Vulnerable Person Related Employment
Applicant Type <i>(select appropriate employment category)</i>	<input type="checkbox"/> Casual Contract <input type="checkbox"/> Current Employee <input type="checkbox"/> Prospective Employee <input type="checkbox"/> Volunteer

Once initiated, the applicant will receive an email from DHS prompting them to activate their account, following which DHS will send a subsequent email with details of the applicant's username and password. The applicant must then log on to the DHS screening website and verify their identity. This process can be done online with either a current passport, travel document, birth certificate or Australian Citizenship papers AND a current Australian Driver's licence. Please refer to <https://screening.sa.gov.au/home> for further information where you will find the [information kit](#) for WWCC. Please note as per page 11 there is no letter, card or certificate associated with a WWCC. You will be required to provide a unique identification number.

**National Police Clearance**

**UniSA employed** staff are also required to have a National Police Clearance. Please apply via [www.sapolice.sa.gov.au](http://www.sapolice.sa.gov.au). Please note the university does not accept NPC obtained through online 3rd party providers.

The required 2021 criminal history clearances for each SAHealth LHN are as follows:

LHN	Completed and signed Access Credentialing form including AHPRA Registration number	Curriculum Vitae	Copy of DCSI child related check (valid for 3 years) or Working with Children Check unique identification number (valid 5 years)	Copy of National Police Check (valid for 3 years) noting unsupervised contact with vulnerable groups	Agency/Contract/Locum HCW/Education Facilitator/Volunteer Immunisation Screening Form and Certificate of Compliance (Immunisation standards outlined in the Immunisation for Health Care Workers in South Australia, Policy Directive 2017).	Evidence of Appropriate Professional Indemnity coverage \$10,000,000 and Public Liability Insurance coverage \$10,000,000 (University cover not individual cover)	Hand Hygiene Australia Allied Health training module Certificate (valid for 1 year)	Additional Mandatory Training	Documents to be submitted to:
NALHN	Yes	Yes	Yes Verified by University employee as true copy	Yes Verified by University employee as true copy	Yes	Yes	Yes		<a href="mailto:Anna.Brennan@sa.gov.au">Anna.Brennan@sa.gov.au</a>
SALHN Acute	Yes	Yes	Yes Certified copy	Yes Certified copy	Yes	Yes	Yes	Yes	Acute placements <a href="mailto:Brian.simpson@sa.gov.au">Brian.simpson@sa.gov.au</a>
SAHLN Rehab/Aged/Pall Care	Yes	Yes	No	Yes Certified copy	Yes	Yes	Yes	Yes	Rehab/Aged/Pall Care <a href="mailto:Tony.Hewitt@sa.gov.au">Tony.Hewitt@sa.gov.au</a>
CALHN	Yes	Yes	No	Yes	Yes	Yes	Yes		<a href="mailto:Naomi.haensel@sa.gov.au">Naomi.haensel@sa.gov.au</a>

CHSALHN – Please check with Course Co-ordinator



### **Extra clearance for Catholic Education sites**

If you will be working/attending a Catholic education site (e.g. Nazareth Catholic college), then a Catholic education police clearance is required. This can be obtained by presenting your current Child-Related Employment Screening to any Catholic School along with Photo ID in person.

Please note that you will be required to present your relevant police clearance when attending any site/placement so please have it handy!

### **UniSA-Employed Clinical Educator Training Requirements**

#### **Work Health and Safety Induction**

All University employed clinical educators (continuing, fixed term contract or casual contract) are required to work through the [WHS23 Induction Checklist](#) within the first week of employment with their line manager/supervisor.

All new continuing and fixed term contract staff must complete the online training module – Work Health & Safety Fundamentals within the first week of employment.

In addition to credentialing and criminal history checks, there are various certificates are required by UniSA-employed Clinical Educators as listed below. If educators have completed similar training as part of previous employment, that will be considered as equivalent. Staff are encouraged to complete the COVID-19 training from Sa health <https://covid-19training.gov.au/login>

### **Work Health and Safety and Manual Handling (one-off completion)**

This can be done online by logging on to the website below with your UniSA login.

- a) Complete Manual Handling Online Module at: [Manual Handling](#)

Print certificate on completion.

- b) Familiarise yourself with the information that students receive in the module that students are required to complete - the Undertaking a Safe Student Placement Work Health and Safety (WHS).

- c) Complete the Module: [Undertaking a Safe Student Placement](#)

### **2. Hand Hygiene (yearly update), no UniSA login required.**

This can be done on the website below and it allows you to print out a certificate

<http://www.hha.org.au/LearningPackage/olp-home.aspx>

### **3. CPR (& first aid if applicable) (annual CPR update is sufficient for most sites)**

Courses available with the following organisations: -

ANFAS <http://anfas.com.au/>

Red Cross [http://www.redcross.org.au/ourservices\\_acrossaustralia\\_firstaid\\_courses.htm](http://www.redcross.org.au/ourservices_acrossaustralia_firstaid_courses.htm)

St Johns Ambulance <http://stjohn.org.au/>

### **Clinical Education Workshops and Training (OPTIONAL)**

#### ***Assessment Physiotherapy Practice Assessment.***

All clinical educators working in courses that use the Assessment Physiotherapy practice form are encouraged to attend training (regardless of if they are employed by UniSA or not). If clinical educators are unable to attend training, then they should seek additional resources from the course coordinator until they are able to attend a session.

A training session is provided as part of the 2021 Clinical educator Symposium. Details can be provided by the course coordinator.

### ***Professional Certificate in Practice Education***

The Professional Certificate in Practice Education is a fully online part-time program, available to health professionals who supervise either students, and/or staff within their work roles. The purpose of this program is to increase practice educators' understanding, skills and expertise in supervising learners in the workplace through applying teaching and learning principles and approaches within the work setting. Participants in the program explore different practice education models, analyse their own role in practice education and gain insight into key responsibilities and tasks, explore various supervision strategies of learners in the workplace, and improve their skills in managing difficult supervision strategies. Completion of the program can lead to credit for further postgraduate study.

For more information please visit [Professional Certificate in Practice Education](#)

### ***Clinical Supervisor Support Program***

Professional, clinical and field placements in metropolitan and rural areas are a core and essential element of nursing, midwifery, and allied health programs offered by the University of South Australia. The Clinical Supervisor Support Program is designed to support supervisors who frequently and regularly supervise UniSA students. Participants in the program receive access to the UniSA library and databases, access to discipline specific placement induction programs, and a fee reduction for the Professional Certificate in Practice Education.

Clinical Supervisors can apply for the Program at any time using the online application form.

For more information please [Clinical Supervisor Support Program](#)

The university also provides a range of resources at [Clinical Supervisor Central](#) including planning for supervision,; supervision models; workplace learning; assessment and feedback; difficult situations; international students; interprofessional education; evaluating supervision; community of practice etc. Please use the enrolment key CSC@2016.

## **Roles and Responsibilities for Clinical Placements**

### **Student Responsibilities**

It is the responsibility of the student to:

- Arrange for and present proof of all prerequisites such as CPR, first aid and police clearance checks (they should have a 'Passport to Placement' in which all placement paperwork throughout the Program is stored).
- Review notes and manuals from earlier years to prepare for the placement, as well as to attend pre-clinical lectures.
- Arrange and meet all travel, food and accommodation costs incurred (unless DRH/scholarship support available).
- Discuss individual learning needs and interests with the Clinical Educator.
- Request specific feedback on performance.
- Communicate their concerns to the clinical educator and/or clinical coordinator and/or the course coordinator.
- Participate in staff training programmes during the placement as required.
- Identify local service rules and protocols within which to work.
- Notify the Clinical Educator thirty minutes before commencement of placement on any day of absence and email the Allied Health and Human Performance Office (ALH-Enquiries@unisa.edu.au with their name, placement site and Course Coordinator)
- Write to thank staff for the assistance provided within 1 week of completion of the placement.
- Adhere to University and Clinical Placement site policies and guidelines procedures.
- Adhere to the APA and Physiotherapy Board of Australia Code of Conduct
- Adhere to Uniform regulations and maintain professional appearance at all times. Students may be requested to leave the placement if their professional appearance does not adhere to the UniSA and site specific uniform requirements.
- Please note that the University of South Australia requires all students to be identifiable by name badge and regulation clinical uniform and to be introduced as students. The normal University requirements concerning cleanliness, tidiness, hair care and jewellery apply at all clinical placements.

### ***Preparation for placement***

- Second and fourth years students are asked to write to their allocated second and fourth year placements at least 2 weeks before their arrival. The letter should include a small **photograph** (passport size), scanned or attached, that can assist with identification, and should be followed up with a telephone call (fourth years). Students should also describe personal and professional interests that can assist staff to make the placement more enjoyable and likely to satisfy individual learning goals. Late arrival of this letter or poor presentation can be reflected in the clinical report.
- If required, students are encouraged to make accommodation arrangements early in the year. In addition, all students must discuss and finalise their arrival and accommodation arrangements with distant placements approximately 2 weeks before commencement date.
- Careful preparation can reduce the negative impact of financial, social isolation and work related stresses that may arise during placements. Clinical staff will also recognise the difficulties facing many students who are lacking their usual support network.

### ***Student attendance***

Students are required to attend one hundred per cent (100%) of the formally scheduled clinical sessions within their professional courses. A clinical session involves patient assessment and treatment as well as clinically based tutorials. These sessions may occur in the mornings and/or afternoons.

The only exception to the attendance requirement outlined above is illness or exceptional circumstances (as outlined by the University of South Australia's Assessment policy). Illness must be supported by a medical certificate and medical certificates are essential if the student is away for more than 1 day. Clinical supervisors or the course coordinator may request a statutory declaration or a medical certificate to account for any day absent. Exceptional circumstances must be supported by appropriate documentary evidence.

Students must inform the clinical educator at the placement [and email the university ALH-Enquiries@unisa.edu.au](mailto:ALH-Enquiries@unisa.edu.au) with their name, placement site and Course Coordinator) within 30 minutes of the official starting time if they are unable to attend a clinical session because of illness. Any other circumstances for loss of clinical time must normally be negotiated with the course coordinator prior to the non-attendance.

If students miss more than 20% of the clinical sessions for any reason, they must negotiate with the course coordinator to be able to complete the clinical placement.

Unexplained or unsupported non-attendance (including late arrival/early departure) at any clinical session is considered a breach of students' professional responsibility and incur a professional warning.

### **Uniform Requirements**

Students must wear the Allied Health and Human Performance, Clinical uniform to all placement activities including a name badge from the Allied Health and Human Performance Unit.

Physiotherapy has the following uniform requirements:

- Navy blue full length tailored trousers.
  - University of South Australia blue clinical shirt or short sleeved blue polo shirt.
  - University of South Australia blue polar fleece sleeveless vest.
  - Navy, dark brown or black shoes.
  - Blue or black socks
- |                 |   |
|-----------------|---|
| Not acceptable  | <ul style="list-style-type: none"><li>• Tailored trousers of colour other than navy blue.</li><li>• Jeans, corduroy slacks, shorts, hipsters, very tight or ¾ pants etc.</li></ul>  |
| Acceptable      | <ul style="list-style-type: none"><li>• Jogging shoes, sandals, desert boots, Doc Martin boots, canvas shoes, court shoes, crocs, platforms</li><li>• Jewellery other than those listed below</li><li>• Plain, discreet stud earrings for pierced ears (no facial piercings / jewellery)</li><li>• Wedding ring</li><li>• Watch to be removed for clinical contact</li><li>• Discreet short neck chain</li><li>• Medic-alert bracelet</li></ul> |
| Hair / headwear | <ul style="list-style-type: none"><li>• Clean, tidy, off face, out of eyes, off collar, neatly tied back</li><li>• Short beards neatly trimmed</li><li>• Head wear must be tucked into the shirt and short enough so that the fabric stays close to the body and there is no chance that it will fall onto patients or be caught in any equipment.</li></ul>  |
| Nails           | <ul style="list-style-type: none"><li>• Clean, short, no nail polish, no artificial nails or nail enhancements</li></ul>  |

## **Clinical Educator Responsibilities**

It is the responsibility of the Clinical Educator to:

- Determine the specific format of the placement, in conjunction with the University and the student.
- Arrange orientation to the organisation and its policies and procedures including infection control and manual handling.
- Provide students with a safe and supportive learning environment that encourages them to achieve the course objectives.
- Select patients appropriate for level of student competence and ensure the patient understands their right to refuse to provide consent for treatment by a student before allocating to a student.
- Monitor student workload to comply with the educational focus of the placement.
- Provide adequate supervision of students in order to maximise the safety of patients, staff and students.
- Assess student performance.
- Provide students with clearly identifiable constructive feedback on their performance throughout the placement, in a manner that encourages skill development.
- Model work practices from which students may learn.
- Work with poorly performing students to help them identify ways to improve their performance prior to final assessment.
- Inform the Course Coordinator whenever there are insufficient patients in number or type to meet the educational objectives of the placement.
- Inform the Course Coordinator about student performance, especially where the Clinical Educator has any concerns about student skills or behaviour.
- Complete the interim feedback report(s).
- Complete and send Final Assessment Forms to the Course Coordinator within one week of the end of the placement.

## ***Driver's License/Use of Own Car***

Please advise the Clinical Placement Unit if you require students to have a valid driver's license to undertake duties during the placement.

## ***Planning for student arrival***

Things to consider are:

- Student orientation

- Letting your colleagues know when the student (s) will be arriving
- Familiarise yourself with course objectives
- Planning the placement
- Recognise opportunities for 'spontaneous' learning

**University of South Australia Responsibilities**

- To liaise with staff about placement and evaluation
- To explain the programme as it relates to the placement
- To communicate about year level, objectives and organizational matters
- To provide teaching and some supervision as appropriate
- To select learning experiences for the student in cooperation with the placement
- To abide by the rules and regulations of the facility
- To provide public risk and professional indemnity for students and staff of the university
- To provide educational support to supervisors
- To recognize contribution by organisation to professional education



## Medico-legal Requirements

- Students are responsible to their clinical supervisor during clinical duty.
- Student entries to case notes and letters must be counter-signed by a registered physiotherapist.
- A registered physiotherapist must check all electrical applications excluding ultrasound, before the equipment is turned on.
- The Motor Vehicles Registration Board must be notified (via clinical supervisor and doctor or other relevant case managers) when there are concerns regarding a client's ability to drive safely.
- Please note the physiotherapist's responsibilities under the Children's Protection Act: Mandatory Notification.

## Insurance Cover for Students

The University of South Australia provides insurance cover for students engaged on clinical placements sponsored by the University.

## Student Mandatory Requirements

Before students go on placement, they must have shown to the Clinical Placement Unit copies of:

- First Aid and CPR certificates
- DHS Working with Children Check
- DHS Disability Services Employment
- National Police Certificate (NPC)
- Health Care Worker Immunisation Screening Questionnaire
- Influenza Vaccination Certification
- Sunrise EMR training
- SA Health Deed Poll
- Manual Handling; Hand Hygiene /PPE's/Infection Control
- Child Safe Environments
- Child Safety and Wellbeing Induction

Students will have completed Undertaking a Safe Student Placement Work Health and Safety (WHS), Manual Handling and Hand Hygiene training

Students who have had a health issue may be asked to produce medical fitness certificate to the course coordinator before starting or completing a placement.

## **Immunisation**

The University requires students to meet SAHealth immunization policies. Students have to demonstrate compliance before they are notified of their placement site. If a student cannot meet immunization requirements, your organisation will be contacted to see if the student can be accommodated or not by the specific immunization guidelines of that organisation.

## **Clinical Placement Management Orientation**

Orientation is an important aspect of establishing a learning environment. It helps the student to feel welcomed and comfortable in a foreign environment. A good orientation will lessen the fear of the unknown and allow the student to be more open to the learning experience. Orientation should be to your organisation's procedures and culture and the way the placement operates in your setting. Orientation should be planned to avoid information overload and make sure essential information is imparted first and in writing. This can be done by sending an information handout to students (via the clinical placement coordinator if you wish) before their placement commences or organising a folder of relevant departmental procedures. A folder is useful even if there is computer access as it lets the student look at it when there is time rather than when there is computer access. It may be helpful to plan orientation so that it minimises dependence on your time, as it is a time intensive process. Prioritise the items that you wish to personally discuss and present and use written materials, quizzes and perhaps relevant other staff to assist with other items.

Your organisation probably has standard orientation requirements for new staff, and these can be used as a guide for designing a student orientation. Appendix Two has a list that you may use as a tool by editing to prioritise and design a student orientation suited to your organisation and placement needs.

- Clarify the ground rules
- Establish expectations
- Clarify student and educator responsibilities
- support students to set student centred learning goals
- Spending some time acknowledging dealing with feelings such as anxiety and uncertainty

Avoid timetabling too rigidly that you cannot make use of spontaneous learning opportunities such as the unusual patient who has just been admitted or a technique that is about to be performed by a colleague who is happy to demonstrate.

Plan the placement to use resources other than solely your time i.e. observation of other team members, activities run by your organisation such as multi D groups and self-directed activities. Keeping a file of relevant journal articles that you can use to extend a good student or reinforce a difficult concept (i.e. ABC of ABG's) can be a useful self-directed task. Previously prepared case studies to reinforce particular learning goals can be also be useful. If you have sufficient equipment resources, it may be possible to have a student kit of items for practicing with.

It is useful to have clear guidelines on the use of your organisation's resources by students such as lunchrooms, library access and photocopying rules and allowances.

### **Student Learning Goals**

Students are requested to consider their own learning goals for each placement which should include the type of experiences they are looking for and the specific skills they wish to focus on within the parameters of the course aims and objectives. These goals should be discussed as part of the orientation process and any unrealistic expectations or goals can be renegotiated.

### **Work Health and Safety**

Students also need to be orientated regarding Work Health and Safety. A Work Health and Safety checklist is available for students to print and bring to placement on the Clinical Placement Unit website. A copy of the WH&S checklist can be accessed at the clinical placement unit website: [Work Health and Safety Checklist](#)

Students are to complete Part A and the Clinical Educator then completes Part B and the student signs the document at the end. Students are required to keep a record of their completed checklist, but it would also be advisable for the clinical educator to retain a copy.

Failure or refusal to comply with organization training or protocols will result in the removal of the student from the site.

### ***Reporting an injury/incident/hazard***

Clinical educators/supervisors are also asked to notify the course coordinator of the incident but in the first instance, students need to contact the Course Coordinator to report an injury/incident/hazard. Injuries/incidents/hazards are also to be reported using the University of South Australia online Hazard & Incident Reporting System as soon as possible after the occurrence and within 12 hours. Access will be via the link under the Safety & Wellbeing section on the Staff Portal Home Page. Please note that an employee or other authorised person shall log details of an incident in the online reporting system on behalf of a student, contractor or others. It is also advisable for the person logging the report to nominate the Supervisor / Program Director as the investigator in this process as they are responsible for the injured person. If the incident occurred off campus it would be helpful to obtain a copy of the hosts Incident Report, so it can be an attached to the online Hazard & Incident Report.

### ***Consultation***

If students have any concerns about WHS, they should consult with their course or year coordinator. Alternatively, they may consult the WHS Representative: Dr Rose Boucaut on 8302 2068 or the WHS Coordinator Mr Ziggy Gniadek on 83022491.

### **Student Engagement Unit**

Staff from the Learning and Teaching Unit provide a range of services to complement student studies. These include assistance in learning advice, personal counselling, career preparation, disability support and support for international students. Services are available from Learning and Teaching Unit on each of the five metropolitan campuses of the University or online at: [Student Support Services](#)

### **City East campus**

Room P2-40

Level 2 Playford Building,

Telephone: (08) 8302 2330 or 1300 657 122

Fax: (08) 8302 2363

### **Student Evaluation of the Placement**

Students may be asked for informal impressions of their placement that is used to inform the next round of students in their selection. Students may also be asked to formally evaluate the placement and their educator using a questionnaire that is handled by the course coordinator. This is then collated and forwarded onto the clinical educator to inform their practice.

Students are also requested to complete an online survey for each course that is used by the university to control the quality of courses and programmes.

## Assessment of Clinical Placements

### Grades

All clinical courses in the University of South Australia Physiotherapy Program are assessed using the Assessment of Physiotherapy Practice (APP) tool. This is a validated form used by universities across Australia. The physiotherapy program staff run 1-2 workshops on using the APP form each year but extra information on how it should be applied is available at:

<http://www.appeducation.com.au/>.

Updated APP forms (mid-roster and final) are provided at the end of this document.

For courses with graded assessment, the symbols and their notations are:

Grade	Notation	Notational %
High distinction	HD	85–100
Distinction	D	75–84
Credit	C	65–74
Pass level 1	P1	55–64
Pass level 2	P2	50–54
Conceded pass	CP	not applicable
Terminating pass	TP	not applicable
Fail level 1	F1	40–49
Fail level 2	F2	below 40

**Non-graded courses are assessed only on a basis of pass or fail. The symbols and their notations are:**

Non-graded pass	NGP	50–100
Non-graded fail	F	below 50

**The following symbol and notation indicate that the course has been passed on the basis of a supplementary assessment:**

Supplementary pass	SP	50
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### Elma Casely Prize

This prize is awarded to the student in the Bachelor of Physiotherapy/ Bachelor of Physiotherapy (honours) and the Master of Physiotherapy (Graduate Entry) whose assessments throughout the program have shown the greatest clinical and human relationship skills. Each clinical educator is required to mark their assessment of the student in the box on the APP form. These scores are then collated centrally for each student.

## **Procedure for Failing a Student**

### ***Grounds for failing a student***

- Unsafe practice
- Unprofessional behaviour
- Failure to demonstrate competencies required as described in the marking criteria of the assessment form

### ***Identification of students at risk of not passing the placement***

Each clinical educator will:

- Inform course coordinators of students identified at risk of not passing the placement at earliest convenient time;
- Follow the principle of early identification to allow enough time for remedial action so identification can begin as early as week 1 or 2 if clear evidence is emerging;
- Arrange a meeting to discuss the mid roster assessment. The educator and student are to complete their assessments individually and then discuss discrepancies;
- Provide Mid roster feedback in week 3 to advise the students of the behaviours that need to be demonstrated before the student is deemed to pass the placement
- Continue to assess for at risk of not passing through weeks 4 and 5 as some students can manage early supported simple cases and find the shift to greater autonomy later more difficult.

The Course Coordinator will:

- Check if the student has an Access Plan and work with Access and Inclusion Advisors, and/or other Student Support services (e.g. learning advisers, counsellors) to identify and instigate appropriate learning support
- Support the clinical educator throughout the process.

### ***Remedial action***

The key principle is to encourage the student to remain on placement in a safe learning environment. This means safe for the patients, but also physically and psychologically safe for the student.

Where it is assessed by the clinical educator and the course coordinator that it is not possible for the student to pass the placement (but the learning environment remains safe for the student), a student may stay on placement. This can only occur after census date when the student does not have the option to withdraw, and it is based on an agreement between the course coordinator, the clinical educator and the student. The

agreement should specify in writing that the student may continue to attend the placement as a modified observation experience. This is to enable the student to have access to learning time that they have enrolled for.

Each Clinical educator/supervisor (at all sites for that student) will:

- Plan remedial actions with the course coordinator as soon as at risk of not passing is identified;
- Provide written feedback and negotiate with the student their strategies and learning behaviours to be documented in a Learning Plan (see Acute Care form example);
- As part of the normal feedback time, review the student's implementation of remedial actions and learning weekly.

The student will be asked to:

- Reflect on their performance and prepare a mid-roster self-assessment to compare and discuss with the clinical educator;
- Contribute to the identification of strategies and the development of a personal Learning Plan;
- Make a commitment to the agreed learning strategies in their learning plan;
- Review the effectiveness of their strategies with the clinical educator at least weekly;
- Make an appointment with the course coordinator if additional support is required.

The Course coordinator will refer the student to the Student Engagement Unit if the student lacks the capacity to participate in developing effective Learning Plans.

Key revision material determined by each course coordinator will be available on the program page as remedial modules e.g. documentation, risk assessment to maintain safety.

### ***Warning Process***

The Professional and Safety warning forms will be used to support the following order:

1. Verbal warning (reported via email to the course coordinator, other involved clinical educators)
2. First written warning
3. Second and final written warning

This order can be escalated where the circumstances are deemed by the course coordinator and clinical educator to be serious. The first warning can be written.



Course Coordinator to check if the student has an Access Plan and to work with Student Engagement Unit on appropriate timing of the final written warning with advisor. Where possible these should not be delivered on a Friday.

Professional and safety warning forms filed will be filed centrally by the Course coordinator.

### ***Removing a student from placement***

In rare circumstances where the safety of the student, the safety of the patients, or the capacity of the educator indicates a student may be removed from their placement before the scheduled completion date. If this needs to occur, where possible, the Course Coordinator will check if the student has an Access Plan and work with SEU and clinical educator/supervisor on the appropriate process with advisor.

### ***Advising a student of a grade***

From 2020 The University of South Australia will use APP Link up. APPLinkup will inform the student of the mark. All assessment is moderated by the course coordinator who determines the final grade outcome.

Clinical educators are asked to:

- Upload the APP form following instructions in the APP link up user manual (see from page 67-86) <https://www.applinkup.com/Documents/APPMannual.pdf>
- Meet with the student to provide final summative qualitative feedback. This summarises the key strengths and weakness for the student to focus on for the next placement.
- Support the student whose APP form indicates that they are likely to receive a fail grade from the course coordinator
- When possible and appropriate avoid advising students of adverse outcomes on Fridays
- Advise the course coordinator if they expect the student to have a significant adverse reaction the day before so that an emergency counselling appointment can be kept open;
- Provide summative qualitative feedback to course coordinator via APPLinkUp

The course coordinator will

- Offer the students counselling and SEU support and advise the student to make a time with the Program Director for a study plan;
- Forward the clinical educators written advice onto Program Director (filed in central file).

**Course Coordinator Contact**

Clinical Educators are encouraged to make contact about any concerns they have during a placement and to advise the course coordinator if they feel the student is at risk of failure.

Course coordinators are available for enquiries specific to the course that relates to the placement and advice can then be given about specific strategies and procedures.

Students may also initiate contact with the course coordinator, who will act as an advocate for students and staff as necessary.

## Appendix One – University of South Australia Policies

### [Policies, Procedures and Guidelines](#)

The following policies can be found at the above website

- Anti-racism
- Inclusive language
- Student Grievances Resolution
- Sexual harassment
- Students with disabilities
- Assessment Policies and Procedures Manual

### **Social Media Guidelines Allied Health and Human Performance, University of South Australia**

#### Introduction

The University of South Australia's Allied Health and Human Performance Unit recognises that social media and social networking are valuable tools; however, use of these media may create legal and ethical dilemmas if on-line behaviour is poorly thought through, unprofessional or unlawful. This policy aims to inform students of expected etiquette (and consequences of breaches) for using social media and social networking. This is to protect students, patient/client privacy, and the University of South Australia corporate image and reputation. Students must be mindful that items posted on the internet are in the public domain and may be permanent. Guiding principles for use of social media include being transparent (identify yourself) and being respectful.

“If you wouldn't stick it to your fridge at work with your name attached, then don't stick it on the internet”

#### **1. Definitions**

Social media: 'Social media' includes websites and applications used for social networking. Web-based and mobile technologies allow interactions among people in which they create, share, and exchange information in virtual networks. Common social media applications include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously) and microblogs such as Twitter, content sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Social networking: The use of dedicated websites and applications to communicate with other users, or to find people with similar interests to one's own. (Oxford Dictionary)

Placement: This may include clinical placements, fieldwork or practice education

Teacher: this may include lecturers, tutors, practical instructors, clinical educators, and clinical supervisors

## **2. Guidelines**

**2.1** When students represent or are associated with the University of South Australia their personal and professional interactions must always be professional.

**2.2** Students shall not participate in social networking activities which use language (text or audio) or images which portray or can be interpreted to portray the following:

*Illegal activities, harassment, profanity, obscenity, pornography, abuse of people or animals, defamatory or libellous matter, threats, infringement of intellectual property rights, invasion of privacy, hate, discrimination, embarrassment to any person or entity, or matter otherwise injurious, objectionable, or inhospitable to professionalism or the image of University of South Australia.*

**2.3** Students should not accept "friend" requests (i.e., Facebook) from their patients/clients for their personal online media sites. Similarly, students should not send "friend" requests to their patients/clients. This behaviour can blur professional-patient boundaries. If students need to communicate electronically with their patients/clients, they should use facility-approved mechanisms that use encryption and password protection to ensure privacy protection.

**2.4** Students and teachers should avoid "friending" on personal social media sites as this can blur the student-school relationship. Students should communicate electronically with their teachers via University mechanisms that use encryption and password protection to ensure privacy protection or through closed sites or professional networks that are such as LinkedIn that have been developed facilitate professional networks or communication within a course.

**2.5** Images of the deceased (e.g., cadaveric specimens, prosected specimens) should not be posted on the Internet. Exceptions to this rule include peer-reviewed journal articles (please consult your supervisor for guidance).

- 2.6** Students may not discuss their placement activities on-line in a manner that could potentially identify their patients/clients, their teachers or placement site. Nor should students use social media as a forum for feedback relating to placement experiences.
- 3.8** Students should protect their own privacy by not divulging personal facts or information that may compromise personal and professional privacy.
- 3.9** Students should take care when participating in on-line study groups. The material contained within must have proper attribution (to avoid copyright and plagiarism dilemmas). Criticism of study materials, teachers or facilities should be of an academic nature, not defamatory.
- 3.10** Students who create blogs or webpages should add the following disclaimer as a footnote to every page: "The views expressed on this [blog; website] are my own and do not reflect the views of University of South Australia".
- 3.11** Students should pause and reflect before posting/emailing/texting. Messages or images that are libellous or defamatory put the writer at risk of civil legal action (amongst other potential penalties, including job termination, failure to secure employment, university disciplinary action).

### **3. Disciplinary Action**

- 3.1** Students in regulated professions are held to the same standards of professionalism as registered professionals. In addition to disciplinary action from University of South Australia, they may face disciplinary action from the Australian Health Practitioner Regulation Agency and/or their professional society (if a member).
- 4.2.** Disciplinary action will be congruent with the policies and procedures pertaining to the Code of Conduct for Students and the Assessment Policies and Procedures Manual. Actions can be as severe as expulsion from the University.

### **4. Related Procedures, Guidelines, and Forms**

University of South Australia Assessment Policies and Procedures Manual

[Assessment Policies and Procedures Manual](#)

University of South Australia Code of Conduct for Students

[Code of Conduct for Students](#)

## 5. Examples of Guidelines in Practice

The following are fictional case examples of social media activities and an explanation of their appropriateness as per the Social Media Guidelines. The examples are not an inclusive of all possible types of social media misconduct.

**Example 1** A physiotherapy student “tweets” that he just finished an assessment with a patient and describes the clinical findings of that patient.

### Relevant guideline 3.6

It is difficult to be certain that information disclosed in the Twitter post is not identifiable to that particular patient. The best type of posting would include very general information. Other posts by the same student could indicate his/her university and current clinical placement, leading to circumstances that indirectly identify the patient, such as by naming a very rare disease.

---

**Example 2** An occupational therapy student names her clinical educator in a blog and describes him as lazy and recommends that other students do not take this clinical placement.

### Relevant guidelines 3.2 & 3.6

This may damage the University’s reputation. Legitimate critique of an educational activity is appropriate, so long as professionalism is maintained. There are more effective and less public mechanisms for relaying this type of information, and the student may be counselled accordingly.

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**Example 3** A Health Science student posts to his “wall” on Facebook that half of the class was sleeping during Dr. X’s lecture.

**Relevant guidelines 3.2 & 3.6** This is very similar to example 2

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**Example 4** A podiatry student posts (on Facebook) a picture of a child who she made an orthotic for, expressing how adorable this child was and sending best wishes to the family.

### Relevant guideline 3.6

Without written patient (or guardian) consent this is a clear violation of patient confidentiality, even if the patient is not named.

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**Example 5** A Physiology student blogs that the laboratory equipment he is using should have been replaced years ago and is unreliable.

### **Relevant guideline 3.2**

The public disclosure of such information increases the liability for the University of South Australia and is clearly unprofessional. There are legitimate and confidential mechanisms for providing feedback about the improving quality of laboratory facilities

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**Example 6** A medical radiation student wearing a University of South Australia t-shirt is tagged in a photo taken at a local bar and posted on a friend's Facebook page. The student is clearly inebriated.

### **Relevant guideline 3.1 & 3.2**

The two issues are that: (1) the UniSA logo identifies the affiliation to the institution; and (2) the unprofessional behaviour of the student is available for all to see, including future employers and patients. The student did not post the photo, but should do everything possible to have the photo removed and remove the tagging link to the student's own Facebook page.

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**Example 7** A human movement student blogs that her prac colleague (student peer) wears too much perfume and has terrible taste in clothes.

### **Relevant guideline 3.1 & 3.11**

This is an inappropriate forum and set of comments and demonstrates unprofessional behaviour. There are legitimate and confidential mechanisms for addressing valid concerns like fragrance sensitivity.

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**Example 8** A physiotherapy student uses an alias and blogs that University of South Australia has the highest job placement post-graduation of any university in the world.

### **Relevant guideline 3.10**

Unless this is a documented fact (with evidence), statements like this are inappropriate. Because an alias is used, it is difficult for readers to know if the writer is a student or UniSA physiotherapy employee [self-promoting].

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**Example 9** A clinical exercise science student creates a social media website to discuss medical knowledge (e.g., "Cardiac Rehab Interest Group" on Facebook) This is a learning community environment, in which medical knowledge is exchanged, shared and discussed.

### **Relevant Guidelines 3.2, 3.6, 3.8, 3.10**

While the goal is laudable, there are still risks. A disclaimer is necessary, since postings may be incorrect, taken out of context, or improperly referenced. The student should moderate the site and take precautions to prevent the posting of information or photographs that are potentially identifiable to a patient or otherwise ethically inappropriate.

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**Example 10** An Occupational Therapy student posts (on Facebook) unpleasant and offensive gossip about another student.

### **Relevant Guidelines 3.2 & 4.2**

This demonstrates unprofessional behaviour and may be construed as cyber bullying. The University's code of conduct for students states that students should "Treat every person with courtesy, and respect regardless of gender, age, ethnicity, social background, disability, sexual preference, or religious beliefs and customs." Students who display disrespectful conduct towards others may be liable to complaint under the Discrimination and Harassment Grievance procedures (Students). Penalties range from a caution for minor offences to suspension or expulsion from the University for serious offences under University Statute 7: Student Misconduct, and the possibility of legal action.

[adapted from Mount Sinai Medical Center Social Media Guideline Addendum [2014]]

## **6. References and resources consulted to develop this Guideline**

Physiotherapy Board of Australia Code of Conduct March 2014.

[Physiotherapy Board of Australia Code of Conduct](#)

AHPRA, SOCIAL MEDIA POLICY for Health Professionals, March 2014

[AHPRA Social Media Policy](#)

Mount Sinai Medical Center Social Media Guideline (2014)

[Mount Sinai Medical Center Social Media Guideline](#). Accessed March 2014

Northwestern University Feinberg School of Medicine Social Media Guidelines (2014)

[Northwestern University Feinberg School of Medicine](#). Accessed March 2014

SA Health Policy: Employee Use of Social Media.

[SA Health Policy: Employee Use of Social Media](#). Accessed March 2014

Sharing Mayo Clinic (undated).

[Mayo Clinic Sharing guidelines](#). Accessed 8th October 2013



## Appendix Two – Suggested Placement Orientation Check List

Student's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date of orientation period, from \_\_\_\_\_ to: \_\_\_\_\_

Tick off once completed	Task	Oriantator (initials)	Student (initials)
<b>Staff</b>			
	Introduce to staff		
	Physiotherapist role		
	Team member roles (including attendants)		
	Admin staff roles		
<b>OHS&amp;W</b>			
	Hazard ID & Risk Assessment Procedures		
	Accident & Injury Reporting		
	Infection Control Policy		
	MSDS (material data safety sheets) location		
	Manual Handling Policy		
	First Aid		
	Occupational Health & Safety Manual		
	Other relevant OHS&W procedures		
	Immunisation		
<b>Communication</b>			
	Pigeon Hole		
	Telephones		
	Computer data base		
	Sign on procedures/Communication Board		
	Computer usage		
	Mail – internal and external		
	Regular Meeting Schedule		
	Statistics procedures		
	Internet		
	Use of Interpreters		
	Message Books		
	Mobile Phones		
	On call–afternoon, weekend & cover rosters		
	Who to call if unable to attend placement		
<b>Physiotherapy Department</b>			
	Electrotherapy Procedures		
	Storage cabinets and small aids		
	Resource files		
	Department manuals		
	Client education handouts		
	Splinting and other supplies		
	Department team meetings		
	Client education handouts		
<b>Buildings/Site Tour</b>			
	Administration		
	File room		

Lunchroom, shops, toilets

Desk location

Stores

Reception

Meeting rooms

Parking map

Fire safety & evacuation

Locker

Personal security

### Policy & Procedures

Attendance times

Dress code

Confidentiality

Advocacy/Client Rights

Leave policy (sick leave)

Clinical Assessment Procedures

Procedure Manuals

Equipment issue/return

Patient Incident Reports

Transport Procedures

Patient Emergency Procedures

Patient Consent Procedures

### Documentation

Client Files Procedures

Referral Procedures

Client Assessment forms

Outcome Measures

Case note recording requirements

Letters and referrals to other agencies

Internal referrals

Ceasing Treatment/Closing Cases

Patient lists

Priority Request Procedures

File tracking system

X-Ray Procedures

Photocopying

### Issued

Passwords

ID badge

Locker

## Appendix Three – Program Structure

### BACHELOR OF PHYSIOTHERAPY (HONOURS) (IHPZ)

<b>FIRST YEAR</b>			
<a href="#">Human Anatomy 100</a>	HLTH 1020	<a href="#">Human Anatomy 101</a>	HLTH 1030
<a href="#">Human Physiology 100</a>	BIOL 1049	<a href="#">Human Physiology 101</a>	BIOL 1050
<a href="#">Foundations of Health</a>	HLTH 1029	<a href="#">Introduction to Evidence Based Practice and Research in Health Sciences</a>	HLTH 1049
<a href="#">Physiotherapy Studies 100</a>	REHB 1026	<a href="#">Physiotherapy Studies 101</a>	REHB 1027
<b>SECOND YEAR</b>			
<a href="#">Human Anatomy 200</a>	HLTH 2022	<a href="#">Neurosciences in Physiotherapy</a>	REHB 2048
<a href="#">Fundamentals of Pharmacology</a>	PHAR 2019	<a href="#">Biopsychosocial Practice</a>	REHB 2047
<a href="#">Physiotherapy Studies 200</a>	REHB 2041	<a href="#">Physiotherapy Studies 201</a>	REHB 2042
<a href="#">Exercise Physiology 1</a>	HLTH 2006	<a href="#">Physiotherapy Clinical Studies 201</a>	REHB 2012
<b>THIRD YEAR</b>			
<a href="#">Acute Care</a>	REHB 3007	<a href="#">Primary and Ambulatory Care in Physiotherapy</a>	REHB 3065
<a href="#">Rehabilitation</a>	REHB 3011	<a href="#">Pain Sciences</a>	REHB 3009
		<a href="#">Advanced Evidence Based Practice</a>	HLTH 3057
<b>FOURTH YEAR</b>			
<a href="#">Physiotherapy with Children</a>	REHB 3059	<a href="#">Advanced Physiotherapy Practice B</a>	REHB 4050
<a href="#">Advanced Rehabilitation B</a>	REHB 4051	<a href="#">Ethics and Communication</a>	REHB 4034
<a href="#">Health Promotion in Physiotherapy B</a>	REHB 4035	<a href="#">Work Health and Safety Practice</a>	REHB 4011
<a href="#">Elective</a>			

### GRADUATE ENTRY MASTERS (IMPE)

<b>FIRST YEAR (first year of new version)</b>			
<a href="#">Evidence informed Clinical Reasoning in Physiotherapy</a>	REHB 5067	<a href="#">Physiotherapy Practice in Acute Care</a>	REHB 5111
<a href="#">Physiotherapy Clinical Skills (Rehabilitation)</a>	REHB 5112	<a href="#">Physiotherapy Clinical Skills (Community)</a>	REHB
<a href="#">Physiotherapy Professional Practice</a>	REHB 5066	<a href="#">Pain Theory and Sciences GE</a>	REHB 5123
<a href="#">Physiotherapy Clinical Skills (Acute)</a>	REHB 5128		
<b>SECOND YEAR (Last year of old version)</b>			
<a href="#">Physiotherapy Practice in Adult Rehabilitation</a>	REHB 5103	<a href="#">Advanced Rehabilitation GE</a>	REHB 6011
<a href="#">Physiotherapy with Children GE</a>	REHB 6017	<a href="#">Ethics and Communication for Moral Action</a>	REHB 6016
<a href="#">Primary and Ambulatory Care in Physiotherapy GE</a>	REHB 6018	<a href="#">Advanced Physiotherapy Practice (Acute and Rehabilitation)</a>	REHB 6019

**NB: If you access this manual online, the links will take you directly to each course**

**Appendix Four – Formal Notification and Written Record of Unsafe Behaviour**

- |   |   |
|---|---|
| <input type="checkbox"/> Physiotherapy Skills 201<br><input type="checkbox"/> Physiotherapy Practice with Older Adults<br><input type="checkbox"/> Acute Care<br><input type="checkbox"/> Rehabilitation<br><input type="checkbox"/> Primary & Ambulatory Care<br><input type="checkbox"/> Advanced Physiotherapy Practice B<br><input type="checkbox"/> Advanced Rehabilitation<br><br><input type="checkbox"/> Physiotherapy with children<br><br><input type="checkbox"/> Health Promotion in Physiotherapy<br><input type="checkbox"/> Occupational Health & Safety | <input type="checkbox"/> Physiotherapy Professional Practice<br><input type="checkbox"/> Physiotherapy Clinical Skills (Rehabilitation)<br><input type="checkbox"/> Physiotherapy Clinical Skills (Acute)<br><input type="checkbox"/><br><input type="checkbox"/> Physiotherapy Practice in Acute Care<br><input type="checkbox"/> Physiotherapy Practice in Adult Rehabilitation<br><input type="checkbox"/> Physiotherapy Practice in Primary and Ambulatory Care<br><input type="checkbox"/> Advanced Physiotherapy Practice (Acute and Rehabilitation)<br><input type="checkbox"/> Advanced Physiotherapy Practice (Community)<br><input type="checkbox"/> Physiotherapy Practice with Children |
|---|---|

Students must demonstrate safe behaviour throughout a clinical placement. Unsafe behaviours are those that directly contravene contraindications or have a high probability of resulting in a detrimental outcome for the patient/client, the student or others. A student demonstrating unsafe behaviour will be formally notified by their clinical educator. They will be counselled about the exact nature, mechanism, and likely outcome of the unsafe behaviour, and will discuss strategies to avoid the behaviour in the future with their clinical educator.

<b><i>What was the unsafe practice?</i></b>
<b><i>Why is it unsafe?</i></b>
<b><i>What is the likely outcome of this practice?</i></b>
<b><i>What are alternative practices or strategies to avoid this unsafe practice?</i></b>

**This form is the written record of the formal warning for unsafe behaviour.**

I understand that I have been formally warned about unsafe behaviour and understand that should I be involved in or demonstrate a second instance of unsafe behaviour, even if it involves a different situation / behaviour, that I may be requested to discontinue the clinical placement and therefore may fail the course.

Student name & signature (date): \_\_\_\_\_

Clinical Educator signature (date): \_\_\_\_\_

A photocopy of this form is to be provided to the student. The clinical educator keeps the original (*fax a copy to the appropriate course coordinator as soon as possible following the incident – 08 8302 2977*).

A pattern of unsafe behaviour on clinical placement may result in a fail grade for the course, irrespective of performance in other components. In the case of unsafe behaviour, the student will receive verbal feedback in the first instance; a second infringement will result in a written warning (using this form), even if the second incident involves a different skill or technique; any subsequent infringement will result in a fail grade.

**Examples of unsafe practices include (but are not limited to):**

- Failure to follow the organisation procedures and policies including complying with OH&S requirements.
- Failure to consider possible contraindications to various therapeutic techniques.
- Failure to take responsibility for patient/client and personal safety in the work environment
- Failure to demonstrate awareness of manual handling principles or comply with workplace guidelines on patient/client handling
- Failure to comply with infection control practices.
- Leaving a patient/client alone in a position/ environment/ task that is not safe
- Asking patients/clients to perform a task that is beyond their, and/or the student's capability AND which threatens patient/client safety, or the safety of the students or others involved.
- Asking a patient/client to perform a task in an environment and/or with equipment that is beyond their or student's capacity and therefore unsafe.
- Transferring a patient/client in a way that is potentially unsafe (for either them or the student/assistant), for example failure to use brakes on bed/ wheelchair, or ensure adequate footwear/ removal of socks.
- Providing inadequate assistance during a patient/client task for example only one person to assist when two are required or providing distant supervision if close standby assistance is required.

**Additional unsafe practices specific to an acute care environment (not exhaustive):**

- Sitting a patient upright who is under spinal precautions
- Leaving oxygen off an oxygen-dependent desaturating patient during a transfer.
- Leaving bed rails down or restraints off an agitated disorientated patient
- Failure to pre-oxygenate a patient prior to suction

**Additional unsafe practices specific to a musculoskeletal clinical environment (not exhaustive):**

- Failure to conduct appropriate pre-intervention testing, for example sensation tests before thermal treatment or VBI tests before cervical manipulation
- Failure to undertake neurological examination in the presence of symptoms which may indicate compromise of the neurological system.
- Failure to demonstrate the safe application of traction or electrical equipment, e.g. warnings, sensory testing, written recording where applicable

**Additional unsafe practices specific to Occupational Health and Safety (not exhaustive):**

- Failure to comply with a host organisation safety policy and procedures, for example not wearing personal protective equipment

**Appendix Five – Formal Notification and Written Record of Unprofessional Behaviour**

Physiotherapy Skills 201	<input type="checkbox"/> Physiotherapy Professional Practice
Physiotherapy Practice with Older Adults	<input type="checkbox"/> Physiotherapy Clinical Skills (Rehabilitation)
Acute Care	<input type="checkbox"/> Physiotherapy Clinical Skills (Acute)
Rehabilitation	<input type="checkbox"/>
Primary & Ambulatory Care	<input type="checkbox"/> Physiotherapy Practice in Acute Care
Advanced Physiotherapy Practice B	<input type="checkbox"/> Physiotherapy Practice in Adult Rehabilitation
Advanced Rehabilitation	<input type="checkbox"/> Physiotherapy Practice in Primary and Ambulatory Care
Physiotherapy with children	<input type="checkbox"/> Advanced Physiotherapy Practice (Acute and Rehabilitation)
Health Promotion in Physiotherapy	<input type="checkbox"/> Advanced Physiotherapy Practice (Community)
Occupational Health & Safety	<input type="checkbox"/> Physiotherapy Practice with Children

Students must demonstrate professional and ethical behaviour throughout a clinical placement. A student demonstrating unprofessional behaviour will be formally advised by their clinical educator. The clinical educator will counsel the student about the exact nature of the behaviour and discuss strategies to prevent future infringements. Misconduct on placement is addressed in section 4.6 of the University Assessment Policy and Procedures manual and professional behaviour in the Physiotherapy Board of Australia’s Code of Conduct for Allied Health Practitioners.

<b><i>What was the unprofessional behaviour?</i></b>
<b><i>Why is it deemed unprofessional and what are the possible outcomes of this unprofessional behaviour?</i></b>
<b><i>What are alternative practices or strategies to avoid this unprofessional behaviour?</i></b>
<b><i>What action has the student agreed to take in relation to this formal warning and counselling?</i></b>

**This form is the written record of the formal warning for unprofessional behaviour.**

I understand that I have been formally warned about unprofessional behaviour and understand that should I be involved in or demonstrate a second instance of unprofessional behaviour, even if it involves a different situation / behaviour, that I may be requested to discontinue the clinical placement and therefore may fail the course.

Student name & signature (date): \_\_\_\_\_

Clinical Educator signature (date): \_\_\_\_\_

A photocopy of this form is to be provided to the student. The clinical educator keeps the original:

*(fax a copy to the appropriate course coordinator as soon as possible following the incident – 08 8302 2977).*

A pattern of unprofessional or unethical behaviour on clinical placement may result in a fail grade for the course, irrespective of performance in other components. In the case of unprofessional behaviour, the student will receive verbal feedback in the first instance; the second infringement will result in a written warning (using this form), and any subsequent infringement will result in a fail grade.

Unprofessional behaviours, which breach medico legal requirements, will be treated as Academic Misconduct (Policy 9.2). Where evidence exists to confirm Academic Misconduct, students will normally be required to discontinue the clinical placement, will be recorded as a fail in the course and will be penalised in accordance with the academic policy for Academic Misconduct.

**Examples of unprofessional behaviours include (but are not limited to):**

- Removing patient/client records from the placement site or photocopying patient records
- Falsely stating treatments / non-treatment of a patient
- Falsifying placement site records
- Breaching patient/client confidentiality
- Removing material from the placement site which could be used to identify individual patients/clients
- Breaching specific placement site policies as provided by the clinical placement
- Plagiarism of published / referenced or peers written work (see Policy 9.2 for details of behaviours / actions included as plagiarism, which will be dealt with under the provisions of the policy for Academic Misconduct).
- Failure to respect patients'/clients' privacy and dignity
- Arriving unfit to work (for example intoxicated)
- Arriving late and / or leaving early without prior agreement with the clinical educator
- Failure to call appropriate personnel to report intended absence
- Disrespectful, threatening or bullying behaviour



## Appendix Six - Assessment of Physiotherapy Practice Tool Mid and End-of-unit Mid Unit: Formative Feedback

Student name:..... Facility/Experience:..... Date:.....

- 0** = Infrequently/rarely demonstrates performance indicators  
**1** = Demonstrates few performance indicators to an adequate standard  
**2** = Demonstrates most performance indicators to an adequate standard  
**3** = Demonstrates most performance indicators to a good standard  
**4** = Demonstrates most performance indicators to an excellent standard  
**not assessed** = item was not assessed

**Note. a rating of 0 or 1 indicates that minimum acceptable competency has NOT been achieved**

Professional Behaviour	Circle one number only					
1. Demonstrates an understanding of client rights and consent	0	1	2	3	4	not assessed
2. Demonstrates commitment to learning	0	1	2	3	4	not assessed
3. Demonstrates ethical, legal & culturally responsive practice	0	1	2	3	4	not assessed
4. Demonstrates collaborative practice	0	1	2	3	4	not assessed
Communication						
5. Communicates effectively and appropriately - Verbal/non-verbal	0	1	2	3	4	not assessed
6. Demonstrates clear and accurate documentation	0	1	2	3	4	not assessed
Assessment						
7. Conducts an appropriate client- centred interview	0	1	2	3	4	not assessed
8. Selects and measures relevant health indicators and outcomes	0	1	2	3	4	not assessed
9. Performs appropriate physical assessment procedures	0	1	2	3	4	not assessed
Analysis & Planning						
10. Appropriately interprets assessment findings	0	1	2	3	4	not assessed
11. Identifies and prioritises client's problems	0	1	2	3	4	not assessed
12. Sets realistic short and long term client-centred goals	0	1	2	3	4	not assessed
13. Selects appropriate intervention in collaboration with the client	0	1	2	3	4	not assessed
Intervention						
14. Performs interventions appropriately	0	1	2	3	4	not assessed
15. Is an effective educator	0	1	2	3	4	not assessed
16. Monitors the effect of intervention	0	1	2	3	4	not assessed
17. Progresses intervention appropriately	0	1	2	3	4	not assessed
18. Undertakes discharge planning	0	1	2	3	4	not assessed
Evidence-based Practice						
19. Applies evidence based practice in client-centred care	0	1	2	3	4	not assessed
Risk Management						
20. Identifies adverse events/near misses and minimises risk associated with assessment and interventions	0	1	2	3	4	not assessed

In your opinion as a clinical educator, the overall performance of this student in the clinical unit was:

Not adequate     Adequate     Good     Excellent

**Scoring rules:**

- Circle not assessed only if the student has not had an opportunity to demonstrate the behaviour
- If an item is not assessed it is not scored and the total APP score is adjusted for the missed item.
- Circle only one number for each item
- If a score falls between numbers on the scale the higher number will be used to calculate a total.
- Evaluate the student's performance against the minimum competency level expected for a beginning/entry level physiotherapist.

**Comments** (the student can be given a copy of this page only)

Area of Practice	Learning activities to help the student improve performance within the time available.
Professional behaviour:	
Communication:	
Assessment:	
Analysis and Planning:	
Intervention:	
Use of evidence based practice:	
Risk management:	

Date: \_\_\_\_\_

Stage of Placement: \_\_\_\_\_

## Assessment of Physiotherapy Practice (APP)

### End of Unit Formative Feedback

Student name:..... Facility/Experience:..... Date:.....

- 0 = Infrequently/rarely demonstrates performance indicators  
 1 = Demonstrates few performance indicators to an adequate standard  
 2 = Demonstrates most performance indicators to an adequate standard  
 3 = Demonstrates most performance indicators to a good standard  
 4 = Demonstrates most performance indicators to an excellent standard  
 not assessed = item was not assessed

ELMA Casely score: /10

**Note. a rating of 0 or 1 indicates that minimum acceptable competency has not been achieved**

Professional Behaviour	Circle one number only					
1. Demonstrates an understanding of client rights and consent	0	1	2	3	4	not assessed
2. Demonstrates commitment to learning	0	1	2	3	4	not assessed
3. Demonstrates ethical, legal & culturally responsive practice	0	1	2	3	4	not assessed
4. Demonstrates collaborative practice	0	1	2	3	4	not assessed
Communication						
5. Communicates effectively and appropriately - Verbal/non-verbal	0	1	2	3	4	not assessed
6. Demonstrates clear and accurate documentation	0	1	2	3	4	not assessed
Assessment						
7. Conducts an appropriate client- centred interview	0	1	2	3	4	not assessed
8. Selects and measures relevant health indicators and outcomes	0	1	2	3	4	not assessed
9. Performs appropriate physical assessment procedures	0	1	2	3	4	not assessed
Analysis & Planning						
10. Appropriately interprets assessment findings	0	1	2	3	4	not assessed
11. Identifies and prioritises client's problems	0	1	2	3	4	not assessed
12. Sets realistic short and long term client-centred goals	0	1	2	3	4	not assessed
13. Selects appropriate intervention in collaboration with the client	0	1	2	3	4	not assessed
Intervention						
14. Performs interventions appropriately	0	1	2	3	4	not assessed
15. Is an effective educator	0	1	2	3	4	not assessed
16. Monitors the effect of intervention	0	1	2	3	4	not assessed
17. Progresses intervention appropriately	0	1	2	3	4	not assessed
18. Undertakes discharge planning	0	1	2	3	4	not assessed
Evidence-based Practice						
19. Applies evidence based practice in client-centred care	0	1	2	3	4	not assessed
Risk Management						
20. Identifies adverse events/near misses and minimises risk associated with assessment and interventions	0	1	2	3	4	not assessed

In your opinion as a clinical educator, the overall performance of this student in the clinical unit was:

Not adequate     Adequate     Good     Excellent

**Scoring rules:**

- Circle not assessed only if the student has not had an opportunity to demonstrate the behaviour
- If an item is not assessed it is not scored and the total APP score is adjusted for the missed item.
- Circle only one number for each item
- If a score falls between numbers on the scale the higher number will be used to calculate a total.
- Evaluate the student's performance against the minimum competency level expected for a beginning/entry level physiotherapist.



## Assessment of Physiotherapy Practice (APP)

**Comments** (the student can be given a copy of this page only)

Area of Practice	learning activities to help the student improve performance within the time available.
Professional behaviour:	
Communication:	
Assessment:	
Analysis and Planning:	
Intervention:	
Use of evidence based practice:	
Risk management:	

Supervisor Signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date:

## Examples of performance indicators

### Professional Behaviour

#### 1. Demonstrates an understanding of client rights & consent

- Obtains & records informed consent according to protocol
- Recognises clients' health-care rights
- Prioritises clients' rights, needs & interests
- Allows sufficient time to discuss the risks & benefits of the proposed treatment with clients & carers
- Refers clients to a more senior staff member for consent when appropriate
- Advises supervisor or other appropriate person if a client might be at risk
- Respects clients' privacy & dignity
- Complies with confidentiality & privacy requirements for client's health & personal information
- Applies ethical principles to the collection, maintenance, use & dissemination of data & information

#### 2. Demonstrates commitment to learning

- Responds in a positive manner to questions, suggestions &/or constructive feedback
- Reviews & prepares appropriate material before & during placement
- Develops & implements a plan of action in response to feedback
- Seeks information/assistance as required
- Demonstrates self-evaluation, reflects on progress & implements appropriate changes based on reflection
- Takes responsibility for learning & seeks opportunities to meet learning needs
- Uses clinic time responsibly

#### 3. Demonstrates ethical, legal & culturally responsive practice

- Follows policies & procedures of the facility
- Advises appropriate staff of circumstances that may affect adequate work performance
- Observes infection control, & workplace health & safety policies
- Arrives fit to work
- Arrives punctually & leaves at agreed time

- Calls appropriate personnel to report intended absence
- Wears an identification badge & identifies self
- Recognises inappropriate or unethical health practice
- Observes dress code
- Completes projects/tasks within designated time frame
- Maintains appropriate professional boundaries with clients & carers
- Advocates for clients & their rights (where appropriate)
- Demonstrates appropriate self-care strategies (e.g. Management of stress, mental & physical health issues)
- Acts ethically & applies ethical reasoning in all health care activities
- Demonstrates skills in culturally safe & responsive client-centred practice
- Acts within bounds of personal competence, recognizing personal & professional strengths & limitations

#### 4. Demonstrates collaborative practice

- Demonstrates understanding of team processes
- Contributes appropriately in team meetings
- Acknowledges expertise & role of other health care professionals & refers/liases as appropriate to access relevant services
- Advocates for the client when dealing with other services
- Collaborates with the health care team & client to achieve optimal outcomes
- Cooperates with other people who are treating & caring for clients
- Guides & motivates support staff (where appropriate)
- Works collaboratively & respectfully with support staff

### Communication

#### 5. Communicates effectively and appropriately - Verbal/non-verbal

- Greets others appropriately
- Questions effectively to gain appropriate information
- Listens carefully & is sensitive & empathetic to views of client & relevant others
- Respects cultural & personal differences of others
- Gives appropriate, positive reinforcement

- Provides clear instructions
- Uses suitable language & avoids jargon
- Demonstrates an appropriate range of communication styles (with e.g. Clients, carers, administrative & support staff, health professionals, care team)
- Recognises barriers to optimal communication
- Responds appropriately to non-verbal cues
- Integrates communication technology into practice as required
- Uses a range of communication strategies to optimize client rapport & understanding (e.g. Hearing impairment, non-english speaking, cognitive impairment, consideration of non-verbal communication)
- Uses accredited interpreters appropriately
- Maintains effective communication with clinical educators
- Recognises risk of conflict & takes appropriate action to mitigate &/or resolve
- Actively explains to clients & relevant others their role in care, decision-making & preventing adverse events
- Actively encourages clients to provide complete information without embarrassment or hesitation
- Conducts communication with client in a manner & environment that demonstrates consideration of confidentiality, privacy & client's sensitivities
- Negotiates appropriately with other health professionals

#### 6. Demonstrates clear & accurate documentation

- Writes legibly
- Completes relevant documentation to the required standard (e.g. Client record, statistical information, referral letters)
- Maintains records compliant with legislative medico-legal requirements
- Complies with organisational protocols & legislation for communication
- Adapts written material for a range of audiences (e.g. Provides translated material for non-english speaking people, considers reading ability, age of client)

### Assessment

#### 7. Conducts an appropriate client interview

- Positions person safely & comfortably for interview
- Structures a systematic, purposeful interview seeking qualitative & quantitative details
- Provides a culturally safe environment for the client
- Asks relevant & comprehensive questions
- Politely controls the interview to obtain relevant information
- Responds appropriately to important client cues
- Identifies client's goals & expectations
- Conducts appropriate assessment with consideration of the social, personal, environmental & biopsychosocial factors that influence function, health & disability.
- Seeks appropriate supplementary information, accessing other information, records, test results as appropriate & with client's consent
- Generates diagnostic hypotheses, identifying priorities & urgency of further assessment & intervention
- Completes assessment in acceptable time

#### 8. Selects and measures relevant health indicators and outcomes

- Selects appropriate variable/s to be measured at baseline from WHO ICF domains of impairment, activity limitation & participation restriction.
- Identifies & justifies variables to be measured to monitor treatment response & outcome.
- Selects appropriate tests/outcome measures for each variable for the purpose of diagnosis, monitoring & outcome evaluation.
- Links outcome variables with treatment goals
- Communicates the treatment evaluation process & outcomes to the client & relevant others
- Identifies, documents & acts on factors that may compromise treatment outcomes

#### 9. Performs appropriate physical assessment procedures

- Considers client comfort & safety
- Respects client's need for privacy & modesty (e.g. Provides draping or gown)
- Structures systematic, safe & goal oriented assessment processes accommodating limitations imposed by client's health status
- Plans assessment structure & reasoning process using information from client history & supportive information
- Demonstrates sensitive & appropriate handling during the assessment process
- Applies tests & measurements safely, accurately & consistently
- Sensibly modifies assessment in response to client profile, feedback & relevant findings
- Performs appropriate tests to refine diagnosis
- Assesses/appraises work, home or other relevant environments as required
- Completes assessment in acceptable time

### Analysis & Planning

#### 10. Appropriately interprets assessment findings

- Describes the implications of test results
- Describes the presentation & expected course of common clinical conditions
- Relates signs & symptoms to pathology
- Relates signs, symptoms & pathology to environmental tasks & demands
- Interprets findings at each stage of assessment to progressively negate or reinforce hypothesis/es
- Makes justifiable decisions regarding diagnoses based on knowledge & clinical reasoning
- Prioritises important assessment findings
- Compares observed findings to expected findings

#### 11. Identifies and prioritises client's problems

- Generates a list of problems from the assessment
- Justifies prioritisation of problem list based on knowledge & clinical reasoning
- Collaborates with client to prioritise problems
- Considers client's values, priorities & needs

#### 12. Sets realistic short and long term goals with the client

- Negotiates realistic short term treatment goals in partnership with client
- Negotiates realistic long term treatment goals in partnership with client
- Formulates goals that are specific, measurable, achievable & relevant, with specified timeframe
- Considers physical, emotional & financial costs, & relates them to likely gains of intervention

#### 13. Selects appropriate intervention in collaboration with the client

- Engages with client to explain assessment findings, discuss intervention strategies & develop an acceptable plan
- Identifies & justifies options for interventions based on client needs, clinical guidelines, best evidence & available resources
- Considers whether physiotherapy is indicated
- Demonstrates a suitable range of skills & approaches to intervention
- Describes acceptable rationale (e.g. Likely effectiveness) for treatment choices
- Balances needs of clients & relevant others with the need for efficient & effective intervention
- Demonstrates understanding of contraindications & precautions in selection of intervention strategies
- Advises client about the effects of treatment or no treatment

### Intervention

#### 14. Performs interventions appropriately

- Considers the scheduling of treatment in relation to other procedures e.g. Medication for pain, wound care.
- Demonstrates appropriate client handling skills in performance of interventions
- Performs techniques at appropriate standard
- Minimizes risk of adverse events to client & self in performance of intervention (including observance of infection control procedures & manual handling standards)
- Prepares environment for client including necessary equipment for treatment
- Identifies when group activity might be an appropriate intervention

- Demonstrates skill in case management
- Recognises when to enlist assistance of others to complete workload
- Completes intervention in acceptable time
- Refers client to other professional/s when physiotherapy intervention is not appropriate, or requires a multi-disciplinary approach

#### 15. Is an effective educator

- Demonstrates skill in client education & health promotion e.g. Modifies approach to suit client age group &/or cultural needs
- Applies adult learning principles in education of clients & relevant others
- Educates assistants & relevant others to implement safe & effective therapy
- Participates in leading educational activities for peers/staff (where appropriate)
- Demonstrates skills in conducting group sessions
- Develops a realistic self-management program for prevention & management in collaboration with the client
- Provides information using a range of strategies that demonstrate consideration of client needs
- Confirms client's/relevant others' understanding of given information
- Uses appropriate strategies to motivate the client & relevant others to participate & to take responsibility for achieving defined goals
- Discusses expectations of physiotherapy intervention & its outcomes
- Provides feedback to client regarding health status
- Educates the client in self evaluation
- Encourages & acknowledges achievement of short & long term goals

#### 16. Monitors the effects of intervention

- Incorporates relevant evaluation procedures/outcome measures in the physiotherapy plan
- Monitors client response to the intervention
- Makes modifications to intervention based on therapist evaluation & client feedback
- Records & communicates outcomes where appropriate

#### 17. Progresses intervention appropriately

- Demonstrates or describes safe & sensible treatment progressions
- Makes decisions regarding modifications, continuation or cessation of intervention in consultation with the client, based on best available evidence
- Discontinues treatment in the absence of measurable benefit

#### 18. Undertakes discharge planning

- Begins discharge planning in collaboration with the health care team at the time of the initial episode of care
- Discusses discharge planning with the client
- Describes strategies that may be useful for maintaining or improving health status following discharge
- Arranges appropriate follow-up health care to meet short & long term goals
- Addresses client & carer needs for ongoing care through the coordination of appropriate services

### Evidence Based Practice

#### 19. Applies evidence based practice in client-centred care

- Considers the research evidence, client preferences, clinical expertise & available resources in making treatment decisions & advising clients
- Practises in accordance with relevant clinical practice guidelines
- Locates & applies relevant current evidence e.g. Clinical practice guidelines & systematic reviews
- Assists clients & carers to identify reliable & accurate health information
- Shares new evidence with colleagues
- Participates in & applies quality improvement procedures when possible

### Risk Management

#### 20. Identifies adverse events and near misses and minimises risk associated with assessment and interventions

- Monitors client safety during assessment & treatment
- Complies with workplace guidelines on manual handling
- Complies with organizational health & safety requirements

- Describes relevant contraindications & precautions associated with assessment & treatment
- Recognises & reports adverse events & near misses to appropriate members of the team
- Implements appropriate measures in case of emergency
- Reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- Prior to client contact, reports any personal issues (physical/mental) that may impact on client care