



Allied Health and Human Performance

Supervising students in Advanced Physiotherapy Practice B Advanced Physiotherapy Practice (Acute and Rehabilitation)

Study Period 4 (REHB 6019)

Study Period 5 (REHB 4050)

2023



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(Extract from Clinical Educator Manual 2023)

Clinical Educators play a vital role in the teaching team at UniSA. There is only so much we can do in the classroom to prepare our students for working in the real world. The sharing of your clinical expertise and skills helps students to learn in work integrated environments. Clinical Educators are central to facilitating the transition from student therapists into autonomous practitioners. Your contribution is crucial to the development of student learning and to the future of our profession.

We thank you for your hard work and look forward to continuing to work with you in training the next generation of physiotherapy professionals.

Kind regards,

Dr Julie Walters

Please note that the Clinical Education Manual 2023 (as relevant to all UniSA clinical placement courses) provides a broad overview of issues pertaining to physiotherapy clinical placement supervision. It is recommended that it is referred to, in addition to this specific advice regarding Advanced Physiotherapy Practice B and Advanced Physiotherapy Practice (Acute and Rehabilitation).

Descriptions of these courses, and all courses in the Physiotherapy programmes can be found at the following websites:

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

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

CONTACT INFORMATION

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CLINICAL PLACEMENT DATES 2023

Block 1: February 27 – March 31

Block 2: April 3 – May 5

Block 3: May 8 – June 9

Block 4: July 17 – August 18

Block 5: August 21 – September 22

Block 6: September 25 – October 27

BACKGROUND TO THE COURSES

Advanced Physiotherapy Practice is referred to as the capstone course within the Physiotherapy Programmes. Advanced Physiotherapy Practice in the undergraduate programme is termed Advanced Physiotherapy Practice B, and in the graduate entry Masters programme is termed Advanced Physiotherapy Practice (Acute and Rehabilitation). The Advanced Physiotherapy Practice B/A and R clinical placement requirements are the same for each programme so the course is termed Advanced Physiotherapy Practice (APP) throughout the remainder of this document.

The term 'capstone' embodies a structure that brings parts together to make a whole (eg the top stone of an arch). It is also defined as the 'best and final thing that some body achieves'. In terms of the respective programmes, this course is designed to bring together the various learning from the previous years of the programmes (undergraduate and graduate entry). The intent is that students will be challenged to use their previous learning as the basis for development into an autonomous and collaborative professional practitioner with a strong understanding of, and respect for the expectations that come with the role of a physiotherapist registered with the Physiotherapy Board of Australia. Advanced Physiotherapy Practice is a course which provides students with opportunity to develop and demonstrate autonomy in clinical practice. Prior to the final year of the respective programmes, students are largely isolated from the day-to-day non-clinical tasks of a physiotherapist. Whilst of APP placement, however, they are expected to reflect on their learning to date, develop and execute plans for further learning, and demonstrate that they are able to balance their entire workload (clinical workload, and all professional practitioner responsibilities) in the same timely way as they would in independent practice as a registered practitioner. Clinical Educators are asked to support student learning, and assess students in terms of a physiotherapist who is engaged in a full physiotherapy role, including, and beyond execution of clinical skills.

The expectations of graduate entry (GE) and undergraduate (UG) students are the same in terms of their clinical competence – by the end of the placement both groups should be able to demonstrate competence in clinical practice at least at entry level standard (as defined by the Physiotherapy Practice Thresholds in Australia and Aotearoa New Zealand 2015:

<https://www.physiotherapyboard.gov.au/Accreditation.aspx>) and as assessed using the Assessment of Physiotherapy Practice Tool (Appendix 3).

Students enrolled in APP, and well as the Course Coordinator, and all staff engaged in execution of the Physiotherapy Programmes, understand and appreciate that clinical placement in an industry

setting is a privilege from both the student, and the programme perspective. Students and UniSA staff deeply appreciate the positive and supportive learning environments that are provided, and which support student learning and success.

Students are provided with the following advice regarding Clinical Placement:

Clinical Placement for APP (like all courses) is a privilege. Placement opportunities for APP are provided by the various industry sites to the UniSA Physiotherapy Programmes through goodwill, and agreement, rather than through UniSA employment arrangements (as are in place for earlier placements). The generosity of site owners and managers, placement coordinators, and clinical educators in providing final year students with learning opportunities is vast, and demonstrates commitment to your learning and development, by them. The learning opportunities are broad, varied between sites, and unique for each student. They are always guided by the desire and requirement to support students to achieve and demonstrate entry level competence (at least), and 'gold standard practice' at best. APP clinical placement is authentic exposure to health practice/industry.

It is not only gracious, but indeed a requirement of students to be respectful of the generous opportunities afforded to them, through demonstration of professional behaviour at all times, and timely and professional communication with site coordinators, and clinical supervisors. These requirements are no different for registered practitioners, thus the support you will be provided to comply with these requirements whilst a student will support your capacity to meet these responsibilities once qualified and practising autonomously.

Students are supported to engage with the relevant Site Coordinator, and/or Clinical Educators prior to commencing the placement in order to be optimally prepared for their experience. They are also encouraged to encounter, face and actively respond to the new experiences and possible challenges associated with a transition to practice placement (where expectations are different to earlier experiences) in order to complete the placement feeling prepared and confident for independent practice upon programme completion and entry into the workforce as a registered physiotherapist.

The Course Coordinator has a role in supporting students to learn optimally, and supporting Clinical Educators as they contribute to this learning. The Course Coordinator recognises and respects that it is not possible to take an active role in the learning support that is relevant to specific clinical settings while students undertake APP placement, due to being distanced from it. The Course Coordinator fully respects and defers to the respective Clinical Educators for both the teaching and the assessment that occurs in this environment.

PREREQUISITES

All third (in the case of APP B) or first (in the case of APP A and R) year clinical courses are prerequisites for Advanced Physiotherapy Practice:

Advanced Physiotherapy Practice B pre-requisites:

- REHB 3007 Acute Care
- REHB 3009 Pain Sciences
- REHB 3011 Rehabilitation
- REHB 3065 Applied Musculoskeletal Physiotherapy
- HLTH 3057 Advanced Evidence Based Practice

Advanced Physiotherapy Practice A and R pre-requisites:

- REHB 5103 Physiotherapy Practice in Adult Rehabilitation
- REHB 6018 Applied Musculoskeletal Physiotherapy (GE)
- REHB 6017 Physiotherapy Practice with Children and Families
- REHB 5111 Physiotherapy Practice in Acute Care
- REHB 5123 Pain Theory and Science

At the commencement of APP placement, students should be able to demonstrate core (foundational) competence in each area of physiotherapy practice (under supervision). A summary of the content of each prerequisite course is given in Table 1 and core competencies for each are summarised in Appendix 1. Students are encouraged to understand that this programme content will not be re-taught either during APP preclinical workshops or during placement, and that it is their individual responsibility to commence placement having prepared for it through revision of this programme content.

Students reach APP pre-requisite competence with varying degrees of success, and frequently only manage a few patients per session during pre-final year clinical placement. Major differences between these third/first year competencies and final year are:

- The number of patients a student is expected to be able to manage per day/ session.
- The complexity of the patients' presentations.
- The scope of physiotherapy practice involved in managing patients
- The amount of support needed to undertake patient assessment and management.
- The degree to which students independently exhibit professional behaviour at the highest standard

Table 1. Summary of students' pre-APP experience

COURSE	PRE-APP EXPOSURE
<p>ACUTE CARE</p>	<p>During their acute care placements students are likely to have managed (and should therefore present with skills in managing) patients with the following types of conditions:</p> <ul style="list-style-type: none"> ▪ Elective or trauma orthopaedics (i.e. fractured NOF, THR, TKR, fractured humerus) ▪ Abdominal surgery ▪ Chronic or acute cardiorespiratory complications (i.e. COPD, pneumonia) ▪ Neurological insult (i.e. acute stroke or ABI) ▪ Chest trauma (i.e. those requiring UWSD) <p>Depending on the location of their placement, students may also have been exposed to patients:</p> <ul style="list-style-type: none"> ▪ In HDU or ICU ▪ With an acute amputation or spinal cord injury or following cardiac/thoracic surgery
<p>APPLIED MUSCULOSKELETAL PHYSIOTHERAPY</p>	<p>During their Applied Musculoskeletal Physiotherapy placement, students will be responsible for managing patients with a variety of musculoskeletal conditions. The most likely presentations include:</p> <ul style="list-style-type: none"> ▪ Low back pain ▪ Osteoarthritis of the lower limb (including post- joint replacement surgery) ▪ Shoulder impingement syndromes ▪ Chronic musculoskeletal conditions (such as fibromyalgia) <p>Students are likely to see a high proportion of patients with chronic conditions and should have developed skills in integrating their pain sciences knowledge into the management of patients with long term pain conditions. They will have developed skills in subjective and objective assessment and planning a management program with assistance from their educator. They will have been required to implement clinical</p>

	reasoning skills under the ICF framework to the management of musculoskeletal disorders.
REHABILITATION	<p>During their rehabilitation placement, students will have developed skills in assessing and managing individuals with a range of neurological presentations, including stroke, multiple sclerosis, Parkinson’s disease, acquired brain injury. Although they are expected to understand the pathophysiology and mechanism of all conditions, their actual exposure to patients with each condition will depend on the site of their rehabilitation placement.</p> <p>Students are expected to be able to assess and develop an integrated management plan for a patient with a neurological condition (regardless of underlying diagnosis), and undertake aspects of discharge planning, that will include consideration the home environment and requirement for gait aids or other assistive devices.</p>
PAIN SCIENCES	<p>During their pain sciences course, students will learn about the biopsychosocial and neuromatrix models of pain and develop an understanding of concepts such as peripheral and central sensitisation. They will learn to identify the predominant pain model and develop an appropriate assessment and management approach for each patient. They will learn to communicate with patients regarding chronic pain and to identify barriers to implementation of evidence based practice related to chronicity.</p>
PHYSIOTHERAPY WITH CHILDREN AND FAMILIES	<p><i>Since 2021 students have undertaken Physiotherapy with Children and Families in their final year of study. This means that paediatric placements in Advanced Physiotherapy Practice will only be available during Study Period 5 (ie the second half of the year).</i></p> <p>Exposure to different paediatric conditions and ages of children varies across the placement venues, from assessment and management of motor delay and coordination disorders (i.e. DCD, global delay), to disorders that may result in more severe disability (such as cerebral palsy and various syndromes). Students may also work with children with autism spectrum disorder and musculoskeletal impairments such as plagiocephaly and torticollis or observe the management of hip or foot</p>

conditions e.g. congenital talipes equinovarus and chronic respiratory conditions e.g. cystic fibrosis.

Regardless of the location of their placement, students should all be able to assess, plan in collaboration with the child and/or family & implement appropriate physiotherapy management for a child with a movement disorder.

COURSE AIMS AND OBJECTIVES

Aim

Advanced Physiotherapy Practice B, and Advanced Physiotherapy Practice A and R:

To develop the clinical and professional skills required to be ready to commence work as an autonomous practitioner within interdisciplinary teams.

Objectives

Advanced Physiotherapy Practice B:

On completion of this course, students enrolled in APP B should be able to:

CO1. Apply safe and effective assessment and management of client with complex presentations

CO2. Integrate evidence based practice, clinical reasoning, person centred assessment and management and high level self reflection skills into clinical practice

CO3. Use communication skills to operate effectively in an inter-professional team

CO4. Demonstrate professional leadership, culturally responsive and ethical behaviour as required of an entry level physiotherapist that is consistent with the Physiotherapy Board of Australia's codes, policies and guidelines.

Advanced Physiotherapy Practice A and R:

On completion of this course, students enrolled in APP A and R should be able to:

CO1. Apply safe and effective assessment and management of clients with complex presentations

CO2. Integrate evidence based practice, advanced clinical reasoning, person centred assessment and management and high level self reflection skills into clinical practice

CO3. Use advanced communication skills to operate effectively in an inter-professional team.

CO4. Demonstrate professional leadership, culturally responsive and ethical behaviour as required of an entry level physiotherapist that is consistent with the Physiotherapy Board of Australia's codes, policies and guidelines.

What understanding of Course Aim and Objectives means for supervisors

Students will achieve variably across the domains of the Assessment of Physiotherapy Practice instrument (please refer to Section 9 of the Clinical Educator Manual 2023). Not all students will achieve a high level of success with achievement of each course objective, nor across each domain of the Assessment of Physiotherapy Practice instrument. When determining whether the student(s) you are supervising has/ve reached a level you would expect for a final year student, it is recommended that you consider the level of skill, competency and autonomy you would expect a new graduate to demonstrate in their first few weeks working within your organisation.

In Advanced Physiotherapy Practice it is an expectation that students consolidate the clinical skills they developed in their third (UG)/first (GE) year courses, while becoming more independent with the other aspects of physiotherapy work, for example, managing their caseload, active participation in ward rounds, engaging with health professionals from other professions, reception duties, discharge planning etc. It is also an expectation that students demonstrate professional behaviour (eg attendance, communication, reflection on fitness for practice and taking responsibility for management of same etc) at the highest standard. Often in third (UG)/first (GE) year courses, the clinical supervisors assist students with time management and administrative aspects of their tasks. In the final year of each programme it is expected that students enrolled in Advanced Physiotherapy Practice will work towards being able to manage these aspects of their role with minimal assistance.

Considerable emphasis is given in APP to the role of self-reflection on performance. Students are encouraged to take responsibility to determine strategies for learning based on analysis of their practice via self-reflection. This approach is taken in the interest of supporting students to be effective independent lifelong learners. Students are encouraged to instigate the learning strategies that they devise as independently as possible, as is required of them upon entry into the workforce. Clinical Educators should expect to see this active learning approach from the commencement of placement, and are respectfully asked to encourage it wherever possible.

A key consideration is whether you, as the Clinical Educator, are confident that the student can work independently and deliver a **safe, effective** and **evidence-based** intervention to patients/clients, **without direct supervision**, while also appropriately managing the other aspects of their job. As a rule of thumb, you are encouraged to consider a normal workload for a new graduate employee in your workplace – an appropriate level of work for a second (GE)/fourth (UG) year student at the end of their APP placement would be to manage **approximately 80%** of that workload, in terms of patient load, and all other professional responsibilities involved in a physiotherapy role.

Structure

During Advanced Physiotherapy Practice students participate in preclinical workshops aimed at encouraging learning regarding appreciation of an autonomous physiotherapy role. Students are exposed to areas of clinical practice they may not have experienced previously, and scopes of practice that are emerging for the wider profession – for example, spinal cord injury management, amputee rehabilitation, palliative care, mental health, bariatric management, cancer and exercise etc. It is the student's responsibility to revise first/third year materials independently, and to take an active role, where indicated, to establish and execute a learning plan in the event that they encounter scope of practice that is new to them.

The clinical placement component of the course involves almost full-time hours over five weeks (150 hours). The breakdown of these hours is at the discretion of the placement venue and it is an expectation that the student discusses their work hours and workload with the Clinical Educator ***before their placement commences***. Attendance in line with placement site requirements is considered a matter of professional behaviour. Students who indicate challenges with being able to meet the attendance requirements are encouraged to reflect on their fitness for practice for participating in the placement, and are encouraged to take appropriate steps to manage this fitness for practice. Students have been encouraged to take responsibility for this management, and know that one option they may need to take if they are unable to comply with the requirements of the course, in line with what suits the placement site, is to liaise with the Course Coordinator and Programme Director in order to organise alternate study arrangements (a Study Plan). You are asked to support students to give consideration to and respect these expectations, and to support them to act accordingly through taking responsibility. As well as attending in line with prescribed hours, it is important that students achieve ***clinical and professional competence*** in the areas of practice to which they are exposed. This will require them to spend time on self-directed learning. Students are encouraged to reflect on their work-life balance in order to have time to optimise this learning during the five week placement.

While students may have readings and assignments to complete during the placement period, the priority is that they organise their time (in line with discussion with you) to accommodate as many clinical and professional experiences as is possible. They are expected to work their self directed

activity around the clinical opportunities provided to them. Please feel free to contact the Course Coordinator (alison.bell@unisa.edu.au) if you feel that you, or the student who is placed at your site, requires support to understand and comply with these requirements.

Time off due to public holidays does not need to be made up by the student.

Expectations

There are aspects further to clinical performance that form important requirements of APP. Students are expected to contact their placement venue via written correspondence, forwarded via email, two weeks before they are due to start placement. This correspondence should be followed with a telephone call to discuss preparation for the clinical experience, required hours of attendance, and any other relevant matters.

While on placement, students are expected to conduct themselves (where possible) as a member of staff. They are expected to participate in meetings/ward rounds etc, attend in-service presentations and other professional development opportunities, and negotiate for variation in placement schedule if required (this is only possible if documentation of Unexpected/Extraordinary circumstances as defined in the Assessment Policy and Procedures Manual 2023 is provided, and approval from the Course Coordinator is obtained).

Students are encouraged and expected to take responsibility for all of their professional obligations, requirements and expectations. They are encouraged and expected to be prepared to actively acknowledge incapacity to meet any obligations/requirements/expectations, and be cognisant and accepting of consequences (as prescribed).

Students are expected to comply with Attendance Requirements.

COMMUNICATION

Communication between your workplace and the University begins via the Clinical Placement Unit (CPU). The administration officer sends out initial requests for placements several months before each semester. Typically this is sent to the Head of Department or nominated Student Coordinator at each placement site. Subsequent communication will be between your workplace and the CPU, or yourselves and the Course Coordinator (Alison Bell: alison.bell@unisa.edu.au) directly.

The Course Coordinator is best placed to discuss clinical and professional aspects of the course as well as course expectations, structure and requirements (including assessment), while the CPU handles communication regarding logistics – dates, student names, insurance agreements, compliance with requirements etc.

During the placement period, communication can be via email or telephone and will usually be directly between the individual Clinical Educator and the Course Coordinator. Because Clinical Educators rotate between each clinical block at many sites, it is helpful if the Course Coordinator can be provided (by the Student Placement Coordinator at the site) with the name and contact details of the respective staff member who is responsible for each student as soon as is possible. This helps ensure efficient communication processes in the event of any issue that might arise, and the preparation of the APPLinkUp platform (where documentation of assessment is lodged).

Any doubts about the students' performance or competence can be discussed with the Course Coordinator at any time during the placement.....generally the earlier the better.....in order to best support the student to succeed, and also to make decisions easier when it comes to assigning a grade, and managing student expectations regarding the placement grade, at the end of the roster.

The Clinical Educator is required to contact the Course Coordinator in the event of:

- verbal (ie first warning) regarding Unprofessional behaviour and/or Unsafe behaviour on placement
- written (ie second and third) warning regarding Unprofessional behaviour and/or Unsafe behaviour on placement
- a student being recognised as being at risk of not passing at the point of mid roster assessment, or indeed at any point during the placement.

Attendance

Students are made aware of placement and pre-clinical workshop attendance requirements via the APP Course Outline:

Full attendance at preclinical teaching sessions, clinical placement and the Presentation sessions will optimise learning. Further, full attendance at clinical placement will optimise care and protection of the public. It is, therefore, an expectation that students will prioritise their time for this course, so that full attendance can be honoured. Students are required to attend 100% of the formally scheduled sessions within APP, as a clinical course. The only exception to the attendance requirement is when Unexpected, and/or Exceptional Circumstances, as defined in the Assessment Policy and Procedures 2023 apply, and the student concerned submits to the Course Coordinator, and has approved, a request for variation to requirements. Approval will only be considered, when written documentation of grounds accompanies the request. As a professional courtesy, any other circumstances for non-attendance of any scheduled session (or part thereof) in APP (pre-clinical teaching sessions, clinical placement, Presentations sessions) must be negotiated with the Course Coordinator prior to the non-attendance (or as soon as possible afterwards, if circumstances do not allow prior notification). If students miss more than 20% of their clinical course sessions (pre-clinical teaching sessions, clinical placement, Presentations sessions) for any reason, they may be unable to complete the course. If a student foresees such a circumstance, negotiation with the Course Coordinator must occur as soon as is possible. Unsupported (and thus non approved) non-attendance at any pre-clinical teaching session, clinical placement or the Presentations sessions is considered discourteous, and a breach of student professional responsibility. Accordingly, a 5% deduction of the Clinical Assessment mark and a professional warning applies for every session or part session that is missed, for pre-clinical, placement and Presentation session commitments.

This approach has been adopted to:

- align with the expectations of a registered practitioner in the work setting.*
- support students to make professionally appropriate decisions regarding their fitness for practice, from a work/life/study balance perspective*

- *optimally support preparation for, and learning from the course, across the full cohort (remembering that in many instances your choice to fail to attend, or leave a session early has impact on the learning of others, as well as yourself).*

- *ensure that all students demonstrate respectful and courteous behaviour to their colleagues, to UniSA staff, to placement sites, to visiting presenters, and (most importantly) to members of the public (patients). This contributes to individual reputation, and to the reputation of the programme.*

If you choose to miss a mandatory session (or part thereof) you have one of two options open to you:

1. If you believe you have grounds for variation to attendance requirements

- *Contact the Course Coordinator (and Placement Coordinator/Supervisor if the absence applies to placement) with advice re date and time of the absence prior to it occurring, and at least 30 minutes prior to commencement time if on placement (or as soon as possible afterwards if prior notification is not possible), to advise the absence period (full session, or part thereof)*

- *Advise the Course Coordinator of actions you have taken/intend to take to compensate for the time/learning opportunities that have been missed.*

- *Submit application for variation supported by written documentation of reason in line with Unexpected and/or Exceptional Circumstances, as defined in the Assessment Policy and Procedures Manual 2023 (examples include correspondence from an SEU counsellor for compassionate grounds, medical certificate etc) to the Course Coordinator via email: michelle.guerin@unisa.edu.au. Student declarations will generally not be accepted in APP.*

- *Contact the Unit office, via email, and report the date, time and reason for absence. This then contributes to a central register of absence. This must match with Course Coordinator records re same. Contact: ALH-enquiries@unisa.edu.au*

2. If you do not have grounds for variation

- *Contact the Course Coordinator (and Placement Coordinator/Supervisor if the absence applies to placement) with advice re date and time of absence prior to it occurring and at least 30 minutes prior to commencement time if on placement (or as soon as possible afterwards if prior notification is not possible), to advise the absence period (full session, or part thereof).*

- *Advise the Course Coordinator and Clinical Coordinator/Supervisor if the absence applies to placement) of the actions you will take to compensate for the missed course content/experience.*

- Acknowledge that you do not believe you have grounds for variation, and do not intend applying for it.

- Acknowledge the consequences that you understand will apply.

- Contact the Unit office, via email, and report the date, time and reason for absence. This then contributes to a central register of absence, and will be audited. Contact: **ALH-enquiries@unisa.edu.au**

Mandatory attendance requirements are established for various sound reasons (eg to support learning, to provide best practice care to members of the public, to support optimal professional behaviour in an industry setting etc). All students who choose to be absent from sessions with mandatory attendance requirements, without grounds for variation, are encouraged to reflect on their fitness to practice with regard to enrolment in, and successful completion of Advanced Physiotherapy Practice. The Course Coordinator is available to assist and support you when executing this reflection, and when managing fitness for practice, if required.

Students will commence placement knowing that they are expected to take responsibility to comply with these requirements independently. Students are supported to understand and engage with these requirements throughout their enrolment in APP by the Course Coordinator. Clinical educators are warmly invited to add to this support if indicated! Please feel free to contact the Course Coordinator (alison.bell@unisa.edu.au) if you feel that the student who is placed with you requires support in this regard.

Absence from placement

In the event of illness or absence from placement, the student is required to inform the placement site **and** the Unit Office **at least 30 minutes before they are due to start**. A medical certificate or other appropriate documentation that supports eligibility for variation to requirements in line with Unexpected/Exceptional circumstances (as described in the Assessment Policy and Procedures 2023) must be submitted to the Course Coordinator via michelle.guerin@unisa.edu.au for each period of absence in order to avoid penalty to placement grade (5% loss of placement grade and a professional warning for each day or part thereof) that is missed. The documentation must clearly cover each day (or part thereof) of the period of absence, including the first day.

If a student is absent for more than 20% of the required placement hours, regardless of whether or not there is documentation of reason in line with Unexpected and Exceptional Circumstances (refer to Section entitled Attendance Requirements), the student may not be able to pass the clinical placement component of APP B/APP A and R.

Medical certificates should be sighted by the Clinical Educator.

BILLING FOR STUDENT SERVICES

The University of South Australia (UniSA) respects that placement sites have and apply understanding regarding student service and appropriate billing.

The Australian Physiotherapy Association provides information to physiotherapists regarding students and the Medicare Benefits Scheme at:

<https://australian.physio/student-placements-faqs> (APA Members only)

The Department of Veterans Affairs (DVA) in line with Section 76 of 'Notes for Allied Health Providers' (<https://www.dva.gov.au/providers/allied-health-professionals>) 'will not accept financial responsibility for health care services provided fully or in part to an entitled person by a fieldwork students of an assistant'. UniSA has been advised that it is likely that other funders including private health insurers mostly take a similar stance – this can be checked via review of respective provider agreements.

Consequently, our advice to supervisors of students in private practice is that it would be prudent to check that any intended charges made for student service meet the funder rules (eg DVA, private health insurance entity).

Supervision

Although there should be at least one clinical educator with responsibility for overseeing a student's placement, students can be supervised by more than one staff member. In general, it is a requirement that supervision is provided by a fully registered physiotherapist. It is acknowledged however, that some learning support may be provided by members of other professions in an interprofessional learning model.

Initially, it is recommended that some time (up to a few hours per day) be spent with each student, in order to assess their skills and gauge and decide the amount and type of supervision that is indicated.

Over time, students should be able to demonstrate that it is appropriate for less supervision to be indicated, in turn revealing capacity to work autonomously.

The following excerpt from the Physiotherapy Board of Australia Code of Conduct 2022 (<file:///C:/Users/bellag/Downloads/Ahpra---Code---shared-Code-of-Conduct-1.PDF>) provides further guidance regarding the obligations of all registered physiotherapists who assume responsibility as a supervisor:

10. Teaching, supervising and assessing

Principle 10: Practitioners should support the important role of teaching, supervising and mentoring practitioners and students in order to develop the health workforce.

10.1 Teaching and supervising

In teaching and supervision roles, good practice includes that you:

- a. seek to develop the skills, attitudes and practices of an effective and culturally safe teacher and/or supervisor*
- b. as supervisor, recognise that the responsibility for supervision cannot be transferred*
- c. make sure that any practitioner or student completing supervised practice receives effective oversight and feedback, and*
- d. avoid any potential for conflict of interest in teaching or supervision relationships that may impair*

objectivity and/or interfere with the supervised person's learning outcomes or experience. For example, do not supervise someone with whom you have a pre-existing non-professional relationship

10.2 Assessing colleagues

Assessing colleagues is an important part of making sure that the highest standards of practice are achieved.

Good practice includes that you:

- a. are honest, objective, constructive and culturally safe when assessing the performance of colleagues, including students, and do not put patients at risk by inaccurate or inadequate assessment, and*
- b. provide accurate and justifiable information promptly and include all relevant information when giving references or writing reports about colleagues.*

10.3 Students

Students are learning how best to care for patients. Creating opportunities for learning improves their clinical practice and nurtures the future workforce.

Good practice includes that you:

- a. model professional and ethical behaviour*
- b. treat students with respect and patience*
- c. make the scope of the student's role in patient care clear to the student, to patients, and to other members of the healthcare team, as well as documenting it when appropriate, and*
- d. inform patients about the involvement of students and get their consent for student participation while respecting their right to choose not to consent.*

Assessment

Clinical placement assessment for Advanced Physiotherapy Practice contributes 65% to the final course mark and grade. The clinical assessment process, with reference the Assessment of Physiotherapy Practice instrument, is described in detail in Section 9 of the Clinical Education Manual 2023.

The Assessment of Physiotherapy Practice instrument is designed to assess student competence against a new graduate standard (in line with the Physiotherapy Practice Thresholds in Australia and

Aotearoa New Zealand 2015): <https://www.physiotherapyboard.gov.au/Accreditation.aspx> and has been validated for that purpose. Assessment using this tool must be executed by a registered physiotherapist. Educators are encouraged to familiarise themselves with the instrument and undertake appropriate training in its implementation (<http://www.appeducation.com.au/>).

A version of the Assessment of Physiotherapy Practice instrument and examples of performance indicators are provided via the Clinical Education Manual. Clinical Educators are, however, asked to use the online version – APPLinkUp. The form and training can be found at <https://www.applinkup.com/Default.aspx>.

Please note that in 2023 APPLinkup will be used for submission of assessment for the Advanced Physiotherapy Practice courses. This is a change for this course, from the 2022 assessment procedure. Advice regarding engagement with this instrument is included in Section 9 of the Educator Manual 2023.

The Assessment of Physiotherapy Practice instrument uses a Likert-type scale of 0-5 for a series of 20 items. When using the APP tool, a score of '2' is adequate new graduate standard. Clinical Educators are asked to apply the tool in that way to ensure consistency across placement sites. The Course Coordinator is available to assist you if you have any concerns or questions. A new graduate standard (passable) is rated level '2' on the APP template. Students performing above what you would consider a 'pass' (or entry level competence) level (50%) for each item should be scored a level '3' or '4' depending on how well you feel they are performing.

There is a rubric associated with the Assessment of Physiotherapy Practice instrument to assist with these decisions. If you are ever uncertain as to the performance of the student, please contact the Course Coordinator (alison.bell@unisa.edu.au) to discuss.

Once assessment via the Assessment of Physiotherapy Practice instrument has been completed for all students across the semester (Clinics 4,5 and 6), the Course Coordinator will review grades and moderate as appropriate to determine the respective final grade outcomes. For this reason, Educators are asked to focus on the feedback that goes with the instrument rather than the numerical scores for each criterion. This is particularly important for the course, APP, as students are placed either singly or in very small cohorts across a large number of settings.

Students are provided with the following advice regarding APP Clinical Placement assessment:

The clinical component of Advanced Physiotherapy Practice is assessed using the validated Assessment of Physiotherapy Practice instrument, with which you are familiar from first (GE)/third (UG) year.

Please take time to review the Assessment of Physiotherapy Practice assessment template and associated key performance indicators in order to give yourself the best chance of learning and succeeding in demonstrating competence in this and your other final year courses. Remember, you are being assessed against a new graduate standard, so your own reflection on performance against the criteria, and assessment undertaken by your supervisor, will support you to meet this standard.

You will be able to view a copy of the feedback page of your Assessment of Physiotherapy Practice form via APPLinkup at mid roster, and at the completion of your placement experience. The information included on the feedback page will help facilitate your determination of appropriate and relevant learning strategies beyond your APP experience. This approach will support development into a lifelong learner, and will support you to document your reflective approach in your e-portfolio and job applications.

Factors other than clinical performance that may influence your clinical report grade include:

- *Attendance at pre-clinical workshops*
- *The timeliness and appropriateness of your letter of introduction and thanks*
- *Professional behaviour*
- *Moderation across all placement sites*

Mid roster assessment process – reflective and formative (Mid roster feedback - APP Form)

In line with instructions provided in Section 9 of the Educator Manual 2023, please proceed to APPLinkUp and using the APP Mid Roster Report template mark the interim (mid roster) assessment against the standard that the student needs to meet by the end of the roster. A hard copy of the mid roster template is available via Appendix 2.

Please consider carefully whether you think the student will achieve new graduate competence across domains by the end of the placement. If you have any concerns in this regard (ie concern that the student may not achieve a pass standard by the end of placement) please raise this with the

student, and contact the Course Coordinator (alison.bell@unisa.edu.au) as soon as is possible. The earlier that challenges are recognised, and addressed, the greater the opportunity to address them, and optimise success.

Students are required to reflect on their own performance at the end of the second week of placement and submit documentation of this reflection (as well as a learning plan) to the Course Coordinator. Students are required to submit this self reflection (without the Learning Plan to APPLinkUp) at the end of Week 2 of their respective placement, and bring a hard copy of the Learning Plan to the mid roster discussion with their Clinical Educator. The intent is that discussion is based on comparison of the two assessments. The Course Coordinator does not make an assessment of this self reflection, but rather requires timely submission as a way of ensuring that students are optimally prepared for mid roster review of their performance with their clinical educator. Review of this self- reflection by the Course Coordinator, alongside the mid roster expert assessment once submitted by the clinical educators, allows informal assessment by the Course Coordinator of student insight, and reflection capacity.

Students are provided with the following advice regarding this preparation and submission of mid roster self reflection, and learning plan:

Students will undertake reflection on performance, and submit documentation of self assessment, together with a learning plan, to the Course Coordinator (via a submission site available via learnonline) at the end of the second week of APP placement. Students are also required to submit a copy of this self assessment (without the Learning Plan) to APPLinkUp also at the end of the second week of placement. This activity is designed as a learning support and formative activity, and does not contribute formally to final grade. When reviewed in line with mid roster assessment undertaken by your clinical supervisor it does, however, allow the Course Coordinator to make an assessment of your capacity to reflect independently on practice - a very important skill to have going forward as an independent practitioner. Students are required to present, and refer to this reflection and learning plan at the time of mid roster review with their clinical supervisor.

Steps:

1. Using the Student Self Reflection and Learning Plan 2023 template make assessment of your performance in the first two weeks of placement, by referring to the Performance Indicators (see end of the self reflection document), and marking a number for each domain (see page 1)

2. Make an overall assessment of your performance (see page 2)
3. Identify what you see has been your strength/s in each domain during the first two weeks of placement. Identify areas for improvement (see page 3)
4. Translate areas for improvement to a Learning Plan, and complete Plan (page 4) by documenting learning goals, strategies to achieve goals, resources to which you intend to refer and timing. The template allows for you to document learning outcomes, and further goal setting (as support for learning throughout the full placement and beyond)

You are encouraged to monitor your learning achievements in line with the Learning Plan during the latter part of APP placement, during what remains of your programme of study, and beyond.

End of roster assessment process – summative (End of roster feedback – APP Form)

The final clinical report (documented using the Assessment of Physiotherapy Tool End of Roster Report – hard copy available via Appendix 3) should be based on the students' overall clinical performance.

Clinical educators are asked not to indicate a grade for the placement to students, as this is determined by the Course Coordinator, taking into account factors beyond the number revealed by scores on the APP Tool.

Clinical educators are asked to:

- Complete the End of Roster Assessment of Physiotherapy Practice Tool template via APPLinkUp
- Meet with the student to provide final summative qualitative feedback. This summarises the key strengths and areas for further learning in order to guide student focus for following placements.

APP Assessment further to clinical placement assessment

1. Portfolio (UG 20%, GE 20%)

The Portfolio is designed to be a repository for evidence of work and skills (as determined through self reflection) for students, developed over their program of study. It is presented using an electronic tool provided to students, which can be accessed and used beyond programme completion, as a career support resource. Portfolio assessment requires students to reflect on their competence in line with the Physiotherapy Practice Thresholds in Australia and Aotearoa New Zealand 2015, <https://physiocouncil.com.au/wp-content/uploads/2017/10/Physiotherapy-Board-Physiotherapy-practice-thresholds-in-Australia-and-Aotearoa-New-Zealand.pdf> and the way they have achieved this competence. The Portfolio is marked by UniSA staff.

2. Presentation (UG 15%, GE 15%)

Students work in groups to investigate best practice approaches to establishing new services (aligned to emerging and complex scope of practice) in the community. Groups are required to give consideration to ways of embracing evidence based practice, a person centred approach, interprofessional engagement and advanced clinical reasoning as they design the services. Groups present the new service models, their key learnings and the resources which supported this learning to the wider class as the end of the relevant study period.

TIMELINE

Schedule for Advanced Physiotherapy Practice.

TIMELINE	TASK	NOTES
PRE- CLINIC	Letter of introduction mailed to clinical educator (or HOD) 2 weeks before they begin	Letter should be followed up with a telephone call from the student
WEEK 1	Orientation to placement provided by site staff	Students should familiarise themselves with OHS and other policies
WEEK 2	Students submit self assessment of, and reflection on performance including Learning Plan via learnonline submission site, and shortened version via APPLinkUP by the end of the week (Sunday 5pm)	
WEEK 3	Mid roster review. Students will bring their mid roster self reflection with Learning Plan to mid roster review meeting.	Please submit Mid roster Report via APPLinkUp (please refer to Educator Manual 2023 for advice regarding the process)
WEEK 4		
WEEK 5	Final clinical report completed (Thurs-Fri)	Please submit completed End of Roster via APPLinkup
	Expressions of gratitude should be evident throughout the placement, and/or a letter of thanks should be received within one week of the end of the placement.	

APPENDIX 1.

CORE COMPETENCIES OF PREREQUISITE COURSES

ACUTE CARE

On completion of this course, students should be able to:

- Describe and discuss the medical and surgical management of a wide variety of conditions seen in acute care, including acute cardiorespiratory, neurological and orthopaedic conditions.
- Discuss the role of physiotherapy as part of the overall management of patients in the acute care setting.
- Conduct an appropriate subjective and objective assessment of patients in acute care and to be able to interpret and analyse assessment findings based on sound clinical reasoning skills.
- Formulate a management plan based on clear problem solving and decision making.
- Evaluate the effectiveness of the physiotherapy intervention and be able to modify or progress treatment based on sound clinical reasoning skills.
- Demonstrate safe and effective treatment techniques for patients in the acute care setting.
- Demonstrate professional and ethical behaviour consistent with the requirements of an entry level physiotherapist in the practice setting.

PHYSIOTHERAPY WITH CHILDREN

On completion of this course, students should be able to:

- Adequately undertake:
 - a subjective assessment with a parent or older child
 - an objective assessment of a child (including the use of at least one standardised assessment tool)
 - analysis of the assessment findings
- Develop a management plan that includes goal setting with the parent or older child and with reference to the evidence for intervention.
- Provide intervention for a child in an individual setting.
- Analyse the effectiveness of the intervention and modify as required.
- Use strategies for transfer of the management into the child's home or school life.
- Document the assessment findings and progress systematically and succinctly.
- Communicate effectively with children, their parents and their colleagues.
- Behave professionally, ethically and safely.

PRIMARY AND AMBULATORY CARE IN PHYSIOTHERAPY

On completion of this course, students should be able to:

- Effectively and efficiently assess the appropriate components of the neuromusculoskeletal system and be able to interpret and analyse the findings based on sound clinical reasoning skills
- Plan and teach/apply the relevant safe and effective treatment including passive mobilisation, manipulation exercises, electrotherapy, preventative strategies and home management
- Evaluate the effectiveness of the physiotherapy intervention and be able to modify or progress treatment based on sound clinical reasoning skills
- Demonstrate knowledge and understanding of a variety of clinical syndromes and their underlying biomedical constructs
- Keep clear and concise records and liaise appropriately with other health care professionals as indicated

REHABILITATION

On completion of this course, students should be able to:

- Demonstrate a sound understanding of common neurological, orthopaedic and cardiorespiratory conditions requiring ongoing rehabilitation (or habilitation).
- Use sound clinical reasoning skills to carry out an appropriate and holistic evaluation, to critically evaluate and measure the effectiveness of physiotherapy intervention, and to modify/cease management in the rehabilitation/habilitation setting.
- Discuss the role of physiotherapy as part of the overall management of clients in the rehabilitation/habilitation setting.
- Demonstrate safe and effective treatment techniques for clients in the rehabilitation/habilitation setting.
- Demonstrate professional and ethical behaviour in the practice setting.

On completion of this course, students should be able to:

- Discuss current thinking in pain and performance including models of clinical engagement in pain; in particular the biopsychosocial model and the neuromatrix model
- Discuss the role of neuroendocrine, sympathetic, immune, motor and parasympathetic nervous systems, vocal system and other homeostatic systems in the experience of pain and the ability to perform.
- Apply the key concepts of peripheral and central sensitisation to a clinical example using the pain mechanisms, biopsychosocial and neuromatrix models of engagement.
- Select appropriate assessment and treatment techniques for a clinical example
- Recognise contributing factors (biological and psychological) influencing pain behaviours and contributing to chronicity and interpret the significance of the clinical findings to physiotherapy management
- Formulate an appropriate physiotherapy management plan for a patient with pain
- Explain the clinical barriers to implementing evidence-based practice for the management of pain by a physiotherapist.

APPENDIX 2.

MID-ROSTER ASSESSMENT TEMPLATE

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

The student is at risk of failing

YES / NO

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/hear 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	Comments and recommendations to help the student improve performance within the time available.
Professional behaviour:	Strengths: Areas for improvement:
Communication:	Strengths: Areas for improvement:
Assessment:	Strengths: Areas for improvement:
Analysis and Planning:	Strengths: Areas for improvement:
Intervention:	Strengths: Areas for improvement:
Use of evidence based practice:	Strengths: Areas for improvement:
Risk management:	Strengths: Areas for improvement:

If there are any areas of the student's performance you would like followed up by the University, please provide details in the box below. If you complete this section the Course Coordinator will meet with the student and work with them to formulate a plan of action, and monitor progress in line with the plan. You will be notified of this plan by the University.

Supervisor Signature: _____

Student signature: _____

Supervisor name: _____

Student signature: _____

Date: _____

Stage of Placement: _____

APPENDIX 3.

END OF ROSTER ASSESSMENT TEMPLATE

End of Unit Formative/summative 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



Assessment of Physiotherapy Practice (APP)

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

Area of Practice	Comments and recommendations to help the student improve performance within the time available.
Professional behaviour:	Strengths: Areas for improvement:
Communication:	Strengths: Areas for improvement:
Assessment:	Strengths: Areas for improvement:
Analysis and Planning:	Strengths: Areas for improvement:
Intervention:	Strengths: Areas for improvement:
Use of evidence based practice:	Strengths: Areas for improvement:
Risk management:	Strengths: Areas for improvement:

Whilst a student may achieve a Pass grade or higher on completion of the unit, if there are any areas of the student's performance you would like followed up by the University, please provide details in the box below. If you complete this section the Course Coordinator will meet with the student and work with them to formulate a plan of action, and monitor progress in line with the plan. You will be notified of this plan by the University.

Supervisor Signature: _____

Student signature: _____

Supervisor name: _____

Student signature: _____

Date: _____

Stage of Placement: _____

APPENDIX 4.

EXAMPLES OF PERFORMANCE INDICATORS

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 range of audiences (eg provides translated material for non-English speaking people, considers reading ability/client age)

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

APPENDIX 5.

STUDENT SELF REFLECTION ON PERFORMANCE

Mid Unit:
Student reflection on performance

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

Students will undertake reflection on performance, and submit documentation of self assessment, together with a learning plan, to the course coordinator (via submission site in Clinical Placement block of learnonline) at the end of the second week of APP placement. Students may choose to refer to this reflection at the time of mid roster review with their clinical supervisor.

Steps:

1. Make an assessment of your performance in the first two weeks of placement, by referring to the Performance Indicators (see end of this document), and marking a number for each domain below (this page)
2. Make an overall assessment of your performance (see page 2 of this document)
3. Identify what you see has been your strength in each domain during the first two weeks of placement. Identify areas for improvement (page 3)
4. Translate areas for improvement to Learning Plan, and complete Plan (page 4) by documenting learning goals, strategies to achieve goals, resources to which you intend to refer and timing. The template allows for you to document learning outcomes, and further goal setting (as support for learning throughout the full placement and beyond)

- 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 my opinion, my overall performance during the first two weeks of placement was:

Not adequate Adequate Good Excellent

Scoring rules:

- ✓ Circle not assessed only if you have 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



Assessment of Physiotherapy Practice (APP)

Comments - (add commentary in the table below)

Area of Practice	Identify what you see have been your strengths in each domain during the first two weeks of placement. Identify areas for improvement.
Professional behaviour:	Strengths: Areas for improvement:
Communication:	Strengths: Areas for improvement:
Assessment:	Strengths: Areas for improvement:
Analysis and Planning:	Strengths: Areas for improvement:
Intervention:	Strengths: Areas for improvement:
Use of evidence based practice:	Strengths: Areas for improvement:
Risk management:	Strengths: Areas for improvement:

Learning Plan

Translate areas for improvement (listed on page 3) to Learning Plan, and complete Plan by documenting learning goals, strategies to achieve goals, resources to which you intend to refer and timing. The template allows for you to document learning outcomes, and further goal setting (as support for learning throughout the full placement and beyond)

Areas for improvement	Learning goals	Strategies	Resources	Timing	Learning outcomes (including reflective comments and further goal setting)

Please forward this completed Reflection document to:

Michelle Guerin, acting Course Coordinator, Advanced Physiotherapy Practice B/GE, via submission site on learnonline by due date (11pm, Sunday night, at the end of second week of relevant Clinical placement). You are also required to:

-submit the Self Reflection rating and comments section of this document to APPLinkup

-bring a hard copy of the full mid roster self reflection document, with Learning Plan to your mid roster discussion

APPENDIX 6.

STUDENT SELF REFLECTION ON THE PHYSIOTHERAPY PRACTICE THRESHOLDS IN AUSTRALIA AND AOTEAROA NEW ZEALAND 2015

Physiotherapy Practice Thresholds in Australia and Aotearoa New Zealand 2015

Role 1: Physiotherapy practitioner

Definition

As practitioners, physiotherapists integrate the other roles in the Physiotherapy practice thresholds with this central role in their practice context by working in partnership with individuals and populations to optimise their function and quality of life, promote health and implement strategies informed by best available research evidence to prevent and minimise impairments, activity limitations and participation restrictions including those associated with complex, acute and chronic conditions.

Registered physiotherapists in Australia and Aotearoa New Zealand are able to:

Key competencies	Enabling components	Reflection on competence
<p>1.1 plan and implement an efficient, effective, culturally responsive and client-centred physiotherapy assessment</p>	<p>1.1A skilfully share information and explanations with the client and relevant others about the purpose of physiotherapy assessment, any relevant risks and options</p> <p>1.1B plan a physiotherapy assessment drawing on applied knowledge of pathology, anatomy, physiology, other core biomedical sciences relevant to human health and function and determinants of health relevant to the client's impairments, activity limitations and participation restrictions</p> <p>1.1C collect information about the client's prior function, physical abilities and participation and identify the client's expectations of physiotherapy</p> <p>1.1D incorporate relevant diagnostic tests, assessment tools and outcome measures during the physiotherapy assessment</p>	

	<p>1.1E analyse the client's response and information gathered during the physiotherapy assessment using clinical reasoning to identify any relationships between assessment findings and modify the assessment appropriately</p> <p>1.1F reflect on the client's presenting problems and information gathered during the physiotherapy assessment and use clinical reasoning to explore and explain the diagnosis and/or causes of presenting problems</p> <p>1.1G assist and support the client, other health professionals and relevant others to make informed healthcare decisions by sharing information and explanations about the outcomes of the physiotherapy assessment and diagnosis and, where relevant, options for referral to other physiotherapists and health professionals for further investigation</p> <p>1.1H assist the client and relevant others to understand the risks and rationale for physiotherapy and any referrals to other professionals 1.1I recognise and evaluate the social, personal and environmental factors that may impact on each client's functioning, disability and health</p>	
<p>1.2 involve the client and relevant others in the planning and implementation of safe and effective physiotherapy, using evidence-based</p>	<p>1.2A skilfully share information and explanations with the client, other health professionals and relevant others about the physiotherapy options available across a range of therapeutic approaches and</p>	

<p>practice to inform decision-making</p>	<p>environments to manage the client's presenting problems, and the benefits and realistic expectations of the risks and outcomes associated with each option</p> <p>1.2B facilitate discussions with the client and relevant others to reach agreed goals of physiotherapy that reflect realistic expectations of the risks and likely outcomes</p> <p>1.2C involve the client and relevant others in planning and implementing physiotherapy consistent with the agreed goals</p> <p>1.2D use specific and relevant measures to evaluate a client's response to physiotherapy, and recognise when that response is not as expected</p> <p>1.2E share information and explanations with the client, other health professionals and relevant others about the client's response to physiotherapy</p> <p>1.2F work collaboratively with the client, other health professionals and relevant others to review agreed goals and implement appropriate modifications to subsequent physiotherapy to maintain or improve outcomes</p>	
<p>1.3 review the continuation of physiotherapy and facilitate the client's optimal participation in their everyday life</p>	<p>1.3A recognise the complex and interrelated factors including social, economic, physical, historical, political and cultural determinants that may impact on the client, their needs and response to physiotherapy</p> <p>1.3B engage with the client and relevant others to facilitate the</p>	

	<p>client's optimal participation in their everyday life</p> <p>1.3C engage with the client and relevant others to develop an agreed plan to review the continuation of physiotherapy, recognise when physiotherapy is not suitable for the client and identify and facilitate access to more suitable options, including referral to other professionals</p> <p>1.3D when relevant, facilitate the client's transition to a new context, refer for further physiotherapy and link the client to relevant clinical and non-clinical support services</p> <p>1.3E engage with the client and relevant others to promote health, well-being and client self-management</p>	
<p>1.4 advocate for clients and their rights to health care</p>	<p>1.4A recognise the client's knowledge, experiences and culture are integral to effectively addressing the presenting health issue and/or restoring function</p> <p>1.4B reflect on cultural factors and respond to the rights and cultural needs of the client and relevant others</p> <p>1.4C advocate for the client's equitable access to effective physiotherapy, other professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness</p> <p>1.4D recognise when the client's access to physiotherapy could be improved by resources such as technology and take</p>	

	<p>action to facilitate that access when relevant</p> <p>1.4E where relevant, advocate for adequate resources to meet service goals and achieve positive outcomes of physiotherapy for their clients</p>	
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Role 2: Professional and ethical practitioner

Definition

As professional and ethical practitioners, physiotherapists are committed to standards of behaviour that comply with their legal, professional and ethical obligations, and managing their physical and mental health.

Registered physiotherapists in Australia and Aotearoa New Zealand are able to:

<p>2.1 comply with legal, professional, ethical and other relevant standards, codes and guidelines</p>	<p>2.1A recognise the client’s health-care rights and prioritise the client’s needs, rights and interests, including their safety</p> <p>2.1B provide ongoing opportunities for the client to make informed decisions and consent to physiotherapy</p> <p>2.1C meet their legal, professional and ethical duties and obligations to clients, other health professionals, relevant others, regulators, insurers and/or funders, and the community more broadly</p> <p>2.1D complete documentation accurately and legibly using language and formatting that complies with relevant professional and legal obligations</p> <p>2.1E comply with confidentiality and privacy requirements when sharing the client’s health and personal information</p> <p>2.1F comply with work health and safety obligations relevant to their practice context and the environment</p> <p>2.1G recognise and respect professional boundaries in professional and therapeutic relationships</p> <p>2.1H recognise and effectively manage conflicts of interest</p>	
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	<p>2.1I comply with legal and regulatory obligations when dealing with the client’s health and personal information, client’s health records and other physiotherapy documentation</p> <p>2.1J recognise inappropriate or unethical health practice and comply with relevant professional and legal obligations</p>	
<p>2.2 make and act on informed and appropriate decisions about acceptable professional and ethical behaviours</p>	<p>2.2A comply with statutory requirements and standards for physiotherapy at all times</p> <p>2.2B show compassion, empathy and respect for clients, relevant others and professional colleagues</p> <p>2.2C apply professional ethical principles to decision-making</p> <p>2.2D practise physiotherapy within the limits of their scope of practice and expertise</p> <p>2.2E consult, share knowledge, refer or delegate when encountering an issue outside their scope of practice and expertise</p>	
<p>2.3 recognise the need for, and implement, appropriate strategies to manage their physical and mental health and resilience</p>	<p>2.3A recognise the impact of stress and fatigue on their physical and mental health and resilience</p> <p>2.3B seek appropriate guidance and support from relevant others to manage their physical and mental health and resilience</p> <p>2.3C not knowingly expose the client or relevant others to increased risk associated with their (the physiotherapist’s) physical and mental health and resilience</p>	

Role 3: Communicator

Definition

As communicators, physiotherapists use written, verbal and non-verbal methods to effectively and respectfully communicate with clients, family/whānau, other professionals, communities and relevant others and facilitate gathering and sharing of information as appropriate for the situation or context.

<p>3.1 use clear, accurate, sensitive and effective communication to support the development of trust and rapport in professional relationships with the client and relevant others</p>	<p>3.1A listen effectively to the client and relevant others and respond appropriately to verbal and non-verbal communication</p> <p>3.1B integrate communication technology into practice within relevant legal, professional and ethical frameworks</p> <p>3.1C recognise the culture, level of language and technology proficiency, health literacy and comprehension ability of the client and relevant others and provide communication in accessible formats</p> <p>3.1D adapt their written, verbal and non-verbal communication as appropriate for the situation or context</p> <p>3.1E recognise their communication preferences are influenced by environmental factors and their own culture</p> <p>3.1F adapt their written, verbal and non-verbal communication to reflect the culture, language proficiency, comprehension, impairments, age and health literacy of the client and relevant others</p>	
<p>3.2 record and effectively communicate physiotherapy assessment findings, outcomes and decisions</p>	<p>3.2A record the client's clinical data and other information appropriately, accurately, legibly and in client centred language as soon as practicable</p> <p>3.2B subject to any legal obligations, including client consent, discuss physiotherapy assessment findings and</p>	

	<p>outcomes, and share decision-making with relevant parties including other professionals</p> <p>3.2C provide accurate and appropriate information to insurers and other third parties</p>	
<p>3.3 deal effectively with actual and potential conflict in a proactive, professional and constructive manner</p>	<p>3.3A recognise when there is a risk of conflict with the client or relevant others and take timely and appropriate action to effectively manage that risk</p> <p>3.3B adapt communication to effectively resolve conflict with the client and relevant others through negotiation and cooperation, when relevant</p> <p>3.3C seek assistance, as appropriate, to mitigate risk of conflict and to resolve conflict with the client and relevant others</p>	

Role 4: Reflective practitioner and self-directed learner

Definition

As reflective practitioners and self-directed learners, physiotherapists access best available research evidence to inform their practice and engage in critical reflection and relevant learning to maintain and enhance their professional competence and quality of their practice throughout their career.

<p>4.1 assess their practice against relevant professional benchmarks and take action to continually improve their practice</p>	<p>4.1A assess risks, quality of physiotherapy and the client’s physical, verbal and non-verbal responses to physiotherapy throughout the therapeutic interaction</p> <p>4.1B reflect on their professional practice, engage in critical questioning of themselves and others and engage in ongoing personal and professional development to maintain and improve professional practice</p> <p>4.1C reflect on their culture and preferences to support cultural safety and cultural respect in their practice</p> <p>4.1D evaluate their professional support and guidance needs, and seek appropriate professional support and guidance to enhance professional competence, cultural safety and quality of practice</p> <p>4.1E engage in scholarly physiotherapy practice</p> <p>4.1F recognise opportunities to contribute to the development of new knowledge through research and enquiry</p>	
<p>4.2 evaluate their learning needs, engage in relevant continuing professional development and recognise when to seek professional support, including peer review</p>	<p>4.2A evaluate their learning needs and gaps in professional competence as health workforce roles evolve and new roles and technologies emerge</p> <p>4.2B seek opportunities and engage in relevant activities to address their identified learning needs and maximise their learning</p>	

	<p>4.2C initiate and implement strategies to develop and achieve realistic goals for their professional development in the workplace</p> <p>4.2D seek, accept, reflect on and respond appropriately to feedback from others in the practice context</p>	
<p>4.3 efficiently consume and effectively apply research and commit to practice informed by best available research evidence and new knowledge</p>	<p>4.3A find, appraise, interpret and apply best available research evidence to inform clinical reasoning and professional decision-making</p> <p>4.3B critically appraise, interpret and apply learning from continuing professional development, clinical data and client responses to physiotherapy</p> <p>4.3C measure outcomes, analyse clients' responses to physiotherapy and plan modifications to enhance therapeutic outcomes</p> <p>4.3D advocate for physiotherapy that is supported by best available research evidence</p>	
<p>4.4 proactively apply principles of quality improvement and risk management to practice</p>	<p>4.4A recognise when their expertise, competence or culture will potentially create risk or compromise the quality of physiotherapy or expected outcomes, seek appropriate and timely assistance, guidance or professional support and engage in relevant learning to enhance relevant aspects of expertise or competence</p> <p>4.4B practise in accordance with relevant clinical guidelines and use evidence-based practice to improve quality and minimise risk</p> <p>4.4C measure and analyse outcomes of practice and</p>	

	<p>implement modifications to enhance those outcomes</p> <p>4.4D identify, assess, appropriately manage and report on risks, treatment injury, near misses and their consequences, adverse events and relevant contributing factors</p> <p>4.4E recognise barriers to efficiency and effectiveness and facilitate strategies that lead to quality outcomes and improvement</p>	
<p>4.5 recognise situations that are outside their scope of expertise or competence and take appropriate and timely action</p>	<p>4.5A reflect on the client's response and seek guidance or assistance to effectively manage the therapeutic interaction</p> <p>4.5B seek appropriate professional guidance or assistance to effectively manage situations that are outside their scope of expertise or competence</p>	

Role 5: Collaborative practitioner

Definition

As collaborative practitioners, physiotherapists work in partnership with clients, relevant health professionals and relevant others to share decision-making and support achievement of agreed goals through inclusive, collaborative and consultative approaches within legal, ethical and professional frameworks.

<p>5.1 engage in an inclusive, collaborative, consultative, culturally responsive and client centred model of practice</p>	<p>5.1A obtain knowledge from, with and about clients and relevant others 5.1B work effectively, autonomously and collaboratively with the client and relevant others in a way that acknowledges and respects the client's dignity, culture, rights and goals 5.1C collaborate and participate in shared decision-making with the client and relevant others 5.1D respect opinions expressed by the client, family/whānau, other professionals and relevant others 5.1E facilitate discussions with their clients and relevant others to negotiate and make decisions about physiotherapy for their clients 5.1F when appropriate, educate the client and relevant others to implement therapy and monitor client response to that therapy 5.1G effectively address barriers to effective professional collaboration</p>	
<p>5.2 engage in safe, effective and collaborative interprofessional practice</p>	<p>5.2A recognise that the membership and roles of interprofessional teams and service providers will vary, depending on the client's needs and the context of physiotherapy</p> <p>5.2B collaborate effectively as a member of interprofessional teams that enhance clients' health care by contributing discipline knowledge and participating in collective</p>	

	<p>reasoning and shared decision-making</p> <p>5.2C consult and share knowledge with professional colleagues, seek guidance, assistance or professional support in situations that are outside their expertise or competence or when outcomes of physiotherapy are not as expected</p> <p>5.2D gain cooperation and facilitate good working relationships with the client and relevant others</p> <p>5.2E understand, acknowledge and respect the roles of others providing care and services for the client and work effectively and collaboratively with them</p> <p>5.2F make appropriate decisions to delegate responsibility to, and accept delegation from, others when it is safe, effective and appropriate</p> <p>5.2G work as part of a client-centred interprofessional team that keeps the client's interests at the centre of the care process and recognises barriers to, and facilitates pathways for, efficient transfer of client care, when relevant</p> <p>5.2H collaborate with the interprofessional team to develop, implement, monitor and update policies and guidelines informed by best available research evidence</p>	
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Role 6: Educator

Definition

As educators, physiotherapists apply learning principles and strategies relevant to the practice context to facilitate learning by other professionals, students, clients, relevant others, funders and/or insurers, communities and governments.

<p>6.1 use education to empower themselves and others</p>	<p>6.1A apply adult learning principles to facilitate safe and effective learning and assumption of responsibility by other professionals, students, clients, relevant others and communities, taking into account, the level of knowledge, health literacy and role of the person they are educating</p> <p>6.1B support the education of other professionals and physiotherapy students</p> <p>6.1C educate physiotherapy assistants, health workers and relevant others to implement effective and safe therapy</p> <p>6.1D educate, motivate and empower the client and relevant others to take control of their health and wellbeing and implement effective self-management strategies</p> <p>6.1E recognise the educational value of learning experiences relevant to the physiotherapy setting</p> <p>6.1F use education and empowerment strategies to promote and optimise the client’s health and well-bein</p>	
<p>6.2 seek opportunities to lead the education of others, including physiotherapy students, as appropriate, within the physiotherapy setting</p>	<p>6.2A initiate discussion and proactively recognise opportunities to educate others</p> <p>6.2B facilitate others’ education</p> <p>6.2C model good practice, reflection and culturally responsive practice to others</p>	

	<p>6.2D encourage and motivate others to engage in critical reflection and self-directed learning</p> <p>6.2E engage with others to initiate and implement strategies to support their professional development</p>	
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Role 7: Manager/leader

Definition

As managers and leaders, physiotherapists manage their time, workload, resources and priorities and lead others effectively within relevant clinical and professional frameworks.

<p>7.1 organise and prioritise their workload and resources to provide safe, effective and efficient physiotherapy autonomously and, where relevant, as a team member</p>	<p>7.1A use appropriate strategies to manage their workload safely, effectively and efficiently</p> <p>7.1B use appropriate strategies to effectively manage and supervise individuals and groups in their work environment</p> <p>7.1C recognise and respond appropriately to change, uncertainty and ambiguity in their work environment</p> <p>7.1D operate effectively across a range of settings, and adapt effectively to changes in the practice context</p> <p>7.1E adapt and, where relevant, innovate to achieve realistic goals within available resources</p>	
<p>7.2 lead others effectively and efficiently within relevant professional, ethical and legal frameworks</p>	<p>7.2A positively influence workplace culture and practice through strategic thinking, advocacy, critical reflection, innovative problem solving and initiative</p> <p>7.2B recognise their leadership style and apply their leadership skills as relevant to the practice context</p> <p>7.2C encourage, guide and motivate others to operate effectively and efficiently in the practice context</p> <p>7.2D recognise and report risks within the workplace, including those associated with cultural safety, and work</p>	

	<p>proactively to promote a risk-free environment for clients and relevant others</p> <p>7.2E advocate, facilitate and, when relevant, lead physiotherapy practice that is informed by best available research evidence, based on client-centred and family/whānau focused (where relevant) approaches, and incorporates cultural safety and respect</p> <p>7.2F facilitate change informed by best available research evidence when new ways of working are adopted in the practice context</p>	
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