# TABLE OF CONTENTS

1. **Introduction to Clinical Education** ................................................................. 1  
   1.1. Clinical Education contact details for 2013 .................................................. 2

2. **General Information regarding Griffith University Physiotherapy Programmes** ................................................................. 3  
   2.1. Overview of the Physiotherapy Programmes ............................................ 3  
   2.2. Program Structure .................................................................................. 4  
   2.3. Clinical and Academic Pattern 2013 ...................................................... 5  
   2.4. Overview of Learning in each Clinical Unit ............................................ 6  
   2.4.1. Clinical Unit 1 .................................................................................. 6  
   2.4.2. Clinical Unit 2 .................................................................................. 9  
   2.4.3. Clinical Unit 3 .................................................................................. 10  
   2.4.4. Clinical Unit 4 .................................................................................. 12  
   2.4.5. Clinical Unit 5 .................................................................................. 14  
   2.4.6. Clinical Unit 6 .................................................................................. 16

3. **Clinical Unit Expectations - Students** ......................................................... 19  
   3.1. Student Responsibilities – Pre-placement requirements .......................... 19  
   3.2. Student Responsibilities for ALL clinical placements within NSW Health facilities ................................................................. 22  
   3.3. Student Responsibilities – Before the Clinical Placement Commences ...... 23  
   3.4. Student Responsibilities – During the Clinical Placement ...................... 25  
   3.5. Student Responsibilities – On Completion of the Clinical Unit ................ 28

4. **Clinical Unit Expectations - Clinical Educators** ........................................... 29  
   4.1. Clinical Educator’s Responsibilities – Before the Clinical Placement Commences ..... 29  
   4.2. Clinical Educator’s Responsibilities – During the Clinical Placement .......... 30  
   4.3. Clinical Educator’s Responsibilities – On Completion of the Unit ............ 33

5. **Clinical Unit Expectations - University** .......................................................... 34

6. **Uniform Requirements** ................................................................................. 35

7. **Incident Reports** .......................................................................................... 36

8. **Standards of Confidentiality** ......................................................................... 36

9. **Code of Conduct and Ethical Principles of the Australian Physiotherapy Association (APA)** ................................................................. 37

10. **Assessment during Clinical Units** ................................................................. 38  
    10.1. Types of Assessment ............................................................................. 39  
    10.2. The Assessment of Physiotherapy Practice (APP) Instrument ................ 42  
    10.3. Components of the APP ...................................................................... 42  
    10.4. Examples of Performance Indicators .................................................... 48  
    10.5. Challenges in Assessment .................................................................... 52  
    10.6. Hints for Achieving Best Practice in Assessment in the Clinical Setting ... 54  
    10.7. APP FAQ’s ......................................................................................... 57  
    10.8. Clinical Education Student Self-Reflection Form ................................... 61  
    10.9. Failing a Unit ....................................................................................... 61  
    10.10. Professional Behaviour of Physiotherapy Students ......................... 61
11. Feedback ............................................................................................................. 63

11.1. Introduction ........................................................................................................ 63
11.2. Types of Feedback ........................................................................................... 64
11.3. Receiving Feedback ......................................................................................... 64
11.4. Clinical Unit Feedback Forms ......................................................................... 65

12. Being an effective Clinical Educator ................................................................ 66

12.1. Supervision Models ......................................................................................... 66
12.2. Reflective practice .......................................................................................... 67
12.3. Student advice to clinical educators ................................................................. 68
12.4. Common Unhelpful Behaviours of Educators when Teaching and Assessing Students 68
12.5. Student responsibilities and rights ................................................................. 69
12.6. Clinical educator responsibilities and rights .................................................. 69
12.7. Client rights .................................................................................................... 70

13. Vaccinations, Infection Control and Universal Precautions ........................... 72

13.1. Evidence required to demonstrate protection .................................................. 75
1. Introduction to Clinical Education

This manual has been designed to provide information about the policies and procedures that will be relevant to the clinical learning experiences during the Master of Physiotherapy programme.

It is vital that each student and clinical educator read this information, and are familiar with it before commencing clinical learning experiences.

Each year we will seek feedback on this manual from the students, the clinical educators and other appropriate people. This feedback will be used as appropriate in revisions to this manual and the clinical education programme, which will occur each year.

Learning in the clinical context is challenging and rewarding, and is a cornerstone in educating anyone to meet the standards to be a registered physiotherapist in Australia. This manual will assist in the procedural aspects of teaching and learning in the clinical situation.

Clinical Educators

All clinical educators are members of the physiotherapy profession who have agreed to participate in the education of physiotherapy students. They have voluntarily attended workshops on clinical education and continually strive to do the best job they can.

Thank you to all clinical educators for your contribution to the moulding of the profession’s future physiotherapists

Clinical Education Manager

This position is responsible for all aspects associated with clinical education. The Clinical Education Manager, Mr Garry Kirwan, (or a designated representative) is available to support both the students and clinical educators and to monitor and assist in the quality of clinical education.

In addition, the School of Rehabilitation Sciences is committed to responding to feedback and continually modifying the clinical education program as required.
1.1. Clinical Education contact details for 2013

Garry Kirwan
Clinical Education Manager
Mobile: 0409 648 550
Office: (07) 555 29316
Email: g.kirwan@griffith.edu.au
Post: School of Rehabilitation Sciences, Gold Coast Campus, Griffith University
Qld 4222
Website: http://www.griffith.edu.au/health/school-rehabilitation-sciences

Wendy Harris
Physiotherapy Placements Officer
Office: (07) 555 28537
Fax: (07) 555 28674
Email: w.harris@griffith.edu.au
Post: School of Rehabilitation Sciences, Gold Coast Campus, Griffith University
Qld 4222

Final responsibility for the program rests with the Convenor of Physiotherapy Programmes,
Associate Professor Liisa Laakso.
Deputy Head School of Rehabilitation Sciences
Office: (07) 555 29122
Email: L.Laakso@griffith.edu.au
2. General Information regarding Griffith University Physiotherapy Program.

2.1. Overview of the Physiotherapy Program

Griffith University offers a Master of Physiotherapy degree, which is a graduate entry program from which graduates can register as a physiotherapist within Australia. The prerequisite for enrolment in the Master of Physiotherapy degree is a Bachelor of Exercise Science degree or equivalent. The combined length of study required to complete the program is a minimum of 5 years full time.

The program integrates the domains of exercise science and physiotherapy to produce graduates who will be able to:

- demonstrate a sound knowledge base in clinical, pathological and related science areas
- demonstrate competency in patient assessment, clinical decision making and the planning, implementation and evaluation of physiotherapy programs
- communicate effectively and provide support to patients, their families or care givers, other health professionals, health planners and health funding bodies
- perform their role as physiotherapists with a high standard of professionalism, and with strong regard for an ethical approach to all that they do
- promote health and prevention of injury and disability
- deliver effective physiotherapy intervention programs
- critically evaluate published research papers and design, plan and evaluate research
- demonstrate an ability to identify and incorporate into practice the management principles across the breadth and depth of physiotherapy practice.

The Master of Physiotherapy program is fully accredited by the Australian Physiotherapy Council (APC).

Physiotherapy Program Structure

During the first part of the course, students study basic biological, medical and behavioural sciences including anatomy, physiology and psychology, together with the theory and application of specific physiotherapy techniques. Students will then apply their practical skills to the physiotherapeutic management of disorders.

The structure for our Physiotherapy program is provided on the following page.
### 2.2. Program Structure

#### Graduate Entry Master of Physiotherapy

<table>
<thead>
<tr>
<th>Year</th>
<th>Semester (Jan/Feb)</th>
<th>Course code</th>
<th>Course title</th>
<th>CP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Summer</td>
<td>7013PES</td>
<td>Practice of Physiotherapy I</td>
<td>10</td>
</tr>
<tr>
<td>1</td>
<td>Summer</td>
<td>7014PES</td>
<td>Clinical Anatomy and Pathophysiology</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>7015PES</td>
<td>Clinical Science I</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>7016PES</td>
<td>Bioinstrumentation in Physiotherapy</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>7017PES</td>
<td>Practice of Physiotherapy II</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>7018PES</td>
<td>Clinical Science II</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>7019PES</td>
<td>Clinical Research</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>7020PES</td>
<td>Practice of Physiotherapy III</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Summer</td>
<td>7210PBH</td>
<td>Indigenous Health</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>7031PES_Y1</td>
<td>Practice of Physiotherapy IV</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>7033PES_Y1</td>
<td>Practice of Physiotherapy V</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>7032PES_Y1</td>
<td>Physiotherapy in the Community</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>7037PES_Y1</td>
<td>Practice of Physiotherapy VI</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>7031PES_Y2</td>
<td>Practice of Physiotherapy IV</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>7033PES_Y2</td>
<td>Practice of Physiotherapy V</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>7032PES_Y2</td>
<td>Physiotherapy in the Community</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>7029PES</td>
<td>Clinical Conference</td>
<td>10</td>
</tr>
</tbody>
</table>

### 2.3. Clinical and Academic Pattern 2013

**CLINICAL AND ACADEMIC PATTERN 2013**  
MPhty (Years 1 and 2)

<table>
<thead>
<tr>
<th>DATE</th>
<th>MPhty (Yr 1)</th>
<th>MPhty (Yr 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 31 – Jan 04</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Jan 07 – 11 | Classes commence  
(7013PES/7011PES) |              |
| Jan 14 – 18 |              |              |
| Jan 21 – 25 |              |              |
| Jan 28 – Feb 01 |              |              |
| Feb 04 – 08 |              |              |
| Feb 11 – 15 | Classes commence  
(7015/7016/7017PES) |              |
| 0-Week     | Feb 18 – 22  |              |

**SEMESTER I**

| 1 | Feb 25 – Mar 01 |
| 2 | Mar 04 – 08    |
| 3 | Mar 11 – 15    |
| 4 | Mar 18 – 22    |
| 5 | Mar 25 – 29    |

**Break Week**

| Apr 01 – 05 | BREAK WEEK |
| Apr 08 – 12 |
| Apr 15 – 19 |
| Apr 22 – 26 |
| Apr 29 – May 03 |
| May 06 – 10 |
| May 13 – 17 |
| May 20 – 24 |
| May 27 – 31 |
| Jun 02 – 07 |
| Jun 10 – 14 |

**15 Exams**

| Jun 16 – 21 |
| Jun 24 – 28 |
| Jul 01 – 05 |
| Jul 08 – 12 |
| Jul 15 – 19 |

**SEMESTER II**

| 1 | Jul 22 – 26    |
| 2 | Jul 29 – Aug 02 |
| 3 | Aug 05 – 09    |
| 4 | Aug 12 – 16    |
| 5 | Aug 19 – 23    |
| 6 | Aug 26 – 30    |
| 7 | Sep 02 – 06    |
| 8 | Sep 09 – 13    |
| 9 | Sep 16 – 20    |
| 10| Sep 23 – 27    |

**Break Week**

| Sep 30 – Oct 04 |
| Oct 07 – 11    |
| Oct 14 – 18    |
| Oct 21 – 25    |
| Oct 28 – Nov 01 |
| Nov 04 – 09    |
| Nov 11 – 15    |

**16 Exams**

| Nov 17 – 22   |
| Nov 25 – 29   |
| Dec 02 – 06   |
| Dec 09 – 13   |
| Dec 16 – 20   |

**Final teaching week MPhty**

*NB: MPhty students will have 1 of the 3 x 5 week blocks mid-year scheduled as a break, subject to successful completion of 7019PES Clinical Research (1st year) and Unit 3 in either November or January.

*NB: PES-coded courses will change to RHIS-coded courses – May.

*NB: Mandatory 3-day Orientation for new MPhty students is held in graduation week, December each year.
2.4. **Overview of Learning in each Clinical Unit**

**MPhty.**

There are 6 clinical units in the Master of Physiotherapy Program.

Each clinical unit has a different focus, determined by the knowledge, skills and abilities which the students have acquired before they commence the clinical unit.

As is shown in the clinical/academic pattern, the clinical education program utilises an integrated model, where the clinical units are interspersed between teaching blocks. The teaching blocks are related directly to the clinical area the student will experience in their next clinical unit.

Following is an overview of each clinical unit.

### 2.4.1. **Clinical Unit 1**

<table>
<thead>
<tr>
<th>Clinical Unit 1 - Practice of Physiotherapy I</th>
<th><strong>Clinical Learning Focus</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work load/ Case allocation</strong></td>
<td>• Manual handling -</td>
</tr>
<tr>
<td>8 days @ 8 hours per day = Total 64 Hours</td>
<td>• Mobilisation - using a variety of walking aids</td>
</tr>
<tr>
<td><strong>Generic Skills - with a focus on aged care.</strong></td>
<td>• Massage and related soft tissue procedures</td>
</tr>
<tr>
<td></td>
<td>• Occupational health and safety</td>
</tr>
<tr>
<td></td>
<td>• Record keeping</td>
</tr>
<tr>
<td></td>
<td>• Communication</td>
</tr>
<tr>
<td></td>
<td>• Role of health professions in the health care setting</td>
</tr>
</tbody>
</table>

**Examples of types of patients or settings suitable for Clinical Unit 1**

Unit 1 clinical placements will be in an aged care facilities or a setting in which a similar set of experiences can be offered.

**Objectives of Clinical Placement Unit 1**

- Experience the various roles provided within the health care team and **where possible**, observe the role of the physiotherapist as a member of a health care team.
- Acquire knowledge about the context in which physiotherapists practice, their roles and responsibilities.
- Observe and evaluate health professional communication, with each other and with patients/clients/residents.
- Safely and effectively (according to the facility policy) perform a variety of manual handling skills, e.g., transferring, lifting, moving, mobilising and/or positioning patients and compare and contrast the ‘real life’ situation with the classroom.
- Read and understand clinical records, e.g. medical chart, physiotherapy chart.
Perform (where appropriate) soft tissue (massage) procedures on a patient/client/resident and compare and contrast the 'real life' situation with the classroom.

Experience practical application of the principles of infection control (according to the facility policy).

Gain an understanding of how a person's functional limitation is a result of disease, disability, chronic condition, life limiting illness or injury, in particular in relation to ageing.

Reflect on the Griffith Graduate attributes (as listed above) and begin to understand how the attributes complement responsible and ethical physiotherapy practice.

Develop novice skills in self-reflection, to critically evaluate one's own practice and device and implement strategies for improvement.

**Core Experiences to be covered during Unit 1**

The student should gain experience in the following areas by the end of the placement:

- Communication with mentors, patients/clients/residents and other staff
- Appropriate Massage
- Safe mobilisation of patients/clients/residents with appropriate mobility aid where indicated and with appropriate supervision as required.
- Experience practically a variety of manual handling skills e.g. patient transfers, positioning patients/clients/residents and the use of appropriate aids and devices such as hoists, slide sheets and wheelchairs
- Observe infection control practices in 2 areas of the placement. Document these procedures and compare and contrast the real life situation with the classroom
- Assisting with management or planning of group exercise programs (where appropriate)
- Become familiar with obtaining information from the patient's health records (charts)

**Student Activities / Limitations whilst on Placement in Unit 1.**

All student competencies listed below have been achieved prior to commencement of Unit 1 but will still require supervision by staff:

**Manual Handling competencies**

- Assisting patient/clients/residents to walk with walking belt
- Assisting patient/clients/residents to move up/down the bed with slide sheet
- Assisting patient/clients/residents to sit up in bed
- Assisting patient/clients/residents to turn in bed using slide sheet
- Assist with bed/chair/bed using standing transfer
- Assist with the use of hoists
**Mobilisation Competencies**
- Ability to measure and prescribe appropriate mobility aids
- Experience mobilising patient on appropriate mobility aid

**Additional Competencies relevant to Unit 1**
- Role of physiotherapy in the community
- Functioning as part of a collaborative health care team - this includes assisting staff with any client related activities e.g., ADLs, feeding, bathing (students must never independently undertake activities outside of their skills and abilities)
- Understanding of work place health and safety issues
- Infection control practices
- Developing an understanding of the unique needs of the elderly
- Confidentiality
- Communication skills - oral and written (where appropriate, students may write in charts, however all entries must be countersigned by supervisor)
- Application of massage
- Assisting with management or planning group exercise programs (where appropriate)
- Beginning to recognise personal and professional strengths and limitations and developing self-reflection skills

Whilst on placement in the Aged Care Facility, students can practice the above competencies with supervision.

Supervision may be by the physiotherapist working at the facility or from registered staff member involved in the care of the clients to which the students are assigned.

Students have not yet undertaken the study of electrophysical agents (EPA) (such as TENS, hotpacks etc) and are not competent in the delivery of electrophysical agents. Observing the application of EPA would be beneficial to students however, they are not able to apply or remove any modalities.
2.4.2. **Clinical Unit 2**

The learning focus of unit 2 is Inpatient (acute) Musculoskeletal Physiotherapy

**OBJECTIVES OF THE INPATIENT (ACUTE) MUSCULOSKELETAL UNIT**

The student is expected to be able to demonstrate competency in patient assessment, clinical decision making and in physiotherapy programme planning, implementation and evaluation of patients with a variety of vertebral and peripheral orthopaedic/musculoskeletal conditions. This will include patients in either an acute outpatient or inpatient orthopaedic setting in an acute setting or in a step-down, transitional care orthopaedic rehabilitation facilities.

<table>
<thead>
<tr>
<th>Clinical Unit 2 - Clinical Sciences 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work load/ Case allocation</strong></td>
</tr>
<tr>
<td>5 weeks @ 38 hours = 190 hours</td>
</tr>
<tr>
<td><strong>Musculoskeletal Rehabilitation</strong></td>
</tr>
<tr>
<td>Orthopaedic / rheumatological (inpatient setting)</td>
</tr>
<tr>
<td><strong>Case Load</strong></td>
</tr>
<tr>
<td>1st week: Students should aim to be delivering at least 4 occasions of service per day.</td>
</tr>
<tr>
<td>5th week: aim to be managing at least 6 occasions of service per day.</td>
</tr>
<tr>
<td><strong>NB:</strong> These are suggested caseloads only and will vary according to each facility/unit and complexity of patient conditions</td>
</tr>
</tbody>
</table>

**Expectations and Examples of types of settings and types of patients for Clinical Unit 2**

Students could work with physiotherapists treating patients with orthopaedic/musculoskeletal disorders in an inpatient setting. This would include patients pre and post operatively. The students are to carry their own case load. The student’s would be able, with some initial guidance, to triage patients if required.
2.4.3. Clinical Unit 3

The learning focus of unit 3 is Outpatient (acute/chronic) Musculoskeletal Physiotherapy.

OBJECTIVES OF THE OUTPATIENT (ACUTE - CHRONIC) MUSCULOSKELETAL UNIT

The student is expected to be able to demonstrate competency in patient assessment, clinical decision making and in physiotherapy program planning, implementation and evaluation of patients with a variety of vertebral and peripheral musculoskeletal conditions. This will include patients in an outpatient musculoskeletal setting with either/or peripheral and spinal conditions with acute, sub acute or chronic presentations.

<table>
<thead>
<tr>
<th>Clinical Unit 3- Practice of Physiotherapy III</th>
<th>CLINICAL LEARNING FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work load/ Case allocation</td>
<td></td>
</tr>
<tr>
<td>5 weeks @ 38 hours = 190 hours</td>
<td></td>
</tr>
<tr>
<td><strong>Musculoskeletal Rehabilitation</strong></td>
<td>Assessment, interpretation, and management of musculoskeletal/orthopaedic/rheumatological disorders</td>
</tr>
<tr>
<td>Orthopaedic / rheumatological</td>
<td><strong>Vertebral and peripheral conditions</strong></td>
</tr>
<tr>
<td>(outpatient setting)</td>
<td><strong>Patients across the age range</strong></td>
</tr>
<tr>
<td><strong>Case Load</strong></td>
<td><strong>Electrotherapy</strong></td>
</tr>
<tr>
<td>1st week: Students should aim to be treating at least 4 patients/day.</td>
<td><strong>Aquatic physiotherapy</strong></td>
</tr>
<tr>
<td>5th week: aim to be managing at least 6 patients/day.</td>
<td><strong>Use of walking aids</strong></td>
</tr>
<tr>
<td><strong>NB:</strong> These are suggested caseloads only and will vary according to each facility/unit and complexity of patient conditions.</td>
<td><strong>Bandaging/strapping/plastering/simple orthoses</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Hospital and community based practice</strong></td>
</tr>
</tbody>
</table>

Examples of types of settings and patients for Clinical Unit 3

In this unit students should be working with patients with musculoskeletal / orthopaedic / rheumatological conditions. This can include sporting injuries, work related injuries, multiple orthopaedic trauma, or more complex chronic conditions. Students can work with patients with disorders affecting periphery and trunk / vertebral column. Settings could include outpatients / private practice / community health or a combination of these.

If possible students should have some experiences with children and adolescents and older patients in this unit.

*Between Unit 2 and Unit 3 the students’ experiences will be balanced in different environments, that is, students should gain experience in both inpatient orthopaedic ward and outpatient settings.*

Below is the list of essential and additional experiences students should have been exposed to on completion of units: 2 and 3. *It is the responsibility of the individual students to review this list and discuss with their clinical supervisors experiences that may not have been available in previous units.*
# Experiences to be gained on completion of clinical units in Musculoskeletal Rehabilitation

These experiences are to be gained by the end of Units 2 & 3.

<table>
<thead>
<tr>
<th>Essential Experiences</th>
<th>Additional/ Non-essential Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Read &amp; Interpret medical chart / doctor’s referral</td>
<td>• Observation of orthopaedic surgery</td>
</tr>
<tr>
<td>• Examine &amp; interpret x-rays</td>
<td>• Experience with patient’s pre and post spinal surgery</td>
</tr>
<tr>
<td>• Effectively plan, assess manage and evaluate treatment of patients with uncomplicated orthopaedic conditions through synthesising information gained from multiple sources (e.g. other health professions, patient/client/carer and/or relevant investigations)</td>
<td>• Exposure to patients with rheumatological conditions</td>
</tr>
<tr>
<td>• Experience could be in either the inpatient or outpatient areas</td>
<td>• Attend hydrotherapy</td>
</tr>
<tr>
<td>• Appreciation of Orthopaedic ward policy and procedures eg clinical pathways</td>
<td>• Visit to orthopaedic fracture clinic</td>
</tr>
<tr>
<td>• Appreciate Understand the inter-professional nature of the management of patients with musculoskeletal conditions and effectively work within the inter-professional team</td>
<td>• Attend hand clinic or other specialist clinics</td>
</tr>
<tr>
<td>• Discharge planning</td>
<td>• Video analysis of sporting technique, work or gait</td>
</tr>
<tr>
<td>• Pre-operative assessment of orthopaedic patient</td>
<td>• Work site assessment</td>
</tr>
<tr>
<td>• Exposure to patients with a variety of orthopaedic conditions eg joint arthroplasty, #NOF, upper &amp; lower limb #’s &amp; dislocations, orthopaedic trauma</td>
<td>• Home visit with physiotherapist or other allied health professional</td>
</tr>
<tr>
<td>• Assess &amp; treat the following conditions</td>
<td>• Community health assessment and management approach of musculoskeletal condition</td>
</tr>
<tr>
<td>- Peripheral joints: upper and lower limb</td>
<td>• Chronic pain presentations and management</td>
</tr>
<tr>
<td>- Post-orthopaedic presentations</td>
<td>• In addition to adults experience with the elderly, children and adolescents wherever possible</td>
</tr>
<tr>
<td>- Soft tissue &amp;/or acute sporting injuries</td>
<td>• Experience with the prescription and fitting of orthotics</td>
</tr>
<tr>
<td>- Spinal/vertebral pain</td>
<td>• Manage a patient with communication difficulties eg. Non-English speaking, dementia, hearing or intellectually impaired</td>
</tr>
<tr>
<td>• Perform testing and application of as many different electrotherapy equipment as possible</td>
<td>• Attend appropriate in-service and present an in-service to relevant staff</td>
</tr>
<tr>
<td>• Apply taping to a joint upper &amp;/or lower limb (where available apply plaster).</td>
<td></td>
</tr>
</tbody>
</table>
2.4.4. Clinical Unit 4

Clinical Unit 4 – Practice of Physiotherapy IV
Cardiorespiratory Physiotherapy

<table>
<thead>
<tr>
<th>Work load/ Case allocation</th>
<th>CLINICAL LEARNING FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 week @ 38 hours = 190 hours</td>
<td>Examination, treatment planning, implementation and evaluation for patients with heart, lung and/or vascular disorders</td>
</tr>
<tr>
<td><strong>Cardiorespiratory Physiotherapy</strong></td>
<td>Patients across the age range</td>
</tr>
<tr>
<td><strong>Case Load</strong></td>
<td>Acute and chronic conditions</td>
</tr>
<tr>
<td>1st week: Students should aim to be delivering at least 4 occasions of service per day.</td>
<td>Hospital and community based practice</td>
</tr>
<tr>
<td>5th week: aim to be managing at least 6 occasions of service per day.</td>
<td></td>
</tr>
<tr>
<td><strong>NB:</strong> These are suggested caseloads only and will vary according to each facility/unit and complexity of patient conditions</td>
<td></td>
</tr>
</tbody>
</table>

Examples of types of settings and patients for Clinical Unit 4

Students should work with a range of cardiothoracic cases presenting with a primary respiratory problem or diseases/events that have a secondary impact on the cardiorespiratory system e.g., patients with a broad range of medical and surgical (heart / lung / vascular) disorders. This should include patients with acute conditions (ICU, CCU), and chronic conditions. Patient conditions should include (where available), low lung volumes, suppurative, infective and inflammatory lung diseases, acute and chronic airflow limitation, acutely ill intubated patients, patients undergoing cardiac surgery, coronary artery disease, myocardial infarction. There will also be some involvement with preventive and education programmes including screening and follow-up of pre-surgical patients. |

A list of the essential and additional experiences to be achieved on completion of unit 4 – Cardiorespiratory physiotherapy can be found on the following page.
## Experiences to be gained on completion of Cardiorespiratory Physiotherapy Unit (Unit 4)

<table>
<thead>
<tr>
<th>Essential Experiences</th>
<th>Optional/ Non-essential Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Read &amp; interpret patient medical and bed side patient charts</td>
<td>• Measurement and interpretation of spirometry</td>
</tr>
<tr>
<td>• Examine &amp; interpret x-rays</td>
<td>• Suction via ETT/ tracheostomy/ guedel's airway/ nasopharyngeal airway</td>
</tr>
<tr>
<td>• Investigations and the implications for physiotherapy management</td>
<td>• MHI</td>
</tr>
<tr>
<td>• Perform pre-operative assessment of medical and surgical patient including subjective</td>
<td>• Understanding the operation of a ventilator</td>
</tr>
<tr>
<td>examination, observations, auscultation, palpation and assessment of cough</td>
<td>• Interpreting ICU monitoring including CVP and ICP</td>
</tr>
<tr>
<td>• Effectively plan, assess manage and evaluate treatment of medical and surgical</td>
<td>• Management of a patient with an ICC</td>
</tr>
<tr>
<td>patients both acute and chronic patients through synthesising information gained</td>
<td>• Manage a patient with a reduced consciousness level</td>
</tr>
<tr>
<td>from multiple sources (e.g. other health professions, patient/client/carer and/or</td>
<td>• Apply IPPB/BIPAP/CPAP</td>
</tr>
<tr>
<td>relevant investigations).</td>
<td>• Attend X-Ray meeting</td>
</tr>
<tr>
<td>• Identify &amp; interpret problems using a clinical reasoning process</td>
<td>• Attend staff in-service (where appropriate)</td>
</tr>
<tr>
<td>• Examination and interpretation of blood gases, electrolytes and BSL's</td>
<td>• Attend relevant clinics</td>
</tr>
<tr>
<td>• Examination and interpretation pulse oximetry and ECG's</td>
<td>• Liaise with outside services eg outreach, ACAT, home nursing services, community health</td>
</tr>
<tr>
<td>• Appreciate the different modes of pain relief available and how these can be</td>
<td>• Attend operating theatre.</td>
</tr>
<tr>
<td>implemented</td>
<td>• Participation in preventive /educational multidisciplinary programs eg pulmonary or cardiac rehab</td>
</tr>
<tr>
<td>• Understand medications and their impact on patient management</td>
<td></td>
</tr>
<tr>
<td>• Communicate with the acute pain team relevant to the physiotherapy management of the</td>
<td></td>
</tr>
<tr>
<td>patient/client</td>
<td></td>
</tr>
<tr>
<td>• Mobilisation of uncomplicated and complicated medical and surgical patient</td>
<td></td>
</tr>
<tr>
<td>• Mobilisation of a breathless patient on O₂ therapy</td>
<td></td>
</tr>
<tr>
<td>• Implementation of an appropriate clinical exercise programme</td>
<td></td>
</tr>
<tr>
<td>• Effectively communicate with other health professionals involved in patient care</td>
<td></td>
</tr>
<tr>
<td>through activities such as team meetings, case conferences, discharge planning</td>
<td></td>
</tr>
<tr>
<td>meetings</td>
<td></td>
</tr>
<tr>
<td>• Discharge planning including the incorporation of an appropriate home/hospital based</td>
<td></td>
</tr>
<tr>
<td>exercise programme</td>
<td></td>
</tr>
<tr>
<td>• Appreciate and understand the multidisciplinary inter-professional nature of the</td>
<td></td>
</tr>
<tr>
<td>management of patients with musculoskeletal conditions and effectively work within</td>
<td></td>
</tr>
<tr>
<td>the inter-professional team</td>
<td></td>
</tr>
<tr>
<td>• Experience in the use of relevant outcome measures</td>
<td></td>
</tr>
<tr>
<td>• Write handover notes for weekend staff &amp; on completion of unit</td>
<td></td>
</tr>
</tbody>
</table>
2.4.5. Clinical Unit 5

<table>
<thead>
<tr>
<th>Work Load</th>
<th>Clinical Learning Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 week @ 38 hours = 190 hours</td>
<td>• Examination, treatment, planning, implementation and evaluation for patients with neurological and/or ortho-geriatric disorders</td>
</tr>
<tr>
<td>Neurological Physiotherapy</td>
<td>• Patients across the age range</td>
</tr>
<tr>
<td>Case Load</td>
<td>• Acute and chronic conditions</td>
</tr>
<tr>
<td>1st week: 1-2 complex neurological occasions of service plus 1-2 ortho-geriatric or other non complex presentations</td>
<td>• Hospital and community based practice</td>
</tr>
<tr>
<td>5th week: 2 complex neurological occasions of service plus 2-3 ortho-geriatric or other non-complex presentations</td>
<td></td>
</tr>
<tr>
<td>NB: These are suggested caseloads only and will vary according to each facility/unit and complexity of patient conditions</td>
<td></td>
</tr>
</tbody>
</table>

A list of the essential and additional experiences to be achieved on completion of unit 5, Neurological rehabilitation can be found on the following page.

Examples of types of settings and patients for Clinical Unit 5

Students should work with patients with a broad range of neurological conditions (depending on availability). Settings could include rehabilitation units/outpatients / wards / private practice / community health.
Experiences to be gained on completion of Neurological Rehabilitation Unit (Unit 5)

<table>
<thead>
<tr>
<th>Essential Experiences</th>
<th>Optional/ Non-essential Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interpret patient medical charts &amp; all relevant records</td>
<td>• Liaise with outside services eg outreach, ACAT, home nursing services, community health</td>
</tr>
<tr>
<td>• Examine and interpret relevant investigations eg x-rays</td>
<td>• Apply FES and other relevant electrotherapeutic modalities</td>
</tr>
<tr>
<td>• Effectively plan, assess manage and evaluate treatment of patients with neurological disorders through synthesising information gained from multiple sources (e.g. other health professions, patient/client/carer and/or relevant investigations).</td>
<td>• Video gait analysis (where available)</td>
</tr>
<tr>
<td>• Conditions can include (where available) - stroke, head injury, Parkinsons disease, spinal cord injury, ortho-geriatric cases (faller, #NOF, elderly requiring upgrade mobility), or an amputee</td>
<td>• Practice using a tilt table, ergometer, treadmill, limb load monitor and biofeedback as available</td>
</tr>
<tr>
<td>• Experience making chart entries and completing all relevant paperwork/computer statistics associated with the assessment and management of the patients in their care</td>
<td>• Take a Class / supervise circuit practice eg balance group</td>
</tr>
<tr>
<td>• Execute a neurological assessment – incl. patient interview (subjective assessment) and appropriate physical/functional examination</td>
<td>• Assist with aquatic physiotherapy sessions</td>
</tr>
<tr>
<td>• Identify &amp; interpret problems using a clinical reasoning process</td>
<td>• Attend staff in-service (where appropriate)</td>
</tr>
<tr>
<td>• Plan a treatment that identifies both short and long term goals for holistic management of patients</td>
<td>• Attend relevant clinics (e.g. Amputee or CVA program)</td>
</tr>
<tr>
<td>• Design and implement appropriate home program</td>
<td>• Sit in on an OT/Speech therapy session</td>
</tr>
<tr>
<td>• Experience in the use of outcome measures particularly associated with neurological rehabilitation</td>
<td>• Be involved in prescription of wheelchair/ mobility aid for patient</td>
</tr>
<tr>
<td>• Effectively communicate with other health professionals involved in patient care through activities such as team meetings, case conferences, discharge planning meetings</td>
<td>• Assess, plan, manage and evaluate treatment of patients with complex orthopaedic conditions requiring rehabilitation</td>
</tr>
<tr>
<td>• Understand the inter-professional nature of the management of patients with neurological disorders and effectively work within the inter-professional team</td>
<td>• Assess, plan, manage and evaluate treatment of amputee patients</td>
</tr>
<tr>
<td>• Liaise/communicate with family/staff and other related personnel involved with the care of the patients they are treating</td>
<td></td>
</tr>
<tr>
<td>• Attend home visit with physiotherapist or other allied health professional</td>
<td></td>
</tr>
<tr>
<td>• Write handover notes for weekend staff &amp; on completion of unit</td>
<td></td>
</tr>
</tbody>
</table>
2.4.6. Clinical Unit 6

Students’ ability when coming to Clinical Unit 6

Students have now completed all classroom based components of their courses (except for 1 final “wrap up” week), and have completed 5 clinical units. In Unit 6 the student may be able to experience the broad range of patients that attend the health care facility. This is dependent on the case mix of the facility and the learning needs of the student, it may include assessment of occupational health, physiotherapy in mental health facilities, or rural or remote sites where the range of physiotherapy clients is very broad. Below is a list of the essential and additional experiences to be achieved on completion of unit 6.

Students will have an option to undertake a clinical placement in one of the following areas.

<table>
<thead>
<tr>
<th>Clinical Unit 6 - Practice of Physiotherapy VI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work load/ Case allocation</strong></td>
</tr>
<tr>
<td>5 weeks @ 38 hours = 190 Hours</td>
</tr>
<tr>
<td>1. Community/ Rural based practice</td>
</tr>
<tr>
<td>2. Paediatric Physiotherapy (acute &amp;/or community)</td>
</tr>
<tr>
<td>3. Complex Conditions / Specialist areas of practice in acute cardiorespiratory, neurological and / or musculoskeletal physiotherapy. (e.g., spinal injuries unit, women’s and men’s health, advanced cardiorespiratory (ICU), burns, oncology, sports medicine clinic, chronic pain units</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Complex Conditions / Specialist areas of practice

• Examination and treatment planning, implementation and evaluation of patients with acute cardiorespiratory, musculoskeletal, neurological, heart, lung and/or vascular disorders. These patients will be more complex than those encountered in clinical units 3, 4, 5 e.g. chronic disorders, those affecting several body systems, acutely ill or patients with co-morbidities. It also includes special populations such as elderly, sporting and paediatric patients.

• The student will demonstrate considerable autonomy in clinical management
# Experiences to be gained on completion of Clinical Unit 6 in Acute & Community Paediatric Physiotherapy

<table>
<thead>
<tr>
<th>Essential Experiences</th>
<th>Additional Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interpret patient medical charts &amp; all relevant records</td>
<td>• If applicable, attend home visit with physiotherapist or other allied health professional</td>
</tr>
<tr>
<td>• Examine and interpret relevant investigations eg x-rays</td>
<td>• Liase with outside services</td>
</tr>
<tr>
<td>• Effectively plan, assess manage and evaluate treatment of patients with a variety of</td>
<td>• Observe interactions in a combined therapy session</td>
</tr>
<tr>
<td>paediatric conditions through synthesising information gained from multiple sources</td>
<td>• Assist with Hydrotherapy sessions</td>
</tr>
<tr>
<td>(e.g. other health professions, patient/client/carer and/or relevant investigations)</td>
<td>• Attend staff in-service (where appropriate)</td>
</tr>
<tr>
<td>• Conditions could include <strong>Where Appropriate</strong> developmental delay, neurological and</td>
<td>• Attend any relevant clinics</td>
</tr>
<tr>
<td>neuro-muscular conditions, eg developmental co-ordination disorder, acquired brain</td>
<td>• Sit in on an OT/Speech therapy session</td>
</tr>
<tr>
<td>injury, cerebral palsy and spina bifida or orthopaedic based conditions</td>
<td>• Be involved in prescription of wheelchair/mobility aid for patient</td>
</tr>
<tr>
<td>• Completion of chart entries and all relevant paperwork/computer statistics associated with the assessment and management of the patients in their care</td>
<td>• Observe the prescription of aids/orthotics</td>
</tr>
<tr>
<td>• Execute an assessment – incl. Patient interview (subjective assessment) and</td>
<td>• Video gait analysis (where available)</td>
</tr>
<tr>
<td>appropriate physical/functional examination.</td>
<td>• Participate in an assessment and management planning of clients with multiple/complex problems and varying ages</td>
</tr>
<tr>
<td>• Identify interpret problems using a clinical reasoning process</td>
<td>• Observe/discuss variations of physiotherapeutic approaches in the management of paediatric clients</td>
</tr>
<tr>
<td>• Plan a treatment that identifies both short and long term goals for holistic management of paediatric patients</td>
<td></td>
</tr>
<tr>
<td>• Design and implement appropriate home program.</td>
<td></td>
</tr>
<tr>
<td>• Experience in the use of outcome measures particularly associated with paediatric physiotherapy</td>
<td></td>
</tr>
<tr>
<td>• Effectively communicate with other health professionals involved in patient care through activities such as team meetings, case conferences, discharge planning meetings</td>
<td></td>
</tr>
<tr>
<td>• Understand the inter-professional nature of the management of a paediatric caseload and effectively work within the inter-professional team</td>
<td></td>
</tr>
<tr>
<td>• Liaise/communicate with family and other related personnel involved with the care of the children they are treating</td>
<td></td>
</tr>
<tr>
<td>• Write handover notes for weekend staff &amp; on completion of unit</td>
<td></td>
</tr>
</tbody>
</table>

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[17]
## Experiences to be gained on completion of Clinical Unit 6 in Community/ Rural based practice &/ or Complex conditions

### Essential Experiences

- Interpret patient medical charts & all relevant records
- Examine and interpret relevant investigations eg x-rays
- Effectively plan, assess manage and evaluate treatment of patients with complex conditions (musculoskeletal, neurological or cardiovascular) through synthesising information gained from multiple sources (e.g. other health professions, patient/client/carer and/or relevant investigations).
- Complex conditions are disorders affecting several body systems, chronic disorders, acutely ill patients, spinal injuries, women’s and men’s health, burns, amputees
- Identify interpret problems using a clinical reasoning process
- Design and implement appropriate home program.
- Experience in the use of outcome measures
- Where appropriate, attend case conference and/or family conference on at least one occasion. At this conference student to present information on the clients under their care.
- Understand the inter-professional nature of the management of patients with musculoskeletal conditions and effectively work within the inter-professional team
- Liaise/communicate with family and other related personnel involved with the care of the clients they are treating
- Write handover notes for weekend staff & on completion of unit
- Completion of chart entries and all relevant paperwork/computer statistics associated with the assessment and management of the patients in their care

### Additional Experiences

- If applicable, attend home visit with physiotherapist or other allied health professional
- Liase with outside services
- Observe interactions in a combined therapy session
- Assist with Hydrotherapy sessions (where applicable)
- Attend staff in-service (where appropriate)
- Attend any relevant clinics
- Sit in on an OT/Speech therapy session.
- Be involved in prescription of wheelchair/ mobility aid for patient
- Observe the prescription of aids/orthotics
- Video gait analysis (where available)
- Participate in an assessment and management planning of clients with multiple/complex problems and varying ages
- Health promotion, prevention of disease and disability
- Broad experiences that encourage networking, independent decision making, working in a health care team
- Women’s health/men’s health (where applicable).
3. Clinical Unit Expectations - Students

The Role of Students during Clinical Learning Experiences

3.1. Student Responsibilities - Pre-placement requirements

Compulsory Documentation Required

All students must provide photocopied evidence of the currency of the following documents to the Placements Officer prior to commencing any clinical unit.

1. CPR and Apply First Aid certificates
2. Australian Federal Police National Police Check (NPC)
3. Immunisation Records
4. Queensland Blue Card issued by the Commission for Children and Young People and Child Guardian (CCYPCG)
5. Queensland Health Student Orientation Checklist Form (see “Orientation within Queensland Health Facilities”)
6. Queensland Health Student Deed Poll

- If a student fails to provide evidence of and/or maintain currency of the above documents by the nominated date, then they may not be able to attend an allocated clinical unit or can be withdrawn from clinical practice.

- Students may also be required to show their clinical educator copies of their NPC, Blue Card, immunisations or other requested documentation at the commencement of each clinical placement and it is advised that students keep copies of these documents on their person in case they are required to produce them for verification.

1. First Aid and CPR Certificates

- It is a requirement of the programme that you must have completed a nationally accredited Apply First Aid unit and Perform Cardiorespiratory Resuscitation unit certification by an Australian Registered Training Organisation. All students must provide evidence of the currency of these certificates to the Placements Officer.

2. National Police Check (NPC)

- As a requirement under the Australian Government Aged Care Act 1997 all employees including students and volunteers at all aged care facilities must undertake a NPC before commencement.

All students are required to complete a National Police Check application form through the Australian Federal Police. For further information see:

It is the student’s responsibility to complete and submit all relevant forms with the required proof of identification.
Once a National Police Check clearance is received students must ensure the certificate is kept safe since each student may be required to present this certificate to the clinical units to which they have been assigned. From 1st June 2010 all students must have either a NSW Clinical Placement Authority (Grey) Card or their NPC to be eligible to attend placements within a NSW Health facility. Students may not be permitted to commence the placement without producing either of these original documents.

If a student does not receive a NPC because of criminal charges or convictions they must complete the Student Risk Assessment form: http://www.health.nsw.gov.au/resources/jobs/student_clearance/pdf/Appendix_3_S7.pdf. These students may then be issued with a Clinical Placement Authority Card, which would act as their proof of clearance.

**As of 1st December 2012 fees are $42 for each National Police Check application. Students will be responsible for this cost.**

### 3. Immunisation

- All students are responsible for ensuring that their immunisation records are up to date. Any student failing to provide proof may be denied access to hospital facilities. This may severely impact on the ability to complete the physiotherapy programme. (For full details refer to Section 13, pg: 72) or the Placement Essentials web site: [http://www.griffith.edu.au/health/placement-essentials](http://www.griffith.edu.au/health/placement-essentials), The Guide to Placement Essentials and / or the Clinical Education Organisation in Learning@Griffith.

The Griffith Health Service can provide services including immunisation and serology. They are available on an appointment basis. Please take your “Health and Immunisation record form” so that previous vaccination evidence can be transferred to the one record for use on placements.

If Tuberculosis (TB) testing is required, arrangements can only be made through Queensland Health Specialised Health Services on T: 3896 3963 or 3896 3955. A monthly visiting service to Gold Coast Hospital is operated by this unit. Any variation to this arrangement or on campus testing will be advised by the Placement Officer at the start of each year.

### 4. Blue Card

Before undertaking professional placements in a facility regulated by the blue card screening provisions in the Commission for Children and Young People and Child Guardian Act 2000, all students are required to:

- undergo the Working with children check and be issued with a Blue Card*
- provide a copy of the Blue Card to the Placement Officer for the program who will sight the original before accepting the copy

Please see the Placement Essentials webpage or the Guide to Placement Essentials for details on completing blue card application or authorisation forms. Student administration (G33) is available to sign the completed application and sight suitable identification

[*] The Blue Card must be renewed by the student upon expiration during a student’s duration of study.
5. Orientation within Queensland Health Facilities

- Students undertaking placements within Queensland Health (QH) facilities are required to complete the orientation package for QH. A fact sheet for both students and clinical educators is available on the QH website. Students are advised to visit the following website:


Download and complete: Orientation Checklist Form

This form needs to be completed at least 4 weeks prior to commencement of the first clinical unit in the year. A copy of the form must be given to the designated Placements Officer.

Students should retain a copy of this form as they may be requested to present it to the clinical educator on the first day of each unit that is in a QH facility.

Please note that any student failing to complete the orientation package may be denied access to QH facilities. This may severely impact on the ability to complete the physiotherapy programme.

6. Queensland Health Student Deed Poll

- A link to the student deed poll is provided on the Placements Essentials website as well as the student Guide to the Placement Essentials Checklist Requirements. This Deed Poll must be read and a signed copy provided to the Placements Officer prior to the commencement of any clinical placement.

Students should retain a copy of this form as they may be requested to present it to the clinical educator on the first day of each unit that is in a QH facility.


The Placement Essentials website is the main student placement resource. It is designed to enhance efforts to achieve safe, effective placement experiences and to provide guidance on policy and procedure. It provides placement information specific for the health and human services disciplines, including legislative obligations, and outlines processes for placements.

The Clinical Education Information ‘Organisation’ within Learning@Griffith provides all information relating to Clinical Education for our Physiotherapy and pre-physiotherapy students. Placement information (with links to log into the 'SONIA' placement database); policies; required documentation, Clinical Educator contact lists; subsidies etc. as well as links to important external websites are found in this one location.
3.2. Student Responsibilities for ALL clinical placements within NSW Health facilities.

All students attending a NSW health facility will be required to comply with the Criminal Record Check (CRC) requirements as well as immunisation and vaccination requirements.

Students are required to read:

- NSW Health Policy Directive: PD2011_005:

- NSW Health Code of Conduct:

Student then must:

1. Provide evidence of protection against the infectious diseases specified in PD2011_005 and comply with the requirements of PD2011_005 at their own cost, prior to attending placement in a health facility;

2. Submit a Form 2: TB Assessment Tool* and Form 3: Student Undertaking/Declaration* to their educational institutions (placement officer) as soon as possible after advice of a NSW Health placement.

3. Also complete a NSW Health Undertaking form*

4. Complete NSW Health Code of Conduct form and

5. Complete a Commission for Children and Young People Student Declaration at the commencement of each placement in a NSW Health facility.

*Document to be given to your Placements Officer

Student note: Griffith University collects, stores and uses your personal information, including placement records, for certain purposes. The information collected may be disclosed to third parties to meet government, legal or other regulatory authority requirements. E.g. AHPRA, NSW Health. Students acknowledge and consent to this disclosure
3.3. **Student Responsibilities - Before the Clinical Placement Commences**

**Preparation for the Unit**

- Read the guidelines for clinical education, this has all the information you need to prepare for your clinical experiences.

- Prepare for the clinical unit, i.e., review all relevant teaching material and practice any skills pertinent to the unit. Successfully complete and pass all academic requirements prior to clinical units.

- Clinical objectives have been identified for each clinical placement. It is the responsibility of each student to be familiar with the objectives for any particular clinical placement, before the placement commences. In addition, students should consider their own goals and expectations of the unit and be prepared to discuss these with their clinical educator at the beginning of the clinical placement.

- It is the students’ responsibility to check their emails and the noticeboard and familiarise themselves with information about the particular clinical venue where they have been placed.

- To ensure quality clinical placements and that students experience a broad range of patient conditions, clinical units will be spread throughout Queensland and possibly interstate where required. Every attempt will be made to provide 2-4 weeks notice of travel however; if a clinical placement is withdrawn students may have to travel at short notice. This will be avoided wherever possible but may occur.

Students are responsible for arranging their own travel and accommodation requirements for each unit. These may be discussed with the unit contact person.

Scholarships and subsidies are occasionally available. For more information please refer to the Clinical Education Organisation within Learning@griffith for further details.

If a student is unable to attend a clinical unit, the Clinical Education Manager will attempt to negotiate an alternative placement however this may not be possible and will impact on the student's ability to progress through the program.

If students have any questions or difficulties concerning a clinical placement, or would like more information about the objectives, they should meet with the course convenor or the Physiotherapy Clinical Education Manager before the clinical placement commences.
Making Contact with the Placement Provider

- Students should contact the designated contact person at the facility where they are placed in the week prior to commencement of the clinical unit. The contact person will be on the unit information sheet. This initial contact is to introduce the student and to arrange a time and place to meet on the first day of the clinical unit. After this the supervising clinical educator will discuss the daily unit timetable and any specific requirements for the unit with the student/s.

Ensure Fitness for Clinical Practice - physical, cognitive and emotional

- Any identified personal injuries/risks (physical or psychological) must be discussed with the Clinical Education Manager prior to commencement of clinical placements and clearance to attend the clinical placement provided by the appropriate personnel.

- If you are pregnant you must not attend for any clinical placement in the period 6 weeks before and 6 after the delivery. It is the student’s responsibility to inform the university in the event that this is likely to occur, so that alternative arrangements can be made.

All costs associated with travel and accommodation for a clinical unit is the responsibility of the student. Students are expected to ensure they are available and financially able to attend any allocated clinical placement.

Insurance

- Griffith University covers students in Clinical Practice for "Indemnity Insurance". This protects students financially from claims related to patient injury. Clinical students are also covered for personal injury while performing duties related to the clinical unit. Refer Section 7- Incident Reports pg: 36.

However students are not covered for personal injury or accident which is unrelated to the clinical unit. The clinical educator has final responsibility for decisions made by students.
3.4. Student Responsibilities - During the Clinical Placement

- Students and clinical educators will abide by the rules, bylaws and regulations of any clinical venue in which they are placed. Clinical educators will make available to students a copy of relevant rules, bylaws and regulations at each clinical venue.

- The hours of contact during each unit will vary with different units but is generally based on the full time equivalent working week of Queensland Health staff which is 38 hours per week. As staff may have some flexible working arrangements including RDOs, in some units students may receive time off accordingly e.g. one afternoon off/week. Please note that is NOT a given right of students to have time off during a placement and is subject to the conditions and work arrangements of the facility itself. The timetable for each unit, including any time off, will be outlined by the clinical educator responsible for the unit and will vary between units. Students must discuss any proposed time off from placement with the Clinical Education Manager in the first instance who will then liaise with the clinical educator at the facility if approved.

- Students will be responsible and accountable to the clinical educator. Clinical educators will be responsible and accountable to the unit in which they are employed and will also assume overall legal responsibility for the patients within the students’ care. Overall responsibility of the clinical educator and student belongs to the Head of the relevant department.

Acceptance of Responsibility for Patient Care

- Students need to be aware that they are responsible for the clinical management of their patients. In many instances the treatment that the student provides for their patients will be the only physiotherapy treatment that the patient/client will receive. Often students will be sharing or carrying the caseload of their clinical educator.

- Patients are people not cases or conditions. Students must explain that they are a physiotherapy student when they introduce themselves to their patients and obtain permission to interview, examine and treat the patient prior to commencing. If the clinical educator or another student is also present students will introduce them to their patient and describe their role.

- Students must communicate with the clinical educator before undertaking any assessment or treatment of a patient or starting any new activity not already checked by the clinical educator.

- Students must communicate frequently with the clinical educators and inform them of any change in the situation concerning their patients.

- Students are expected to take responsibility for their own actions and develop the characteristics of self-directed and reflective learners. The clinical educator will guide and facilitate student learning, however, it is the students’ responsibility to at regular intervals define their learning needs and discuss these with the clinical educators. In addition students should check the essential and additional learning experiences for the unit and ensure that all the essential experiences are covered and ticked off.
• It is the responsibility of the student to continually reflect on their performance and more specifically to complete the student self-reflection form in preparation for discussion at the mid and end of unit feedback sessions. This will enable the student and clinical educator together to develop effective strategies for improvement of the student's performance.

• In line with the principles underpinning adult education, students need to take responsibility for ensuring they obtain adequate feedback on their performance from their clinical educator

Clinical Uniform

• Students must at all times wear the uniform specified by the School of Rehabilitation Sciences and must be well groomed, neat and tidy. (Refer section 6 for more detail on uniforms).

• Students are required to wear their official Griffith University ID badge or a hospital student name badge in accordance with local policy where required. Currently this is the university student card placed in a name badge cover provided by the School of Rehabilitation Sciences.

Professional Behaviour

• Students from the School of Rehabilitation Sciences, Griffith University are ambassadors of the School when they are in clinical venues. They have a responsibility to behave in a responsible and professional manner at all times. Any form of conduct which is contrary to these standards is misconduct for which the University may penalize the student (for further information the student is directed to Griffith University’s policy on Misconduct in the Area of Professional Practice whilst on Clinical placement.)

• Students should remember that it is a great privilege to participate in learning in the clinical context and never do anything that would abuse this privilege. Students should respect patient privacy and maintain the standards of confidentiality.

• Advise clinical educator/s if any factors are influencing learning and progress. Students are encouraged to initiate discussion of any problems and difficulties and should not assume that clinical educators are aware of difficulties that they are experiencing.

Absence from Clinical Unit

• Students are responsible for the patients in their care and if they are unable to attend the clinical unit for any reason e.g. illness, students must contact the clinical supervisor directly and discuss the patients in their care. It is not sufficient to leave a message regarding inability to attend a clinical unit.

• Students who miss any clinical time are required to notify the Clinical Education Manager within one week of their missed clinical session. All students who are absent due to illness for more than 1 day in a placement block must obtain a medical certificate and submit a copy of this certificate to the Clinical Education Manager.

• To ensure the essential clinical competencies are achieved, there is a limit to the time any student can be absent from clinic. All absences will be documented and accumulated during the program. If a student has lost time during a clinical unit, the clinical educator can request the student to make up this time during the rest of the unit. A mutually suitable arrangement for this extra time will be negotiated.
• Students who miss more than 20% of a clinical placement in one unit will receive an incomplete result for that clinical unit and associated course. The student will be required to meet with the course convenor/ Clinical Education Manager to discuss options in relation to missed clinical time.

• If a student is absent for 5 days or more across all clinical units (i.e. over the entire physiotherapy program), extra clinical time may need to be completed. The timing of this additional clinical time will be negotiated between the student, the Clinical Education Manager and an appropriate facility. Extended absences may impact on the ability of the student to complete the physiotherapy program in the allocated time. Make-up time will not automatically be granted. If students have any concerns they should discuss these with the Clinical Education Manager.

**Student Rights**

Student rights include the right to:

1. expect certain characteristics of the clinical educator
   • appropriate qualifications
   • flexible, fair and consistent in values
   • expect the clinical educator to guide but encourage independence
   • expect the clinical educator to be responsible for organisation and management concerns affecting the student

2. be adequately observed
   • so that timely feedback can be given
   • so that all aspects of performance which will be assessed have been observed by the supervisor

3. receive feedback that is timely, balanced, independent and specific

4. specific role definition
   • to expect clinical educator to communicate expectations
   • to question requirements of clinical educator

5. develop personal therapy styles that are logical and scientifically sound

6. be assertive (not passive, aggressive or demanding)

7. make mistakes

For more information see Appendix 7: Guidelines on conduct Behaviour and responsibilities of placement participants.
3.5. Student Responsibilities - On Completion of the Clinical Unit

- In view of the time and effort involved in supervising students on clinical placements, it is suggested that students acknowledge the efforts of the clinical educator and other staff members.

- Students should ensure the relevant feedback forms are completed and returned to the clinical educator.

- Students should take time to reflect on the experiences they had during the clinical unit and come prepared to discuss these during the debriefing session scheduled at University on completion of the unit.
4. Clinical Unit Expectations - Clinical Educators
   The Role of Clinical Educators during Clinical Learning Experiences

4.1. Clinical Educator’s Responsibilities - Before the Clinical Placement Commences

- Familiarise themselves with the specific clinical unit objectives
- Complete appropriate training in skills associated with clinical education
- Familiarise themselves with the essential and additional experiences to be gained during the unit.
- Organise the student’s orientation to the facility and the unit.
- Compile a timetable for the student/s during the unit. When drawing up the timetable the essential and additional learning experiences of the unit should be included where possible.
- Be familiar with the assessment forms, including the Examples of Performance Indicators Document and with the process of assessment required for the unit.
- Be familiar with the feedback forms provided for the unit.
- Check that the university has provided the facility with the names and contact details of the students who will be attending the facility
- Where relevant arrange accommodation and/or travel.
- If further information is required contact the Clinical Education Manager

THE CLINICAL EDUCATION RESOURCE MANUAL, ASSESSMENT AND FEEDBACK FORMS CAN BE FOUND ON OUR WEBSITE:


Clinical Educator Hint:

Use the student’s name on any documentation, including appointment sheets, as this gives the student a welcoming message that the label “the student” does not.
4.2. Clinical Educator’s Responsibilities – During the Clinical Placement

Orientation

- Orientate the student/s on day 1 of the unit to the facility and to all areas in which they may work. Students are advised to present all required copies of clinical education placement documentation to their educator on Day 1. Student feedback highlights the importance of a comprehensive orientation. Remember the students frequently change facilities and the expectations will be different in each new facility. A well-planned orientation prevents confusion and misunderstandings.

Encourage Learning, Diffuse Anxiety

- Provide a positive learning environment. Clinical educators can relieve anxiety for the students in a number of ways by:
  1. Providing time for learning and opportunities to practice new behaviours
  2. Providing opportunities to talk through anxieties related to the clinical unit as they occur
  3. Creating an environment of acceptance and support of learning. In particular negotiate with students how feedback, questions will be handled when a patient is present.

- Encourage the student’s enthusiasm for learning and active participation in their clinical learning experience.
- Assist student/s to work as part of the total health care team
- Give lots of praise where it is due!!

Provide a Professional Role Model

Clinical educators will provide professional role models for students. Students look to their educators as mentors. The Clinical Educator’s dedication to professionalism, quality patient care, and respect for the patient as a person are intangibles that the students will follow by example. The Clinical educator can promote the importance of physiotherapy in the management of the patient. The Clinical Educator can also provide an example of enthusiasm for life-long learning and active participation in the learning process.
Stay in Contact with the University

- By attending workshops or forums to discuss clinical education.
- By contacting the University clinical coordinator promptly whenever an issue arises to do with students or clinical placements.
- By ensuring the University is up to date and informed about any changes to the clinical placement, including contact details, personal details of educators or other changes to arrangements.
- By contacting the University as soon as it is identified that a student is failing to improve, is unsafe, demonstrates unacceptable behaviour, or is at risk of failing a clinical placement.
- By providing feedback to the University about clinical placements that could improve the University's clinical education schedule in the long term.

Demonstration Patient

- **Demonstrate an initial interview and physical examination on a patient during Day 1 of the unit.** Experience has shown that student learning is best facilitated if the clinical educator demonstrates an initial subjective and physical examination on a patient prior to the students doing their first assessment.

- It is the responsibility of the clinical educator to arrange suitable and diverse learning experiences for the students and to facilitate and support student learning throughout the placement.

- It is the responsibility of the clinical educators to provide regular constructive and prompt feedback to students about their progress towards the clinical objectives.
Feedback and Assessment

- Timely, specific, constructive feedback is the single most important element required for a student to learn and improve their performance during a clinical unit. (Refer section 11).

Formative feedback
This includes providing mid unit formative assessment and feedback. This feedback should indicate clearly to the student the areas of strengths and areas where the objectives are not being met, the reasons why and specific strategies for improvement. These strategies should be developed in collaboration with the student.

Summative assessment
At the end of the unit the clinical educator should provide a written evaluation of the student’s performance in the unit. This summative assessment is completed using the assessment form. This assessment must clearly reflect the student’s performance in relation to the performance indicators. Written comments with suggested strategies for improvements in the following units may also be given.

Students experiencing difficulty in the unit

- If it is the clinical educator’s assessment that a student is experiencing difficulty performing in the unit this is best identified as early as possible in the unit and the Clinical Education Manager shall be immediately notified so that appropriate remediation may be provided to the student.

Students failing to meet performance standards

- If at any time it is the clinical educator’s assessment that a student is failing in a clinical unit, the Clinical Education Manager shall be immediately notified. In this instance the educator must provide feedback to the student outlining the reasons why the student is failing and what actions the student can take to provide them with the opportunity to successfully complete the unit.

In order to efficiently and effectively manage a student who is failing, it is important that the above process is adhered to.

Professional Behaviour

- Contact the Clinical Education Manager immediately if there are any issues concerning breaches of professional behaviour by any student. (refer also to section 10.10)

Refer also to Appendix 7: Guidelines on conduct Behaviour and responsibilities of placement participants for additional information.
4.3. Clinical Educator’s Responsibilities - On Completion of the Unit

- Copies of the following completed forms are to be returned to the Clinical Education Manager:

  - Final assessment form (APP) which includes the mid and end of unit student feedback
  - Facilities and student feedback forms.

**Feedback Forms for Facilities**

The clinical educator is advised to copy the student feedback form for their own records. The information contained within this form will provide feedback on the areas in which the unit has been successful and areas which may need some improvements.

This feedback from the students can be discussed with Clinical Education Manager and assistance with any requirements which may help in future units can be arranged.
5. Clinical Unit Expectations - University

The Role of University during Clinical Learning Experiences

**Plan Clinical Placements**

- The University will organise clinical placements for students based on learning objectives.
- The University will develop the clinical education component of the Physiotherapy Degree Programs, in order to meet the requirements of the University and the Australian Physiotherapy Council requirements.
- The University will maintain close relationships with clinical educators to ensure there are suitable arrangements with regard to numbers of students and facilities for students.
- The University will provide adequate notice to clinical sites, with regard to accepting offers to place students.

**Manage the Academic aspects of the Clinical Education Program**

- The University will process clinical results and transfer the clinical assessment mark to the assessment for the relevant subject. Decisions to pass or fail a student are the final responsibility of the University, who after following discussion with the clinical educators will communicate this to the student.
- The University will be responsible for debriefing both clinical educators and students.

**Support Clinical Educators**

The University will support clinical educators by

- Providing workshops for learning about clinical education, face-to-face meetings, or Teleconferences
- Forums for discussion about clinical education issues
- Providing written material about clinical education and university policies
- Visits to clinical sites (as required)
- Resources for clinical sites and clinical educators (as negotiated with each facility)
- Easy communication access to clinical coordinator, with rapid response
- Access to lectures and workshops held at University, esp. visiting experts
- Clinical academic title: as appropriate and determined by the University at their discretion.

Refer also to Appendix 7: Guidelines on conduct Behaviour and responsibilities of placement participants for additional information.
6. **Uniform Requirements**

Students must wear the School of Rehabilitation Sciences uniform at all times on their clinical unit, unless directed otherwise by the clinical educator (e.g., when performing hydrotherapy). Students are expected to maintain a professional appearance when engaged in all off-campus clinical experience and to take account of personal and client safety and hygiene issues with regard to jewellery, footwear and hairstyles. Students are advised that they should adhere to the dress code in the facility in which they are placed (e.g. some facilities will not allow women to wear slacks).

Students are responsible for purchasing their own uniforms and for laundering and maintaining these in acceptable condition.

The uniform consists of:
- Name badge. The official university personal identification badge should be worn where it is clearly visible.
- black trousers/pants, skirt or long tailored shorts
- purpose designed charcoal/grey dress shirt and polo shirt. In winter a black sleeveless vest, cardigan or jumper may be worn. Please be aware that many hospitals will not allow long sleeve garments in ward environments due to infection control guidelines.
- closed in (covering both toes and heels completely) leather/leather type shoes, but not sneakers/sandshoes, this is in order to conform to occupational health and safety standards.
- In general long hair needs to be tied back with fingernails clean and short to prevent infection.

**Jewellery** Students are asked to exercise judgement about wearing jewellery in keeping with maintaining a professional appearance and avoiding risk. Any jewellery worn must not be able to damage a patient’s skin.

Plain stud earrings are acceptable. Students should avoid risk by refraining from wearing dangling/loop earrings which may become caught while working.

Nose, lip, eyebrow and tongue jewellery (even plain studs) are not generally acceptable to the public and may detract from a professional appearance.

**Nail Polish** Should be avoided when on a clinical placement. Chipping can reduce effectiveness of hand washing, harbour bacteria and contaminate wounds.

Please note: Students inappropriately dressed for the clinical setting may be requested to change or be removed from the unit.

Uniforms should not be worn for any other purpose e.g.: Non university business.
7. Incident Reports

An incident is any event which is not consistent with normal practice. It may be an accident or a situation which may result in an accident. An incident may involve events relating to the operation of a clinical venue, the care of a patient, or the clinical experience of a student, for example, a patient fall.

Any Clinical Educator or physiotherapy student who is a witness or is involved in an incident is required to complete the clinical venue incident reporting procedure in accordance with that venue’s normal procedure. A reference of the incident report shall be sent to the Clinical Education Manager by the student involved or their clinical educator. It is the student’s responsibility to ensure the appropriate procedures have been completed and the university informed.

In addition to the above, it is also important that students identify any known personal risks so that potential incidents or accidents may be identified and avoided wherever possible during clinical placements. (Refer Appendix 1 for examples)

Any identified personal injuries/risks must be discussed with the Clinical Education Manager prior to commencement of clinical placements and clearance provided by the appropriate personnel.

8. Standards of Confidentiality

Students and Clinical Educators will maintain the highest standards of ethics and confidentiality concerning the personal affairs of patients/clients while on clinical placements. The Australian Physiotherapy Association Code of Conduct (June 1999) states that: “APA members shall respect the rights and dignity of all individuals” and “APA members shall respect the confidentiality and security of client information”.

In order to maintain the privacy of clients, students and Clinical Educators should observe the following practices:

- Never disclose confidential patient information without the patient's consent to any person who is not authorised to receive it;
- Use discretion and sensitivity when discussing patients so that you cannot be overheard by other patients, the general public or any other unauthorised person;
- Never discuss patients by name with anyone not entitled to this information;
- Never allow a patient or patient's friends and relatives to see facility records. Release of clinical records is the prerogative of the clinical venue. Your access to clinical records is a privilege.
- When using personal information in case study assignments or discussions, you must never use identifying information (instead use the patient's initials or a false name).

Confidentiality must be observed at all times. Failure to comply with the standards of confidentiality will result in a fail grade in the course and the student may be excluded from the Course.

Students will be asked to complete a Queensland Health Student Deed Poll prior to participating in clinical unit 1. This agreement will remain binding for the full duration of both the physiotherapy programmes.
9. **Code of Conduct and Ethical Principles of the Australian Physiotherapy Association (APA)**

The School Rehabilitation Sciences, Griffith University supports the Code of Conduct and Ethical Principles of the APA. These are outlined below.

**Ethical Principles**

Members of the APA should uphold the following four ethical principles:
1. APA members shall respect the autonomy of the individual
2. APA members shall cause no harm
3. APA members shall advance the common good.
4. APA members shall act fairly

**Code of Conduct**

- APA members shall respect the rights and dignity of all individuals
- APA members shall comply with the laws and regulations governing the practice of physiotherapy in Australia
- APA members shall comply with the constitution, by-laws, regulations, policies and procedures of the APA
- APA members shall define their scope of practice according to current knowledge and competency standards, shall practice in a careful, honest and accountable manner and shall accept responsibility for the exercise of sound judgement
- APA members shall strive for standards of excellence in all aspects of physiotherapy practice, education, research and promotion
- APA members shall respect the confidentiality and security of client information
- APA members shall provide accurate information about physiotherapy to clients and the general community
- APA members shall communicate and cooperate with colleagues and other health care providers and agencies in the best interests of their clients and the community
- APA members shall contribute to the development and implementation of health services which enhance the health status of the community
- APA members shall act in a manner which reflects well on the physiotherapy profession

(For further information please visit: [http://physiotherapy.asn.au](http://physiotherapy.asn.au))
10. Assessment during Clinical Units

Introduction
This section looks at some general issues relating to the assessment process in the clinical environment, why assessment is carried out, types of assessment and information on the language used when discussing assessment.

Assessment is the process of making a judgement about a student’s performance against established criteria such as learning objectives or professional standards. On the APP the 7 aspects of practice with their related 20 items are the criteria against which the student’s performance during or at the end of a clinical unit is to be judged. Assessment of student performance during clinical units involves the learner, the clinical educator and the university.

Language of Assessment

Criteria
The APP is therefore a criterion based approach to the assessment of performance in the clinical setting.

Criterion outline what is actually measured
In the APP the criteria are the 20 items.

Performance standard
At the end of a clinical unit, how well a student performs each of the 20 items must be assessed and scored by the educator. To be able to do this a set of performance standards is required.

In the APP the final rating for each item quantifies the level of performance achieved relative to that of “beginning / entry level standards of practice”.

An advantage of marking students against minimally acceptable entry level standards is that, theoretically at least, all assessors are assessing against the same standard. The results from focus group discussions about entry level/beginning physiotherapist standards have demonstrated a clear consensus from clinical educators regarding a global definition of minimally acceptable standard of performance. The alternative model of grading students against ‘the expected competency during the first practice block in third year’ or ‘the expected competency during the last practice block in fourth year’ reduces confidence that consensus in scale use is operating. The target of clinical education is acquisition of a minimum acceptable level of skills and this target enables ranking of students relative to a common standard.
**Why Assess?**

Reasons why assessment is used during clinical placements include to:

- guide and motivate learning
- provide a basis for feedback on student's strengths and areas of clinical practice requiring improvement
- facilitate the development of strategies to improve performance
- monitor and record the progress of individual students
- monitor the overall success of a program of study
- identify distinguished achievers
- maintain professional standards
- facilitate reporting to accrediting bodies such as the APC

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**Assessment is acknowledged as a major influence on student learning.**

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### 10.1. Types of Assessment

Important types of clinical assessment are 1) formative and 2) summative with feedback and reflection being the key components to achieving effective assessment.

- Aiding learning (formative assessment)
- Certifying achievement (summative assessment)

**Formative Assessment**

Formative assessment in clinical education is designed to help students understand how they are progressing. It is provided during a clinical unit but does not count toward the final grade or unit mark.

The purpose of formative assessment is to improve student learning by providing information on strengths and weaknesses. It should be accompanied by strategies that facilitate improvement.

Although formative assessment may be relatively informal compared to summative assessment, its importance in guiding student towards target skills and behaviours should be emphasised to the student.

Formative assessment creates an opportunity for the educator and student to review the student's progress in a non-threatening way. This allows the student to gain a clear picture of how they are progressing and what more they need to do to achieve the learning objectives and improve their performance.

Clinicians have reported that the examples of desirable behaviours listed as the performance indicators published with the APP are helpful in assisting them to articulate the skills or attitudes that require attention. These sample behaviours are particularly useful for students when providing formative feedback during the unit and outlining aspects of practice requiring improvement.
**Formative Self-Assessment by Student**

Unless students develop the capacity to make judgments about their own learning they cannot be effective learners now or in the future. Active student involvement in understanding assessment processes and contributing to them is essential.

To foster active involvement, students are to be encouraged to ‘self-assess’ using the APP and discuss discrepancies or similarities when self-assessment is compared to the assessment of the clinical educator. Observation of differences provides opportunities for discussion and a path towards consensus about specific expectations and strategies for achieving this.

**Summative Assessment**

Summative assessment focuses on the ‘whole’ of the student’s performance, that is, the extent to which each criteria / learning objective have been met overall for the clinical unit/subject.

Summative assessment provides the student with a grade for the unit/subject or placement that contributes to their academic record. This assessment usually takes place towards the end of the placement as its purpose is to indicate achievement reached on completion of the unit. When finalising a student’s clinical assessment, assessors may draw on the experience of colleagues who have also supervised or supported the student.

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**Clinical Educator Hint – Mid unit feedback**

When giving formative feedback a useful question to ask yourself is... “what specific things would I like to see the student do in order to give them a better rating?”

For example: item 5 written communication -

I would like to see

- the student’s chart entries made using specific headings with brief comments under each heading.
- legible notes.

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Examples of Clinical Performance by Students

A DVD has been developed that shows student performances across the anticipated skills spectrum. We have found that when the clinical vignettes on the DVD are shown to a group of educators who are asked to assess student performance using the APP, there is typically strong consensus on the ratings chosen for items. There is occasionally an extreme view and it is therefore recommended that novices to the APP (both students and educators) take the time to compare their ratings of performance with those of the broader practising community. (Refer to page 23 in this manual).

It is important to remember that it is difficult for people to remember the stages in their own skill acquisition and clinicians can vary considerably in their views regarding the expectations of a new graduate.

Viewing the DVD and discussing the student’s performance assists educators to recalibrate their expectations as to what it is realistic to expect of a beginning/entry level student.

If you would like a copy of the DVD please contact the University Lecturer in Clinical Education.
10.2. The Assessment of Physiotherapy Practice (APP) Instrument

The APP is the first version of a standardised assessment form with known validity and reliability developed for use in Australian and New Zealand entry-level physiotherapy programs. In total more than 1000 clinical educators across Australia and New Zealand were involved in the development and testing of the APP. The primary advantage of a national form is that clinical educators/supervisors who have students from more than one physiotherapy program, or who change employers, will not have to deal with multiple assessment forms.

10.3. Components of the APP

The different features of the APP are shown on pages 41 – 43 and are explained below.

Domains or aspects of practice
There are 7 domains or aspects of physiotherapy practice. These are not graded. Only the items assembled within each domain are scored.

Items (criteria)
There are 20 items. Each is scored.

Performance Indicators
Examples of desirable performance are provided for each of the 20 items. These are not meant to be prescriptive or exhaustive and they are not meant to be graded. They serve several purposes, the most important of which is to provide examples of the language that educators might use in helping students to shape performance targets.

So what does the APP look like?
See pages 41-43

The APP aims to avoid specifying behaviours that could not reasonably be assessed through observation. In addition the instrument avoids elusive concepts such as ‘develops rapport’, ‘is logical’ and attempts to describe measurable events such as ‘responds in a positive manner to questions, suggestions &/or constructive feedback’, ‘greets others appropriately’. The research team are not attesting that the examples that are provided are without fault, but we hope that our efforts to articulate desirable behaviours using targets that students can readily conceptualise assists educators to adopt, and improve on, this approach.

Students, especially early in clinical placements, are not used to being constantly monitored and assessed. Like all of us, they find this process emotionally challenging and are justifiably anxious. Attention to accurate analysis of learning needs using performance indicators serves to direct their focus away from their anxieties and onto desirable clinical behaviours. Performance indicators provide concrete stepping stones that can help the educator articulate their desire for student success and diffuse the distraction of fear of failure.
Performance standards - Scoring options for items

Each item is scored on a scale from 0 to 4, where a larger number indicates a higher standard of performance.

Scores of 0 and 1 (not adequate)
Not achieving the minimum acceptable entry level standard of performance

Score of 0: Infrequently/rarely demonstrates performance indicators

We very rarely see educators award a zero but it occasionally happens that a student only demonstrates the desirable behaviours infrequently or rarely. If this occurs it is more likely to be at the mid unit formative feedback time, rather than at end of unit summative assessment.

Score of 1: Demonstrates few performance indicators to an adequate standard

A score of 1 indicates that competence in performance assessed by that item is not yet adequate. If a score of 1 is awarded for an item, feedback on specific behaviours that require development must be provided to the student, along with strategies to achieve this.

At any time, a score of 0 or 1 would be a matter of immediate importance and as the educator you should:

✓ develop comprehensive strategies in collaboration with the student to achieve a passing standard for the item

Scores of 2 (adequate)
Achieving the minimum acceptable entry level standard of performance (Passing standard)

Score of 2: Demonstrates most performance indicators to an adequate standard

A score of 2 for an item indicates that the student has achieved a standard of practice for that item that would be expected of an entry level/beginning physiotherapist on their first day of practice.

A score of 2 indicates that for this item, the student has met this standard regardless of their experience, place in the course or length of the placement.

As few of us are good at everything that might be assessed under any one item, we have settled on a broad definition that a 2 would be awarded if the student demonstrates most performance indicators as outlined on the APP, to an adequate standard.
An advantage of marking students against graduate standards is that, theoretically at least, all assessors are assessing against the same standard. The results from focus group discussions about entry level/beginning physiotherapist standards have demonstrated a clear consensus from clinical educators regarding a global definition of minimally competent performance. The alternative model of grading students against ‘the expected competency during the first practice block in third year’ or ‘the expected competency during the last practice block in fourth year’ reduces confidence that consensus in scale use is operating. The target of clinical education is acquisition of a minimum acceptable level of skills and this target enables ranking of students relative to a common standard.

**Scores of 3 (good) & 4 (excellent)**

Scores of 3 and 4 reflect that the student is demonstrating performance above an adequate standard.

- **Score of 3:** demonstrates most performance indicators to a good standard

This score reflects that the student is comfortable and performing above the minimum passing standard with respect to a given item.

- **Score of 4:** demonstrates most performance indicators to an excellent standard

This score reflects that the student is exhibiting a level of excellence or sophistication with respect to a given item.

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The global rating scale is only completed for end of unit **summative assessments**.

**Global rating scale (GRS)**

The GRS provides a second approach to assessment.

Rather than considering each of the items separately, clinicians are asked to rate the student’s overall performance. This allows the educator to consider all aspects of the clinical placement and then to rate the overall performance of the student.

In researching the APP we have used the global rating scale to compare typical total scores for items to typical views regarding overall competence (a standard setting exercise).

Universities might consider both item and GRS scores when deciding whether a student would benefit from additional clinical practice prior to completing a unit of study. Although it is difficult not to let an overall sense of a student’s ability affect item scoring, we think that it is important that clinical educators reflect carefully on student performance item by item, and not let poor performance on one item detract from acknowledging adequate, good or excellent performance on another. We therefore recommend that the GRS is completed after individual items have been graded.
Global rating of Inadequate

This rating would be used when the educator’s opinion the student’s performance overall was not adequate that is, was not at the expected minimum entry level / beginning physiotherapist standard.

Global rating of Adequate (minimum entry level standard)

When reflecting on the student’s performance overall in the unit, an adequate student may be good at some things and not so good at others. However typically they would be able to:

- manage a variety of patients with relatively uncomplicated needs, such that the patient/client’s major problems are identified, major goals established and treatment is completed safely and effectively within a reasonable time frame. While achieving this, the student is aware of their limitations and where to seek assistance.

Global ratings of Good and Excellent

These ratings provide the clinical educator with 2 categories indicating the student’s performance is above minimum entry level/beginning physiotherapist standard (either good or excellent).

Global rating of Excellent

When reflecting on the student’s performance overall in the unit, an excellent student typically would be able to:

- manage a variety of patients, including complex patients, meeting the minimum acceptable standard, but at a superior level.

The excellent student can be characterized by:

- an ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- an ability to be flexible and adaptable
- easily and consistently linking theory and practice
- a high level of self reflection and insight
- an ability to present cogent and concise arguments or rationale for clinical decisions.
- effective time management skills
Scoring rules

If an educator considers they are unable to assess an item, it is recommended that they seek guidance from senior staff or the University for strategies to include tasks to allow assessment of the item in the final summative assessment.

- All items must be scored.
- Circle only one scoring option (0 – 4) for each item.

For example scoring could look like this

0 1 [ ] 3 4

Not this

0 1 2 [ ] 4

or this

0 1 [ ] [ ]

- If an educator scores an item between numbers on the scale the higher number will be used to calculate the total.
- “not assessed” is only used when a student has not had an opportunity to demonstrate any skills/behaviours (as listed in the performance indicators) that are assessed under a particular item.

In most situations the student will have opportunities to demonstrate competency on all 20 items. If an item is not assessed it is not scored and the total APP score will be adjusted for the missed item.

Scoring items requires your professional opinion. Educators may feel uncertainty in some cases regarding whether they are making the right decision. Students who are performing inadequately are typically identified by more than one educator.

University assessors, in making decisions regarding progress, will take into account a student’s history and university policies and procedures when considering actions that should be taken in the event of a poor item score or total grade.

It is recommended that clinical educators do not tally APP item scores, or give students advice regarding their likely University grade for the clinical placement or progression through the program.
Assessment of Physiotherapy Practice (APP)

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
n/a = (not assessed)

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

### Professional Behaviour

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<td>1. Demonstrates an understanding of patient/client rights and consent</td>
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<tr>
<td>2. Demonstrates commitment to learning</td>
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<tr>
<td>3. Demonstrates ethical, legal &amp; culturally sensitive practice</td>
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<td>4. Demonstrates teamwork</td>
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### Communication

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<tr>
<td>5. Communicates effectively and appropriately - Verbal/non-verbal</td>
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<td>6. Demonstrates clear and accurate documentation</td>
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### Assessment

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<tr>
<td>7. Conducts an appropriate patient/client interview</td>
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<td>8. Selects and measures relevant health indicators and outcomes</td>
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<td>9. Performs appropriate physical assessment procedures</td>
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### Analysis & Planning

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<tr>
<td>10. Appropriately interprets assessment findings</td>
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<td>11. Identifies and prioritises patient’s/client’s problems</td>
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<td>12. Sets realistic short and long term goals with the patient/client</td>
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<td>13. Selects appropriate intervention in collaboration with patient/client</td>
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### Intervention

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<tr>
<td>14. Performs interventions appropriately</td>
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<tr>
<td>15. Is an effective educator</td>
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<td>16. Monitors the effect of intervention</td>
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<td>17. Progresses intervention appropriately</td>
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<td>18. Undertakes discharge planning</td>
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### Evidence-based Practice

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<td>19. Applies evidence based practice in patient care</td>
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### Risk Management

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<tr>
<td>20. Identifies adverse events/near misses and minimises risk associated with assessment and interventions</td>
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In your opinion as a clinical educator, the overall performance of this student in the clinical unit was:

- Not adequate
- Adequate
- Good
- Excellent

### The Global Rating Scale

Scoring rules:
- Circle n/a (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 standard expected for a beginning/entry level physiotherapist.

10.4. Examples of Performance Indicators

### Professional Behaviour

1. **Demstrates an understanding of patient/client rights and consent**
   - Informed consent is obtained and recorded according to protocol
   - Understands and respects patients'/clients' rights
   - Allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
   - Refers patients/clients to a more senior staff member for consent when appropriate
   - Advises supervisor or other appropriate person if a patient/client might be at risk
   - Respects patients'/clients' privacy and dignity
   - Maintains patient/client confidentiality
   - Applies ethical principles to the collection, maintenance, use and dissemination of data and information

2. **Demstrates commitment to learning**
   - Responds in a positive manner to questions, suggestions &/or constructive feedback
   - Reviews and prepares appropriate material before and during the placement
   - Develops and 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 and seeks opportunities to meet learning needs
   - Uses clinic time responsibly

3. **Demstrates ethical, legal & culturally sensitive practice**
   - Follows policies & procedures of the facility
   - Advises appropriate staff of circumstances that may affect adequate work performance
   - Observes infection control, and workplace health and safety policies
   - Arrives fit to work
   - Arrives punctually and leaves at agreed time
   - Calls appropriate personnel to report intended absence
   - Wears an identification badge and identifies self
   - Observes dress code
   - Completes projects/tasks within designated time frame
   - Maintains appropriate professional boundaries with patients/clients and carers
   - Demonstrates appropriate self-care strategies (e.g. stress management)
   - Acts ethically and applies ethical reasoning in all health care activities
   - Practises sensitively in the cultural context
   - Acts within bounds of professional competence, recognizing personal and professional strengths and limitations

4. **Demstrates teamwork**
   - Demonstrates understanding of team processes
   - Contributes appropriately in team meetings
   - Acknowledges expertise and role of other health care professionals and refers/laisses as appropriate to access relevant services
   - Advocates for the patient/client when dealing with other services
   - Collaborates with the health care team and patient/client and to achieve optimal outcomes
   - Cooperates with other people who are treating and caring for patients/clients
   - Works collaboratively and respectfully with support staff

### Communication

5. **Communicates effectively and appropriately - Verbal/non-verbal**
   - Greets others appropriately
   - Questions effectively to gain appropriate information
   - Listens carefully and is sensitive to patient/client and carer views
   - Respects cultural and personal differences of others
   - Gives appropriate, positive reinforcement
   - Provides clear instructions
   - Uses suitable language & avoids jargon
   - Demonstrates an appropriate range of communication styles (e.g. patients/clients, carers, administrative and support staff, health professionals, care team)
   - Recognises barriers to optimal communication
   - Uses a range of communication strategies to optimize patient/client rapport and understanding (e.g. hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)
   - Appropriately uses accredited interpreters

6. **Demstrates clear and accurate documentation**
   - Writes legibly
   - Completes relevant documentation to the required standard (e.g., patient/client record, statistical information, referral letters)
   - Maintains records compliant with legislative, medical-legal requirements
   - Completes records in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities
   - Negotiates appropriately with other health professionals

### Assessment

7. **Conducts an appropriate patient/client interview**
   - Positions patient comfortable and comfortably for interview
   - Structures a systematic, purposeful interview seeking qualitative and quantitative details
   - Works collaboratively and respectfully with support staff
   - Demonstrates an appropriate range of communication strategies to optimize patient/client rapport and understanding (e.g. hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)
   - Identifies barriers to optimal communication
   - Uses a range of communication strategies to optimize patient/client rapport and understanding (e.g. hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)
   - Appropriately uses accredited interpreters

- Appropriately explains to patients/clients and carers their role in care, decision-making and preventing adverse events
- Encourages patients/clients to provide complete information without embarrassment or hesitation
- Communicates with patient/client in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities
- Negotiates appropriately with other health professionals

- Identifies and justifies variables to be measured to monitor treatment response and outcome
- Selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation
- Links outcome variables with treatment goals
- Communicates the treatment evaluation process and outcomes to the client
- Identifies, documents and acts on factors that may compromise treatment outcomes

8. Selects and measures relevant health indicators and outcomes
   - Selects all appropriate variable/s to be measured at baseline from WHO ICF domains of impairment, activity limitation and participation restriction
   - Identifies and justifies variables to be measured to monitor treatment response and outcome
   - Selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation

9. Performs appropriate physical assessment procedures
   - Considers patient/client comfort and safety respects patient’s/clients’ need for privacy and modesty (e.g. provides draping or gown)
   - Structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient’s/clients’ health status
   - Plans assessment structure and reasoning process using information from patient/client history and supportive information
   - Demonstrates sensitive and appropriate handling during the assessment process
   - Applies all tests and measurements safely, accurately and consistently
Examples of Performance Indicators

- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed 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 and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

11. Identifies and prioritises patient’s/client’s problems
- generates a list of problems from the assessment
- justifies prioritisation of problem list based on knowledge and clinical reasoning
- collaborates with the patient/client to prioritise the problems
- considers patient’s/clients values, priorities and needs

12. Sets realistic short and long term goals with the patient/ client
- negotiates realistic short treatment goals in partnership with patient/ client
- negotiates realistic long treatment goals in partnership with patient/ client
- Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe

13. Selects appropriate intervention in collaboration with the patient/ client
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention
- considers whether physiotherapy treatment is indicated
- demonstrates suitable range of skills and approaches to intervention
- describes patient/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 patient/client handling skills in performance of interventions
- performs techniques at appropriate standard
- negotiates realistic short treatment goals in partnership with patient/ client
- prepares environment for patient/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

15. Is an effective educator/ health promoter
- this requires a multi-disciplinary approach
- demonstrates skill in patient/client education e.g. modifies approach to suit patient/client age group, uses principles of adult learning
- demonstrates skills in conducting group sessions
- provides information using a range of strategies that demonstrate consideration of patient/client needs
- confirms patient’s/client’s or caregivers understanding of given information
- uses appropriate strategies to motivate the patient/client and caregiver to participate and to take responsibility for achieving defined goals
- assists patients/clients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible

Evidence Based Practice

19. Applies evidence based practice in patient care
- considers the research evidence, patient/client preferences, clinical expertise and available resources in patient/client management
- locates and applies relevant current evidence e.g., clinical practice guidelines and systematic reviews
- assists patients/clients and carers to identify reliable and accurate health information
- demonstrates understanding of contraindications and precautions in selection of intervention strategies
- advises patient/client about the effects of treatment or no treatment

Risk Management

20. Identifies adverse events and near misses and minimises risk associated with assessment and interventions
- begins discharge planning in collaboration with the healthcare team at the time of the initial episode of care
- describes practices that may be useful for maintaining or improving health status following discharge
- addresses patient/client and carer needs for ongoing care through the coordination of appropriate services.

Application of the APP

The APP has been designed and tested as an assessment instrument to be used during a clinical placement block which usually ranges from 4 – 6 weeks. Such longitudinal assessment encourages observation of practice in a range of learning circumstances and has been shown to be the best way to gather a reliable and valid representation of students’ skills in clinical practice. In this way, assessment is viewed as an opportunity for educators to provide learners with clear, practical and relevant information and direction, and to help the learner develop skills of self-evaluation and self-regulation.

So when do I use the APP during a clinical unit?

Educators need to be mindful that the use of the APP and its scoring rules do not change, irrespective of at what point in the program the student is completing a clinical unit.
For example students completing a core clinical unit at the beginning of their clinical education program are scored using the APP in exactly the same way as a student completing a similar block at the end of their final year.

Use of the APP

The APP is currently utilised for both formative and summative assessment. Prior to completing the student assessment form either at mid unit feedback or for end of unit grading, the clinical educator responsible for the assessment must familiarize themselves with the APP.

Mid unit formative feedback

An APP assessment form may be completed for use during the mid unit formative feedback session. Whilst completing the APP at mid unit provides the student with specific feedback on their performance on each item, a problem arises as it may not be possible to comment on all of the items at mid unit. The educator may not have observed the student on sufficient occasions to be able to comment on a score for an item. If this is the case, this should also prompt the educator to ensure they observe this item sufficiently prior to completion of the summative assessment.

When providing feedback it is essential that an educator is able to provide the student with specific examples of their clinical performance. These examples are evidence of why an item or area of practice has been rated at the level chosen.

If you are unsure about a student’s performance on an item, do not score it

The primary focus at mid unit formative feedback is to identify areas of clinical practice that the student is performing adequately, those areas requiring improvement and collaboratively negotiating strategies with the student to achieve this improvement. These strategies should be discussed with the student and provided to them in written form for them to reflect on after the mid unit discussion.

Refer to the Examples of Performance Indicators for example behaviours that the student may or may not be demonstrating to indicate an adequate standard of performance in a particular item.
Summary

Mid unit formative assessment

- Main aim is to assist student to improve
- Ensure you have evidence (e.g., specific patient examples) of the student’s level of performance
- Ask yourself “what specific things would I like to see the student do in order to give them a better rating?” and write these down
- Use the performance indicators to assist you
- Ensure the student has completed a self reflection form prior to the mid unit feedback session
- Complete the APP but do not grade any item you have insufficient evidence of the student’s actual performance
- Develop strategies with the student
- agree on timeline for signing off on review of student’s performance
- DO NOT complete the global rating scale at mid unit

End of unit summative assessment

- Discuss assessment with appropriate colleague/s
- Circle only one score for each item
- All items should be scored
- Complete the global rating scale
- Only grade items where you have evidence of level of performance
- The final APP grading is non-negotiable, make your decision before summative assessment is discussed with the student
- Provide student with clear feedback based on samples of evidence, refer to performance indicators
- Reflect on the feedback and assessment process
- Complete all forms and return to the university
- The final grade for the student will be decided by the university considering the documentation and recommendations from the clinical educator.

At the end of the unit the student should receive a copy of their assessment form and both the student and the educator shall sign off on the assessment form.
10.5. Challenges in Assessment

Clinical educators have identified concerns about their roles of teacher, facilitator, mentor and assessor as conflicting. All educators report a desire to make a fair, honest and impartial judgement about a student’s performance and often report feeling stressed when grading a student at a level lower than expected or desired by the student. Performance based assessment in the clinical environment will never be totally free of errors, however, there are several steps an educator can take to reduce the subjectivity of their judgements and improve consistency within themselves and between assessors.

Challenges in Scoring
It is difficult to recall the path to achieving a graduate standard and natural that educators may, in some circumstances, have unrealistic expectations of students – either too high or too low.

A genuine difficulty that will be encountered is the ability of clinicians to recall beginner attributes. While experienced educators may have a well developed concept of entry-level attributes, inexperienced educators may be unsure and are encouraged to discuss uncertainties with experienced clinicians. Experienced clinicians may also suffer from “upward creep” of a pass standard after exposure to the many excellent students who complete physiotherapy education.

Rater bias
All people and rating scales are susceptible to biases. It is helpful to be aware of these to minimise their effect.

Halo effect
This occurs when an overall impression (for example, a general liking) of the student influences ratings of specific items. This tends to artificially increase item scores because of this overall impression.

Devil effect
A corollary to the halo effect is the devil effect, or horns effect, where students judged to have a single undesirable trait are subsequently judged to have many poor traits, allowing a single weak point or negative trait to influence perception of performance in general. To give an example, a student’s performance in the Professional Behaviour category (particularly if it is weak) may influence the educator’s rating of other categories. Halo and devil effects may be reduced by careful attention to the performance indicators/sample behaviours that are typical for each item and also by suppressing general impressions of the student.

Leniency
Leniency is the tendency to avoid harsh assessment, usually in order to avoid discomfort in the student/educator relationship and to avoid negative effects on student morale. To avoid this bias, remember that students can only achieve entry-level competency when they are provided with constructive and accurate feedback relative to their performance throughout the placement.
Central Tendency
A person applying this bias will not use the full extent of the scoring scale but tend to assess almost everyone as average.

Anchoring
This is the tendency to rely too heavily, or "anchor," on a past incident or on one trait or piece of information when making decisions. An example may be an incident or poor performance of a student in the first week of the placement that continues to influence the educator’s rating of the student’s performance 4 weeks later at the end of the unit, even though the student has developed improved ability in this area.

Outcome bias
This may be another important source of bias for assessors to consider. This bias influences people to judge a decision more harshly if they are aware of a bad outcome, than they judge the same decision if they are unaware of the bad outcome. In clinical education, a student whose decision or performance results in patient complications (or improvements) is likely to be assessed more harshly (or favourably) than if there were no observable consequences arising from those actions. Judging single decisions on the basis of their outcomes is problematic because the student has not had a chance to demonstrate learning or reflection arising from knowledge of the outcome. Assessing the quality of decisions should be confined to assessment of the way the student approached the problem and its solution.

Assessment beliefs to be avoided
Reflect on the following educator behaviours related to assessment and carefully consider – do any of these beliefs ring true for you? Read the FAQs section for information to dispel these beliefs.

- I always mark the student very hard at mid unit so that they have more room for improvement in the second half of the unit
- A student can never get a grading of a 4 for any item in their early units because they can only achieve a 4 by the time they graduate
- I never rate any items as excellent because that would mean the student is as good as I am
- Students always improve their performance from mid unit to end of unit
- I feel bad as I did not have the time to assess all of the items. So as not to disadvantage the student, I will give them a 2 for each item I haven’t really been able to assess
- Different facilities have different standards. This facility is a tertiary teaching hospital and as such, we have higher standards and must mark the students harder
- I am not exactly sure why, but I just know in my gut that this student should have to repeat this unit
- On the global rating scale: “this student is improving and is very nice with their patients, but is not really adequate with their skills. I don’t want to demoralise them by marking “not adequate” on the GRS as they have a few more clinics yet and so I am sure another educator will mark not adequate if they don’t improve”
10.6. Hints for Achieving Best Practice in Assessment in the Clinical Setting


1. **Plan for feedback and assessment**
   - complete training in assessment
   - prepare for assessment by reading information provided by the university and by familiarising yourself with the assessment instrument. If there is to be multiple clinical educators decide who has the role as the primary assessor.
   - discuss your expectations around assessment with the students in the first few days of the unit as part of their orientation
   - discuss with the students how they prefer to be given feedback and how you most commonly provide it and reach agreement. Discuss the importance of immediacy of feedback and how this will be handled, e.g. how is feedback going to be given in front of the patient/client?
   - how will you manage your time to ensure each student's performance can be viewed? - Draw up a feedback / assessment schedule to manage your time effectively

2. **Collect evidence of student's performance to support your feedback and grading decisions**

Collect evidence from multiple sources, for example....
- observation & taking notes to ensure specific behaviours can be recounted when providing feedback to the student
- questioning, in particular, scenario based questioning is very useful to obtain information about a student's knowledge, understanding and management decisions.
- other colleagues who have also worked with the student,
• structured activities, or simulated activities
• written records - case notes, chart entries, handover notes, letters,
• work related projects e.g. presentations to staff &/or students,
• portfolios

3. **Give Feedback and devise strategies**
   • Allow student to self assess, pay particular attention to items where student assessment and educator assessment differ markedly
   • Provide student with clear feedback based on samples of evidence
   • Use the performance indicators to provide specific feedback of behaviours requiring improvement
   • Work with student to devise strategies to assist improvement (learning contract)
   • Agree on timeline for signing off on review of student’s performance

4. **Opportunities and Decisions**
   • provide opportunities for further practice following formative assessment
   • ensure sufficient evidence is collected to enable rating of all 20 items
   • make a decision on the final rating of each item
   • if you do not have sufficient evidence to make a judgement on the standard of performance, do not grade the item

5. **Reflect and Evaluate**
   • Reflect on the feedback and assessment process
   • Decide what worked well and what could be improved
   • Evaluate your teaching and assessing using multiple sources of evidence
     o Self-monitoring
     o Audiotape or videotape recordings
     o Information from students – questionnaires, interviews,
     o Peer review – suggestions from an outside observer
   • Initiate the changes required for the next students

**Ensuring consistency in Assessment**

The concept of reliability or consistency of assessment across different educators, different clinical areas and different types of facilities is a key component of effective assessment. It is important that students assessed by one educator would receive a similar grading if assessed by a different educator.

There are several strategies that can be used to aid consistency of assessment:
• Regular training in the use of the assessment instrument using exemplars of student performance
• A specific assessment process that is planned, evaluated and followed (as outlined above)
• Remain constant in expectations of what is an adequate passing standard for each item irrespective of when the unit/subject is occurring during the program.
• A lead assessor/mentor who is responsible for arranging discussion between staff and training in relation to student assessment and its inherent challenges. This is essential if the challenges associated with biases and “upward creep” of the pass standard are to be addressed
• Where appropriate, use of an independent assessor (a university educator) to assist in training of assessors or as an arbiter when consensus on student performance cannot be reached
Use of the DVD for Training in Assessment

This activity is best undertaken as a group of educators

1. Familiarise yourself with the APP instrument and its associated performance indicators.
2. Watch a vignette of a student’s performance on the DVD
3. Take note of key observations (you may choose to use headings of strengths and areas requiring improvement). Be specific
4. Individually mark each item on the APP based on what you have observed (you may refer to the performance indicators to aid your decision-making). Note you may not observe enough behaviours to be able to mark all of the items. If this is the case then mark the item (N/A - not assessed).
5. For the section of the student’s performance you have watched, complete the global rating scale
6. As a group work through each item on the APP and discuss the rationale for your rating decisions

Additional Skill Development Activity: Feedback provision using the APP

1. Form groups of 3 (clinical educator, student and observer) and role play a verbal feedback session
2. As the educator, prioritise the key information you want to convey to the student, based on the observation of the performance
3. Consider the question, “what specific things would I like to see the student do in order to give them a better rating?”
4. Collectively with the student, devise strategies for improvement
5. The observer then provides feedback to the educator regarding the process and content of feedback

It is important to note that using a DVD performance to practise assessment has several limitations compared to assessing a real life performance. These limitations need to be kept in mind and accommodated when engaging in assessment training. The limitations are:

- it is a static performance which you have no ability to control or influence in any way
- you cannot ask the student any questions to ascertain their reasoning or level of knowledge
- the vignettes do not cover all areas of patient assessment and treatment
10.7. APP FAQ’s

Below are a list of frequently asked questions and answers about the APP

**Question**
When should I score an item using a ‘2’?

**Answer**
When the student has demonstrated performance of the item that is the minimum performance that you would consider necessary to achieve an adequate beginning standard i.e. with respect to this item, the student does just enough to be considered entry level standard.

**Question**
When should I score an item using a ‘3’?

**Answer**
When the student has demonstrated performance of the item in a way that leaves no doubt that they are at entry level standard i.e. with respect to this item.

**Question**
When should I score an item using a ‘4’?

**Answer**
When the student has demonstrated an excellent performance in relation to an item. This performance would be superior to that of a student scoring a 2 for the same item.

**Question**
How is the APP scored?

**Answer**
The APP has a maximum raw score of 80. Individual universities may apply additional hurdle requirements on certain items, and may have different weightings for the APP component of a clinical unit/subject result.

**Question**
How do I assess a student if they don’t demonstrate one of the performances described in the examples of performance indicators provided?

**Answer**
The list of performance indicators is not meant to be exhaustive, nor are is it meant to be a checklist. The indicators are meant to provide a representative range of examples and demonstrate the principle that feedback to students needs to describe the behaviour that the student needs to demonstrate in order to achieve a higher grade.
**Question**  
Should I rate the student on each performance indicator?

**Answer**  
No. The student is rated on each of the 20 items on the APP. The performance indicators provide examples of observable behaviours that indicate competency for particular items. The educator may use these and other relevant examples to provide feedback to students on the behaviours they are looking for as evidence of competence on a particular item.

**Question**  
The student was not happy with a 2 and complained. What should I say?

**Answer**  
Describe to the student the behaviours they would need to demonstrate in order for you to feel comfortable about their abilities and award them a 3, or delighted with their abilities and award them a 4. Students need to be clear about why you think their behaviours demonstrate the minimal acceptable performance level. The aim of feedback is to encourage students to become the best practitioners they can be. Provide the student with specific examples to illustrate behaviours that would achieve a higher grade.

**Question**  
If a student scores 1’s and 2’s will they fail the unit?

**Answer**  
They may or they may not. When a student first begins clinical practice experience, it can be very hard for them to demonstrate even minimally acceptable performance with respect to expected entry level standards. Universities have the option to standardise grades and may exercise this option for the first clinical rotation(s). It is very important that students are given explicit advice regarding the behaviours that they would need to demonstrate to achieve a pass or better.

**Question**  
I have a student who has been outstanding. Can I give them a 4?

**Answer**  
Certainly! Raters have a tendency to avoid scale extremes, however, it is very important to use the entire score range. Students should be given the worst or best scores if that is the most appropriate rating. All students should be told what it is they need to do to score a 4 and they should aim for excellence. It is important that educators remember that the student is aiming for day 1 new graduate excellence, not the excellence that you would expect after some time in practice.

**Question**  
Is the student judged against a beginning (entry-level) practitioner or their expected ability for their stage of the course?

**Answer**  
Some programs have traditionally used entry-level competencies as the benchmark against which to judge student performance, while others have used the performance that would be expected at the particular stage of the course. For consistent use of the APP across programs, the student should be judged on each item against the minimum target attributes required to achieve beginner’s (entry-level) standard and register to practice.
Question
What do you mean by 1 = “Demonstrates few performance indicators to an adequate standard”?

Answer
A score of 1 indicates that the student has not reached the minimal acceptable standard for that item. It is very important that students who do not achieve the minimal acceptable standard are provided with very clear examples of the behaviours that they need to demonstrate in order to achieve this. Some performance indicators are provided to assist educators to give appropriate feedback and direction. Many relevant performance indicators have not been listed. For example, ‘does not take calls on mobile phone while assessing a patient’ is not listed as a performance indicator, but it could clearly be raised by an educator who chose to mark a student below 2 for professional behaviour. Educators and students should collaborate to ensure that performance targets and strategies to achieve the required improvement are clear.

Question
What is a fair definition of a minimum entry level standard?

Answer
In overall terms a student who scores a 2 for most items is performing at the minimum entry level standard and they are likely to be able to:
- acceptably manage a variety of patients with non-complex needs
- identify the patient/client’s major problems
- establish major goals
- complete treatment safely and effectively within a reasonable time frame
- demonstrate an awareness of limitations and where to seek assistance.

Question
What is a fair definition of an excellent entry level standard?

Answer
In overall terms a student who scores a 4 for most items is performing at an excellent entry level standard and is likely to demonstrate all performances expected for minimum entry level standard and also demonstrate:
- the ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- flexibility and adaptability
- competent linking of theory and practice
- appropriate reflection and insight
- cogent and concise arguments for clinical decisions
- excellent time management

Students who score 3’s for most items will be on a path between minimal acceptable and excellent entry level performance.
**Question**

Time management is an important attribute for a graduate. Where is it rated on the APP?

**Answer**

Time management is not listed as a separate item as it is an important component of several of the aspects of practice. You will observe in the performance indicators that time management is assessed under the following items 2, 7, 9, and 14.

**Question**

How do I assess Item 19 - Applies evidence based practice in patient care, during a clinical unit?

**Answer**

Perusal of the performance indicators for EBP shows that if the student is applying EBP to patient care they are considering not only available current research evidence but also patient/client preferences, expertise of clinicians and available resources in deciding on the best management plan for their patient/client. This item also means that the student shows the ability to seek out any information relevant to the care of their patients. The student should access “pre-appraised” research evidence – i.e. clinical practice guidelines and systematic reviews. Students should make use of available online databases to locate relevant “pre-appraised” evidence (e.g. Cochrane, Clinical Evidence, PEDro). It does not mean that the student has to do a literature review whilst on clinical placement, however if time is allocated to the student during the placement to search the literature on a particular topic, this is appropriate and would be assessed under this item. Involvement of the student in quality assurance activities during placement would also enable assessment under of this item.
10.8. **Clinical Education Student Self-Reflection Form**

An important aspect of professionalism is the ability to evaluate one's own performance. Therefore assessment will be carried out in a collaborative manner, by the student as well as the Clinical Educator. The student will normally undertake self-evaluation first. The Clinical Educator will then discuss their completed assessment form with the student. Students can then discuss their comments in collaboration with the clinical educator to ascertain the best strategies for improvement.

The Clinical Education Student self-reflection form is to be completed by each student at both mid unit and end of unit. Copies of the student self-reflection form will be provided to the student and clinical educator prior to the clinical unit. (Refer to appendix 3 pg. 86)

10.9. **Failing a Unit**

Each clinical unit forms an assessable component of a specific course within the physiotherapy program. To achieve a pass in each course, both the academic and clinical components must be passed. For further information on consequences of failing a clinical unit, refer to the relevant course outline. Students who fail a clinical placement may be excluded from the Physiotherapy programme.

*If at any stage, it appears that a student may not satisfactorily complete the unit, the Clinical Education Manager should be contacted immediately.*

10.10. **Professional Behaviour of Physiotherapy Students**

In Clinical Placements, physiotherapy students are expected to conduct themselves according to the standards set by the University for Student Behaviour, according to the professional standards set by the Course Convenors and the Clinical Education Manager for clinical placements and the ethical guidelines of the Australian Physiotherapy Association.

Under Griffith University policy, all courses in the physiotherapy programs containing clinical placements are **designated courses for exclusion**, i.e. courses comprising a clinical placement setting where failure may be associated with unprofessional conduct and/or client-at-risk conduct, and where the option of allowing the student to return for another clinical placement may be problematic.

For details see policy document "Inability to complete required components of professional qualification" which can be found at: [http://www62.qg.edu.au/policylibrary.nsf](http://www62.qg.edu.au/policylibrary.nsf)
Where it is noted that a student has been in breach of the Code of Conduct or the expected standards of appropriate, ethical behaviour the Clinical Education Manager has the right to:

- discuss the behaviour with the student and other relevant personnel involved in the alleged incident
- note the behaviour on an incident report (to be signed by both the student and staff)
- refer the behaviour to the Physiotherapy Program Convenor and where relevant
- refer the behaviour to the Professional Behaviour Committee within the Health Group.

The student will then be subject to the recommendations of this committee.
11. Feedback

11.1. Introduction

One of the most valuable contributions anyone can make to another person’s learning is constructive comment. Whether as a student or as a teacher, each one of us has the capacity to provide useful information to other people which will help them to learn more effectively.

To bother to give another person positive suggestions about their work indicates both that you care enough about them to spend your time considering their work and that their work is worthy of your attention. You are both affirming the worth of the person and offering them your views on something into which they have put some effort.

Everyone has the capacity for giving useful feedback and some people use it to more effect than others. The skills of giving and receiving feedback can be developed if attention is given to some of the attributes of worthwhile feedback and how it can be given so that its contribution to learning can be enhanced.

Helpful and Unhelpful Feedback

Before looking in detail at useful feedback it is important to distinguish it from those types of feedback which can be unhelpful and sometimes positively harmful.

We all know what it is like to be on the receiving end of bad feedback: we feel ‘got at’, ‘attacked’, ‘put down’, ‘damned’ and generally invalidated as a person. Some of the basic characteristics of bad feedback are

- That it is directed globally at the person
- It is unhelpful, that is, it does not suggest what otherwise might be
- It is ill-judged, in that it comes from the needs of the critic rather than the needs of the person receiving it
- It can provide a weight of destructive comment from which it is difficult for a person to surface
- It is dehumanising.

Useful feedback, on the other hand, affirms the worth of the person and gives support whilst offering reactions to the object of attention. Thus the person providing the feedback shows that he or she values the person who is receiving it and that the provider is sensitive to their needs and goals. This does not mean that only praise should be given, but that any critical matters should be raised in an overall supportive context in which the parties can trust one another.
11.2. **Types of Feedback**

A feedback process summary is provided below outlining a variety of useful tips.

<table>
<thead>
<tr>
<th>PRACTICAL TIPS FOR GIVING FEEDBACK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Feedback is more effective when it is:</strong></td>
<td><strong>Feedback is least useful when it is:</strong></td>
</tr>
<tr>
<td>• Specific – e.g. Directed to actual behaviour that has been observed</td>
<td>• Global – e.g. Non-specific, vague, not related to any specific behaviour</td>
</tr>
<tr>
<td>• Positive</td>
<td>• Negative – particularly when there are not accompanying suggestions for change or when it is impossible to actually change the situation because of circumstances beyond the student's control.</td>
</tr>
<tr>
<td>• Useful – can the learning change his or her behaviour in a realistic time frame?</td>
<td>• Inaccurate – based on one incident which has since been corrected (negative halo effect)</td>
</tr>
<tr>
<td>• Supportive</td>
<td>• Judgemental</td>
</tr>
<tr>
<td>• Private – not given in front of patients, staff or students</td>
<td>• Public</td>
</tr>
<tr>
<td>• Factual – based on first hand evidence</td>
<td>• Second hand – based on hearsay</td>
</tr>
<tr>
<td>• Fair and honest</td>
<td>• Protective – used to protect one's own ego or to cover up one's own mistakes</td>
</tr>
<tr>
<td>• Immediate – this makes the feedback more meaningful and practical since the student can relate it to what has actually happened</td>
<td>• Delayed – information is presented at the final evaluation when it is too late for the student to change their performance</td>
</tr>
<tr>
<td>• Focused – descriptive of the behaviour you have observed and detailed enough so the students are able to determine what aspects of their performance they must change.</td>
<td>• Personal – when the feedback is critical of their personality rather than their performance</td>
</tr>
</tbody>
</table>

(Ladyshewsky R. 1995: Clinical Teaching, HERDSA gold guide no.1)

11.3. **Receiving Feedback**

There is no point in asking others to give you feedback unless you are prepared to be open to it and to consider comments which differ from your own perceptions. As receiver:

**Be explicit**

Make it clear what kind of feedback you are seeking. If necessary indicate what kinds you do not want to receive. The feedback from others is entirely for your benefit and if you do not indicate what you want you are unlikely to get it.

**Be aware**

Notice your own reactions, both intellectual and emotional. Particularly notice any reactions of rejection or censorship on your part. If the viewpoint from which the other is speaking is at variance with your own, do not dismiss it; it can be important to realise the misapprehensions of others. Some people find it useful to
partially dissociate or distance themselves in this situation and act as if they were witnessing feedback being given to someone else.

**Be silent**

Refrain from making a response. Don’t even begin to frame a response in your own mind until you have listened carefully to what has been said and have considered the implications. Don’t be distracted by the need to explain: if you really need to give an explanation, do it later after the feedback session.

**Written versus face-to-face feedback**

There is no difference in principle between feedback given in written form and that in person. However, with written feedback there is normally no opportunity to resolve misunderstandings and it is necessary to be very explicit in specifying what types of feedback are desired and in formulating responses. In the written form more attention needs to be given to tone and style than would usually be the case in person.

### 11.4. Clinical Unit Feedback Forms

**Clinical Facility Feedback Form (refer Appendix 4)**

This is to be completed by the *clinical educator* at the end of the unit and returned to the Clinical Education Manager. This feedback from the clinical educators is essential to facilitate ongoing improvements in the support offered by the University to the clinical facilities and their educators.

**Student Feedback Form (refer Appendix 5)**

This is to be completed by *the student/s* at the end of the unit. It is suggested that the students complete this form prior to receiving their end of unit final grade. This will help ensure that the feedback is accurate and constructive.

It is recommended that a copy of this form is retained by the clinical educator for their information.

Copies of both these feedback forms are to be sent to the Clinical Education Manager following completion of the unit.
## 12. Being an effective Clinical Educator

### 12.1. Supervision Models

Various models of student supervision are found in the diverse clinical settings in which students undertake clinical placements. The different models, and the advantages and disadvantages of each are outlined below.

<table>
<thead>
<tr>
<th>Model</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| 1:1 model (One student to one supervisor) | Familiar model  
Student may have greater access to supervisor. | Minimal student throughput  
Adds to supervisor workload  
Student over-reliance on supervisor  
Student isolation from peers |
| Collaborative Teaching (Two or more students to one supervisor) | Maximal student throughput  
Encourages peer based learning and problem solving  
Students provide bulk of patient care and supervisor acts as facilitator, supervisor and coach.  
Increases professional socialisation  
Reinforces team approach | Requires change if used to 1:1 model of supervision  
Requires greater caseload  
Requires more space/resources  
Increases time required for evaluation and feedback.  
May be difficult to manage different learning styles and levels of competency achievement. |
| Shared supervision (More than one supervisor or site) | Maximises placement opportunities and exposure to diverse specialties / workplaces or models  
Develops time management and organisational skills | Marginal students may struggle  
Multiple sites require multiple orientation sessions  
Student may feel they do not belong at either site |
| Project-based placement | Project outcome may include a needed resource  
Maximises placement opportunities  
Acquisition of range of non-clinical skills | Does not develop “hands on” skills  
Needs to be well planned and structured in advance |
| Interdisciplinary | Maximises placement opportunities  
Reinforces team approach | Unfamiliar model |

12.2. Reflective practice

There are three opportunities for students (and clinicians) to develop the skill of reflection. The following are brief excerpts from Best and Rose (1996, p.73, 74)

1. Reflection prior to patient management or reflection-about-action

Reflection prior to seeing a client will focus on the student’s anticipation of what will happen and will be influenced by the framing of the task. It may also be associated with high levels of anxiety. Alternatively the student may seem totally oblivious to appropriate preparation for the task. Boud et al (1985) suggest that in this preparatory phase students require:
   - clarification of the aims of the activity and a broad overview of what will take place;
   - an opportunity to clarify and modify the task;
   - prior practice of the skills required;
   - knowledge of the available resources.

2. During patient management, i.e. reflection-in-action

The ability to think and act simultaneously is a skill which develops with experience….but students new to the clinical environment will concentrate so much on their interview questions or their diagnostic tests that they may have great difficulty thinking while doing….we may even need to reassure them that it is acceptable to schedule short pauses in their client management time to review their practice.

3. Reflection after practice, i.e. reflection-on-action

Boud et al (1985) identify three different phases of reflection:

   1. returning to the experience and recalling the important features;
   2. attending to feelings by considering positive aspects and identifying negative feelings and removing any obstructions to learning;
   3. re-evaluating experience.

There are a variety of methods we can use to encourage student reflection. Many are based on the concept of the critical incident.

As we reflect on our own professional development we remember individual situations and people who made a significant impression on us. Because of these experiences we revised our prior understanding, discovered misconceptions and changed our actions. Only the individual knows whether the event has an impact on his or her practice. The same situation may be a critical incident for one student and not for another.
12.3. Student advice to clinical educators

Students have the following advice for clinical educators:

• Be friendly
• Be approachable
• Let students know from day 1 that you want questions to be asked
• Let students know they are there to learn, not to be examined
• Find out what the student wants from the clinic
• Make sure the student knows that it doesn’t matter if they answer a question incorrectly
• Do not be intimidating
• Give positive feedback as well as constructive criticism
• Find out the way the student likes to learn - if they need observation first or if they like to get in and try first.
• When possible give tutorials

Give students some freedom, but balance this with supervising them enough so you know how they are progressing

12.4. Common Unhelpful Behaviours of Educators when Teaching and Assessing Students

Insufficient “Wait-Time”
Wait-time is the amount of time an educator waits for a student to answer a question before repeating or rephrasing the question, adding additional information or answering it for the student. This approach does not allow time for a student to provide a well reasoned answer. Students quickly realise the educator will answer the question for them and thus learn to rely on their educator to do their thinking for them.

The Rapid-Reward
Rapid acceptance of a correct answer without sufficient supporting information favours the faster thinking/ faster speaking student who is rewarded and those mid-way through their reasoning processes have their answers terminated prematurely.

The Programmed Answer
An example: Why do you think the patient’s pain is chronic? Did they say they had experienced pain for more than 5 years? Did they report no response to previous physiotherapy treatment?
This provides the student with the answer and limits them providing a well reasoned interpretation of the patient interview using their own reasoning.

Non-specific feedback questions
Educators can feel justified in assuming that their students have no questions if no one responds when they ask “Do you have any questions? Do you understand what I said?”
12.5. Student responsibilities and rights

It is the **responsibility** of the student to:
- Prepare thoroughly for the clinical placement:
  - revise relevant theory
  - revise relevant practical skills
  - know the objectives of the clinical subject
  - check the details of the agency in the clinical affiliation guide
  - phone the student co-ordinator at the agency 2 weeks prior to the placement (or as required by the agency)
- Comply with the protocols and policies of the School of Physiotherapy and the Agency
- Follow the directions of, and report to, their allocated clinical supervisor(s)
- Provide patient care under professional supervision
- Recognise the limits of their knowledge and expertise and seek assistance where appropriate
- Identify their learning goals and strategies.
- Use supervisor’s feedback to develop clinical competencies.
- Reflect on their learning via regular self-assessment, updating the learning focus form and keeping a clinical diary

**Student rights** include the right to:
1. expect certain characteristics of the clinical educator
   - appropriate qualifications
   - flexible, fair and consistent in values
   - expect clinical educator to guide but encourage independence
   - expect clinical educator to be responsible for organisation and management concerns affecting the student
2. be adequately observed
   - so that timely feedback can be given
   - so that all aspects of performance which will be assessed have been observed by the supervisor
3. receive feedback that is timely, balanced, independent and specific
4. specific role definition
   - to expect clinical educator to communicate expectations
   - to question requirements of clinical educator
5. develop personal therapy styles that are logical and scientifically sound
6. be assertive (not passive, aggressive or demanding)
7. make mistakes

12.6. Clinical educator responsibilities and rights

It is the **responsibility** of the clinical educator to:
- orient the student to the clinical environment (including relevant policies and protocols).
- allocate a caseload appropriate to the level of the course and the student's abilities.
- provide a level of supervision (demonstrating, observing, instructing) which is appropriate to the level of the course and the student's abilities.
- provide regular and specific feedback to the student on their clinical work.
- ensure that students who have access to patients/clients are competent to perform their allotted tasks and that they conduct themselves in a safe and professional manner.
- Conduct a mid-placement assessment and discuss the results with the student.
- Conduct a final assessment and discuss the results with the student.

Clinical Educators’ **rights** include the right to:

1. define general goals of the clinic
2. describe and expect fulfilment of student’s job responsibilities
3. be respected as a human being and a professional
   - to be honest
   - to react emotionally
   - to criticise as well as praise
   - to expect honesty and dependability
   - to provide model (for students) for clinical and professional actions
4. offer and receive mutual feedback
   - make justified criticism
   - to get feedback from supervisee about supervision
5. establish the mode of interaction
   - to create atmosphere of open communication
   - to create atmosphere for discussion, disagreement, initiative, motivation and creativity.
   - to create atmosphere for encouraging supervisee to seek assistance and guidance when needed.

**Source:**
Gerstman, H. (1977) Supervisory relationships: *Experiences in dynamic communication*. ASHA, 19:527-529. School of Human Communication Sciences, Faculty of Health Sciences, La Trobe University.

### 12.7. Client rights

The clinical educator should obtain the patient/client’s verbal consent to be assessed/treated by a student physiotherapist under supervision. Students on clinical placement should be mindful of the rights of patients and clients. Students should familiarise themselves with the particular policy on client rights which applies in each clinical placement.

**1. The Right to Choose**

Clients of any health service have the right to decide whether or not they wish to be assessed and/or treated by a student health practitioner.

Clients have the right to choose whether or not they wish to act on, or comply with, any recommended treatment or course of action.

Clients also have the right to expect to be involved in decisions about the management of their health problems.
2. **The Right to Confidentiality**

Any information you obtain about a client, either verbally, from the medical record or any other source, should not be disclosed to any other person without the express permission of the client concerned.

Medical records should not be left unsecured (e.g. left unattended where they may be read by an unauthorised person), and should at no time be removed from the ward/department or agency.

3. **The Right to Privacy and Dignity**

Clients have the right to expect that verbal and physical assessments and treatments will be carried out in a manner that respects the individual's privacy and dignity.

4. **The Right to Impartiality**

Clients have the right to be treated without prejudice, regardless of personal characteristics. Students should be particularly vigilant when working with clients whose personal values are not shared by the student.

5. **The Right to be Informed**

Clients have the right to expect to be fully informed of the potential risks and benefits of any procedure that is deemed necessary or desirable during the provision of a health service.

**Note:** These rights are implicit in the APA Code of Professional Conduct
13. Vaccinations, Infection Control and Universal Precautions

Students must either co-operate with the stated immunisation requirements or indicate in writing their refusal and their understanding of the risks of non-participation. It should be noted that non-participation in the vaccination program may increase a student's risk of contracting a disease through exposure to affected patients in the clinical setting and could also lead to the refusal of a Health venue from accepting a student for clinical placement and that this may prevent the student from meeting compulsory Physiotherapy program requirements.

Reasonable steps will be taken by Clinical Education Manager to find alternate clinical placement opportunities but locating these cannot be guaranteed. The School of Rehabilitation Sciences does not take responsibility for a student not being able to meet or complete program requirements in the usual time period as a result of non-participation in this vaccination and screening program.

The following information provides a brief description of the infectious diseases specified in the immunisation requirements and links to further information, including risks and consequences of infection and, where relevant, management in the event of exposure.


<table>
<thead>
<tr>
<th>Disease</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HBV)</td>
<td>Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/hepb.html">http://www.health.nsw.gov.au/factsheets/guideline/hepb.html</a>.</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html">http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html</a>.</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html">http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html</a>.</td>
</tr>
<tr>
<td>Pertussis (Whooping cough)</td>
<td>Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a 'whoop' sound or vomiting. A nyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/pertussis.html">http://www.health.nsw.gov.au/factsheets/guideline/pertussis.html</a>.</td>
</tr>
<tr>
<td>Disease</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Measles</td>
<td>Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven’t had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1st dose and children over 4 years of age who have not had a 2nd dose. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/measles.html">http://www.health.nsw.gov.au/factsheets/guideline/measles.html</a></td>
</tr>
<tr>
<td>Mumps</td>
<td>Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/mumps.html">http://www.health.nsw.gov.au/factsheets/guideline/mumps.html</a></td>
</tr>
<tr>
<td>Varicella</td>
<td>Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see <a href="http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella">http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella</a></td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html">http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html</a></td>
</tr>
<tr>
<td>Seasonal influenza (Flu)</td>
<td>Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/influenza.html">http://www.health.nsw.gov.au/factsheets/guideline/influenza.html</a></td>
</tr>
</tbody>
</table>

Additional Notes

**Contraindications to receiving Hep B vaccine**

Prior to hepatitis B vaccination you should discuss contraindications with your medical practitioner. Contraindications to hepatitis B vaccination are given in the latest edition of the Australian Immunisation Handbook.

**Hep B Vaccine non-responders**

Students who do not have adequate post-vaccination Hepatitis B antibodies detected (vaccine non-responders) should refer to the Griffith University Guidelines on Hepatitis B Immunisation and complete the form Non-responder to Hepatitis B vaccine – Acknowledgement found in the Guidelines and provide a copy to a School placement staff member.
Hepatitis B vaccination schedule
For adults over 20 years of age, a full course of hepatitis B vaccine consists of 3 doses 1ml of adult formulation. There should be an interval of 1 – 2 months between first and second doses with the third dose 3 – 5 months after the second dose (this schedule applies to both Engerix-B and H-B Vax II). The minimal level between second and third doses is 2 months. Plan your vaccine regimen month by month as it can take a minimum of 4 months or more from your initial dose to complete the vaccination schedule. Serology cannot be obtained less than 4 weeks after the third dose.

Infected individuals
Students who know of their positive status to the hepatitis B virus should refer to the Immunisation and Infectious Disease policy.

Conscientious objectors / Reaction to the vaccine
Students who wish to consciously object to the immunisation process or who have been unable to complete the vaccination process due to a severe reaction should refer to the Guidelines on Hepatitis B Immunisation.

Students cannot commence clinical placement in a Queensland Health facility until Hepatitis B immunisation is complete.

Contraindications to receiving MMR vaccine
If MMR vaccine is given to adult women, pregnancy should be avoided for 2 months, as for Rubella vaccine

Annual Influenza
Mater Health Services require all students undertaking placements at their facility to demonstrate evidence of receiving the annual seasonal influenza vaccination. Proof of vaccination is required each calendar year.
### 13.1. Evidence required to demonstrate protection

#### Evidence required to demonstrate protection against the specified infectious diseases

1. Acceptable evidence of protection against specified infectious diseases includes:
   - a written record of vaccination signed by the medical practitioner, and/or
   - serological confirmation of protection, and/or
   - other evidence, as specified in the table below.
   - **NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp).

2. **TST screening** is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: [http://www.health.nsw.gov.au/publichealth/infectious/a-z.asp#T](http://www.health.nsw.gov.au/publichealth/infectious/a-z.asp#T).

3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility **may** require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Other acceptable evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis (whooping cough)</td>
<td>One adult dose of diphtheria/tetanus/pertussis vaccine (DTaP). Not ADT.</td>
<td>Serology will not be accepted</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of completed age-appropriate course of hepatitis B vaccine. Not “accelerated” course.</td>
<td>Anti-HBs greater than or equal to 10 mIU/mL.</td>
<td>Documented evidence of anti-HBs, indicating past hepatitis B infection</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine at least one month apart</td>
<td>Positive IgG for measles, mumps and rubella</td>
<td>Birth date before 1966</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)</td>
<td>Positive IgG for varicella</td>
<td>History of chickenpox or physician-diagnosed shingles (seroconvert if uncertain)</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>See note 2 above for list of persons requiring TST screening</td>
<td>Not applicable</td>
<td>Tuberculin skin test (TST)</td>
</tr>
<tr>
<td>Influenza</td>
<td>Annual influenza vaccination is not a requirement, but is strongly recommended</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: NSW Health Policy Directive: PD2011 005*
Infection Control Guidelines

It is the responsibility of both clinical educators and students to adequately protect themselves and their patients against infection. Prior to any clinical placement students should familiarise themselves with the infection control procedures required by the University and the facility where the clinical placement is being conducted.

Within health care facilities, Infection Control Programs aim to promote the use of strategies and procedures to prevent or minimise the spread of infection.

Standard precautions such as

- hand washing
- immunisation
- adherence to the principles of asepsis (i.e. procedures to reduce the risk of bacterial contamination) and
- maintenance of a clean, safe environment.

These precautions form the basis for the prevention and control of infection in healthcare settings.
## Appendix 1: Examples of Identified Risks and Potential Risk Situations

<table>
<thead>
<tr>
<th>Identified Personal Risk</th>
<th>Potential Risk Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known back injury or frailty</td>
<td>Lifting, moving, assisting clients in mobility or stability</td>
</tr>
<tr>
<td>Injury or significant weakness in one or more lower limbs (not supported by orthopaedic braces or prostheses)</td>
<td>Providing mobility or stability to clients, lifting or carrying infants or children</td>
</tr>
<tr>
<td>Injury or significant weakness in one or more upper limbs</td>
<td>Providing mobility or stability to clients, lifting or carrying infants or children</td>
</tr>
<tr>
<td>Injury or significant weakness in vision, not corrected by use of ophthalmic aids</td>
<td>Reading medical orders, charts, physical assessment of clients, reading client identification</td>
</tr>
<tr>
<td>Injury or significant weakness in hearing, not corrected by use of auditory aids</td>
<td>Verbal instructions, emergency directions, client assessment, telephone conversations</td>
</tr>
<tr>
<td>Injury or significant loss of sensation in fingers and hands</td>
<td>Thermal applications, neurovascular assessment, fine motor skills</td>
</tr>
<tr>
<td>Prescribed medications which have been identified as affecting the motor and reactive skills of individuals (benzodiazepines, some antihistamines)</td>
<td>Responding in emergency situation, fine motor skills, decision making, ability to participate fully in clinical experience</td>
</tr>
<tr>
<td>Seizure disorders not managed or controlled by the use of traditional therapy</td>
<td>Providing mobility or stability to clients, lifting or carrying infants or children</td>
</tr>
<tr>
<td>Acute infectious states (e.g., herpes, influenza)</td>
<td>Providing care to vulnerable individuals</td>
</tr>
<tr>
<td>Chronic infection (Hepatitis B, C, D dermatitis, HIV, AIDS etc.)</td>
<td>Providing care to vulnerable clients</td>
</tr>
<tr>
<td>Immunocompromised (leucopenia, severely lowered T-Cell count)</td>
<td>Providing care to clients with an infective disorder</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Providing mobility or stability to clients, lifting or carrying infants or children, lifting</td>
</tr>
<tr>
<td>Any known significant psychological/emotional dysfunction</td>
<td>Assessment and treatment of patients during clinical placement - peer &amp; self assessment</td>
</tr>
</tbody>
</table>
Appendix 2(a): Assessment of Physiotherapy Practice (APP) Form and Performance Indicators
Clinical Educator Assessment Form
Mid Unit (Formative) Feedback

Student Name: ……………………………..  Facility:  ……………………………

Dates of Placement:…………………………

Clinical Educator’s comments
Student Strengths:
..............................................................................................................................................................................
..............................................................................................................................................................................
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Areas to be improved and strategies for improvement:
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..............................................................................................................................................................................

____________________________ ____________________________
Clinical Educator Signature  Student Signature

____________________________ ____________________________
Clinical Educator Name (Print)  Date
Assessment of Physiotherapy Practice (APP)

End of Unit (Summative) Feedback

Student Name:……………………..Facility:……………Dates of Placement:……………

Days Absent:   □
Please allocate a percentage to the core areas of education experienced during the assessment period:
Musculoskeletal ……….% Cardiorespiratory ……….% Neurological physiotherapy ……….%
Other……….%

Clinical Educator’s comments

Student Strengths:
......................................................................................................................................................................
......................................................................................................................................................................
......................................................................................................................................................................
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Areas to be improved and strategies for improvement:
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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 outline them in the table below. If you complete this section the University will meet with the student and discuss the areas of concern and formulate a plan of action to be followed by the student. You will be notified of the action put in place by Griffith University.

____________________________ ____________________________
Clinical Educator Signature   Student Signature

____________________________ ____________________________
Clinical Educator Name (Print)   Date
### Assessment of Physiotherapy Practice

#### End of Unit

**Summative Assessment**

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Facility/Experience:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 a minimum acceptable standard has **not** been achieved.

<table>
<thead>
<tr>
<th>Professional Behaviour</th>
<th>Circle one number only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates an understanding of patient/client rights and consent</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>2. Demonstrates commitment to learning</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>3. Demonstrates ethical, legal &amp; culturally sensitive practice</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>4. Demonstrates teamwork</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
</tbody>
</table>

**Communication**

<table>
<thead>
<tr>
<th></th>
<th>Circle one number only</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Communicates effectively and appropriately - Verbal/non-verbal</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>6. Demonstrates clear and accurate documentation</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
</tbody>
</table>

**Assessment**

<table>
<thead>
<tr>
<th></th>
<th>Circle one number only</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Conducts an appropriate patient/client interview</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>8. Selects and measures relevant health indicators and outcomes</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>9. Performs appropriate physical assessment procedures</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
</tbody>
</table>

**Analysis & Planning**

<table>
<thead>
<tr>
<th></th>
<th>Circle one number only</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Appropriately interprets assessment findings</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>11. Identifies and prioritises patient/client's problems</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>12. Sets realistic short and long term goals with the patient/client</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>13. Selects appropriate intervention in collaboration with patient/client</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
</tbody>
</table>

**Intervention**

<table>
<thead>
<tr>
<th></th>
<th>Circle one number only</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Performs interventions appropriately</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>15. Is an effective educator</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>16. Monitors the effect of intervention</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>17. Progresses intervention appropriately</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>18. Undertakes discharge planning</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
</tbody>
</table>

**Evidence-based Practice**

<table>
<thead>
<tr>
<th></th>
<th>Circle one number only</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Applies evidence-based practice in patient care</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
</tbody>
</table>

**Risk Management**

<table>
<thead>
<tr>
<th></th>
<th>Circle one number only</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Identifies adverse events/near misses and minimises risk associated with assessment and interventions</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Not adequate</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

**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** standard expected for a beginning/entry level physiotherapist.

Examples of Performance Indicators

1. Demonstrates an understanding of patient/client rights and consent
   - observes dress code
   - completes projects/tasks within designated time frame
   - maintains appropriate professional boundaries with patients/clients and carers
   - demonstrates appropriate self-care strategies (e.g. stress management)
   - acts ethically and applies ethical reasoning in all health care activities
   - functions effectively in the clinical context
   - acts within bounds of personal competence, recognizing personal and professional strengths and limitations

2. Demonstrates commitment to learning
   - responds in a positive manner to questions, suggestions and constructive feedback
   - develops and implements a plan of action in response to feedback
   - seek information and resources as required
   - demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
   - takes responsibility for learning and seeks opportunities to meet learning needs
   - uses clinic time responsibly

3. Demonstrates ethical, legal & culturally sensitive practice
   - follows policies & procedures of the facility
   - advises appropriate staff of circumstances that may affect adequate work performance
   - observes infection control, and workplace health and safety policies
   - arrives fit to work
   - arrives punctually and leaves at agreed time
   - calls appropriate personnel to report intended absence
   - wears an identification badge & identifies self

Communication

5. Communicates effectively and appropriately - Verbal/Non-verbal
   - greets patients appropriately
   - questions patients effectively to gain accurate information
   - listens carefully and is sensitive to patient/client and carer views
   - respects cultural and personal differences of others
   - gives appropriate, positive reinforcement
   - provides clear instructions
   - uses suitable language & avoids jargon
   - demonstrates an appropriate range of communication styles (e.g. patients/carers, administrative and support staff, health professionals, car team)
   - recognizes barriers to optimal communication
   - uses a range of communication strategies to optimize patient/client rapport and understanding (e.g. hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)
   - appropriately uses accredited interpreters
   - maintains effective communication with clinical educators
   - actively explains to patients/carers and carers their role in care, decision-making and preventing adverse events
   - encourages patients/carers to provide complete information without embarrassment or hesitation
   - communication with patient/client is conducted in a manner and environment that maintains confidentiality, privacy and patient/client's sensitivities
   - maintains appropriate with other health professionals

6. Demonstrates clear and accurate documentation
   - writes legibly
   - completes relevant documentation to the required standard (e.g., patient/client record, statistical information, referral letters)
   - maintains records compliant with legislative and professional requirements
   - complies with organisational protocols and legislation for communication

7. Conducts an appropriate patient/client interview
   - positions patient safely and comfortably for interview
   - structures a systematic, purposeful interview seeking qualitative and quantitative details
   - asks relevant and comprehensive questions
   - politely controls the interview to obtain relevant information
   - responds appropriately to important patient/client cues
   - identifies patient/client’s goals and expectations
   - conducts appropriate assessment with consideration of biopsychosocial factors that influence health
   - seeks appropriate supplementary information, accessing other information, records, and test results as appropriate and with patient/client’s consent
   - generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention
   - completes assessment in acceptable time

8. Selects and measures relevant health indicators and outcomes
   - selects all appropriate variables to be measured at baseline from WHO ICF domains of impairment, activity limitation and participation restriction
   - identifies and justifies variables to be measured
   - identifies, monitors and reports on treatment response and outcomes
   - selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation
   - links outcome variables with treatment goals
   - communicates the treatment evaluation process and outcome to the client
   - identifies, documents and acts on factors that may compromise treatment outcomes

9. Performs appropriate physical assessment procedures
   - considers patient/client comfort and safety
   - respects patient/client’s need for privacy and modesty
   - structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient/client’s health status
   - plans assessment structure and reasoning process using information from patient/client history and supportive information
   - demonstrates sensitive and appropriate handling during the assessment process
   - applies all tests and measurements safely, accurately and consistently
   - sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
   - appropriate tests are performed 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 and expected course of common clinical conditions
   - relates signs and symptoms to pathology
   - relates signs and symptoms to pathology in environmental tasks and demands
   - interprets findings at each stage of the assessment to progressively negate or reinforce the hypotheses
   - makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
   - prioritises important assessment findings
   - compares findings to normal

11. Identifies and prioritises patient's/client's problems
   - generates a list of problems from the assessment
   - justifies prioritisation of problem list based on knowledge and clinical reasoning
   - collaborates with the patient/client to prioritise the problems
   - considers patient's/client's values, priorities and needs

12. Sets realistic short and long term goals with the patient/client
   - negotiates realistic short treatment goals in partnership with patient/client
   - negotiates realistic long treatment goals in partnership with patient/client
   - formulates goals that are specific, measurable, achievable and relevant, with specified time frame
   - considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

13. Selects appropriate intervention in collaboration with the patient/client
   - engages with patient/client to explain assessment findings, discuss intervention strategies and develop an acceptable plan

Examples of Performance Indicators

14. Performs interventions appropriately
   - considers the scheduling of treatment in relation to other procedures or medication for pain, wound care
   - demonstrates appropriate patient/client handling skills in performance of interventions
   - performs techniques at appropriate standard
   - minimizes risk of adverse events to patient/client and self in performance of intervention (including observation of infection control procedures and manual handling standards)
   - prepares environment for patient/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 patient/client on to other professional when physiotherapy intervention is not appropriate, or requires a multi-disciplinary approach

15. Is an effective educator/health promoter
   - demonstrates skill in patient/client education eg.
   - demonstrates understanding of patient/client group, uses principles of adult learning
   - demonstrates skills in conducting group sessions
   - a realistic self-management program for patient/client
   - provides information using a range of strategies that demonstrate consideration of patient/client needs
   - confirms patient/client's or caregivers understanding of given information
   - uses appropriate strategies to motivate the patient/client and caregiver to participate and to take responsibility for achieving defined goals
   - discusses expectations of physiotherapy intervention and its outcomes
   - provides feedback to patient/client regarding health status
   - educates the patient/client in self evaluation
   - encourages and acknowledges achievement of short and long-term goals

16. Monitors the effects of intervention
   - incorporates relevant evaluation procedures/outcome measures within the physiotherapy plan
   - monitors patient/client throughout the intervention
   - makes modifications to intervention based on evaluation
   - records and communicates outcomes where appropriate

17. Progresses intervention appropriately
   - demonstrates &/or describes safe and sensible treatment progressions
   - modifications, continuation or cessation of intervention are made in consultation with the patient/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
   - describes strategies that may be useful for maintaining or improving health status following discharge
   - arranges appropriate follow-up health care to meet short and long term goals
   - addresses patient/client and carer needs for ongoing care through the coordination of appropriate services

Evidence Based Practice
19. Applies evidence based practice in patient care
   - considers the research evidence, patient/client preferences, clinical expertise and available resources in patient/client management
   - locates and applies relevant current evidence eg.
   - clinical practice guidelines and systematic reviews
   - assists patient/client and carers to identify reliable and accurate health information
   - shares new evidence with colleagues
   - participates in quality assessment procedures when possible

Risk Management
20. Identifies adverse events and near misses and minimises risk associated with assessment and interventions
   - monitors patient/client safety during assessment and treatment
   - complies with workplace guidelines on patient/client handling
   - complies with organizational health and safety requirements
   - describes relevant contraindications and precautions associated with assessment and treatment
   - reports adverse events and 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
Appendix 2(b): Sample of Completed Assessment Form.

Assessment of Physiotherapy Practice (APP)
End of Unit Summative Assessment

Student Name: [Student Name] Facility: [Facility] Dates of Placement: 6/3/08 - 8/4/08

Please allocate a percentage to the core areas of education experienced during the assessment period:
Musculoskeletal: 10% Cardiovascular: 15% Neurological physiotherapy: 5% Other: 70%

Clinical Educator's Comments:
Student Strengths:

- Strong patient interviewing/verbal communication & professional behaviour
- Excellent potential as a staff member
- Seeks feedback and is keen to improve
- Overall self-care management is fine
- All management skills were adequate and showed improvement during the unit

Areas to be improved and strategies for improvement:

- Patient can be improved if Arthur controlled
- Written communication is adequate but could be improved
- Logical and has needs some work on
- Strong potential to work on an organized
- In relation to patient interviewing

While 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 outline them in the table below. If you complete this section the University will meet with the student and discuss the areas of concern and formulate a plan of action to be followed by the student. You will be notified of the action put in place by Griffith University.

Occasionally (x2) was late for clinic.
This was discussed with Arthur and was resolved but needs to ensure it doesn't continue to happen.

Clinical Educator Signature: [Signature] Student Signature: [Signature]

Clinical Educator Name (Print): [Name] Date: 8/4/08
Assessment of Physiotherapy Practice (APP)

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
n/a = (not assessed)

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

<table>
<thead>
<tr>
<th>Professional Behaviour</th>
<th>Circle one number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates an understanding of patient/client rights and consent</td>
<td>0 1 3 4 n/a</td>
</tr>
<tr>
<td>2. Demonstrates commitment to learning</td>
<td>0 1 2 4 n/a</td>
</tr>
<tr>
<td>3. Demonstrates ethical, legal &amp; culturally sensitive practice</td>
<td>0 1 2 3 4 n/a</td>
</tr>
<tr>
<td>4. Demonstrates teamwork</td>
<td>0 1 2 3 4 n/a</td>
</tr>
</tbody>
</table>

| Communication                                                                            |
| 5. Communicates effectively and appropriately - Verbal/non-verbal                        | 0 1 2 3 4 n/a     |
| 6. Demonstrates clear and accurate documentation                                        | 0 1 2 3 4 n/a     |

| Assessment                                                                              |
| 7. Conducts an appropriate patient/client interview                                      | 0 1 3 4 n/a       |
| 8. Selects and measures relevant health indicators and outcomes                          | 0 1 2 3 4 n/a     |
| 9. Performs appropriate physical assessment procedures                                  | 0 1 2 3 4 n/a     |

| Analysis & Planning                                                                      |
| 10. Appropriately interprets assessment findings                                          | 0 1 2 3 4 n/a     |
| 11. Identifies and prioritises patient/client's problems                                 | 0 1 2 3 4 n/a     |
| 12. Sets realistic short and long term goals with the patient/client                     | 0 1 2 3 4 n/a     |
| 13. Selects appropriate intervention in collaboration with patient/client                | 0 1 2 3 4 n/a     |

| Intervention                                                                            |
| 14. Performs interventions appropriately                                                | 0 1 3 4 n/a       |
| 15. Is an effective educator                                                             | 0 1 2 3 4 n/a     |
| 16. Monitors the effect of intervention                                                  | 0 1 2 3 4 n/a     |
| 17. Progresses intervention appropriately                                               | 0 1 2 3 4 n/a     |
| 18. Undertakes discharge planning                                                       | 0 1 2 3 4 n/a     |

| Evidence-based Practice                                                                 |
| 19. Applies evidence based practice in patient care                                      | 0 1 3 4 n/a       |

| Risk Management                                                                         |
| 20. Identifies adverse events/near misses and minimises risk associated with assessment and interventions | 0 1 3 4 n/a |

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 n/a (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 final 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.
Appendix 3: Student Self Reflection Form
# CLINICAL EDUCATION

## Student Self Reflection Form

**Name:** ..........................................................  **Unit:** .............................................

**Date:** ..........................................................

<table>
<thead>
<tr>
<th>Competency area</th>
<th>My strengths in this competency area are:</th>
<th>Areas to be improved and strategies for improvement in the current clinic are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Professional Behaviour and Communication (APP items 1-4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Assessment and analysis of assessment findings (APP items 7-11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Planning and delivery of interventions and assessment of outcomes (APP items 12-18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Evidence-based practice and Risk Management (APP items 19-20)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Clinical Educator Feedback Survey
# Clinical Educator Feedback Survey

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Placement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
<td>Clinical Area:</td>
</tr>
</tbody>
</table>

Please read each statement carefully, then circle one of the numbers on the right, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree N/A= not applicable

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I was satisfied with the information provided by the university prior to the unit commencing</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I was satisfied with the support provided by the university during the unit</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>The objectives of the clinical unit were achievable</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
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<tr>
<td>4.</td>
<td>The students were adequately prepared for the unit</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>The students were keen to learn</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>The resource manual provided sufficient information on the assessment of students</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>I understood the assessment form (APP) and how to complete it</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>The university responded within a reasonable time frame to any questions/requests for assistance that I made</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9.</td>
<td>What were the most rewarding aspects of the unit?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>What were the most difficult aspects of the unit?</td>
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<tr>
<td>11.</td>
<td>Reflecting on your experiences during this unit, are there any changes you would make prior to students attending for the next unit? Please comment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12.</td>
<td>Do you have any requests for assistance from the university prior to the next time this particular clinical unit is conducted?</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5: Student Feedback Survey
# Student Feedback Survey

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Placement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
<td>Clinical Area:</td>
</tr>
</tbody>
</table>

Please read each statement carefully, then circle one of the numbers on the right, where:  
1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree  
N/A = not applicable

1. The orientation to the facility was thorough  
2. The level of supervision during the clinical unit was appropriate.  
3. I was provided with sufficient opportunities to cover the learning objectives of this clinical unit. If not please comment  
4. I was fully aware of the learning objectives for the unit  
5. During the unit feedback was given on the assessment items in time for it to be useful.  
6. The feedback I received on the assessment items was constructive.  
7. Following mid unit feedback, I understood what was required for me to improve  
8. Completing the self reflection sheet prior to mid unit feedback was helpful in identifying my strengths and areas needing improvement  
9. At end of unit feedback, the educator provided specific examples of my performance to support the rating on each item  
10. Which aspects of this placement reinforced your learning?  
11. Any suggestions for improving student learning in this unit  
12. What were the most rewarding aspects of the unit?  
13. What were the most difficult aspects of the unit?  

Tick this box if you would like to nominate your clinical educator for an award. Please provide further comment  

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91
Appendix 6: Guidelines on conduct Behaviour and responsibilities of placement participants

Description

These guidelines are designed to provide guidance to placement participants on appropriate conduct and behaviour, expectations and responsibilities.

Related University Policies:
Student Misconduct Policy
Academic Misconduct Policy
Student Grievances and Appeals Policy
Harassment, Bullying and Discrimination Policy
Inability to Complete Required components of Professional Qualification Policy
Student Charter
Student Administration Policy

1.0 Introduction

Placements, as a component of a course or degree program, offer students the opportunity to practice the skills of their profession and gain practical experience in a real-life setting. By participating in placements a student develops:

- a greater understanding of the ways in which professionals operate within a variety of contexts;
- the ability to transfer knowledge between theoretical concepts and practice applications;
- the skills to effectively facilitate independent learning;
- an ability to plan, organise, and manage the work environment.

2.0 Scope

The Guidelines apply to students enrolled in a Griffith Health degree program who undertake a placement in a health or human service facility to fulfil degree requirements.

3.0 Definitions

Degree Program means the tertiary degree program a student is enrolled in at the University.

Facility means a health or human service facility including a public health facility, public sector hospital or department, a private healthcare facility, community based health service or other facility or service run by a Health Service District or organisation or a Griffith University teaching clinic where a placement is undertaken.

Placement refers to a practical educational experience, a required component of a course or degree program, in a health or human services facility that may be on campus or off campus. It is also known as professional practice, work-placement, work experience, work-integrated learning placement, fieldwork, practicum, internship, clinical experience, clinical placement or practical work.

A placement may fall within one of the following categories:

- Clinical placement
- Service-orientated placement
• Community placement
• Organisational placement
• Laboratory placement
• Research placement
• Environmental health placement

Placements may be outside of the Brisbane metropolitan/Gold Coast area including Northern New South Wales and (by negotiation) interstate or overseas. A student may or may not be concurrently employed by the organisation in which the placement is undertaken.

School means the University school or department of the University hosting a Degree Program.

Supervisor means the qualified professional overseeing a placement experience. The supervisor is often employed by the host facility.

University means Griffith University.

Work integrated learning describes educational activities that integrate theoretical learning with its application in the workplace. These educational activities should provide a meaningful experience of the workplace application that is intentional, organised and recognised by the institution, in order to secure learning outcomes for the student that are both transferable and applied.

4.0 Placement Participants and Responsibilities

4.1 Students

Students will:
• enrol, by University deadlines, in courses with a placement component as per the program structure of the degree program and where pre-requisite requirements have been met. Late enrolment may be denied in accordance with the Student Administration Policy.
• complete all placement requirements by the prescribed deadlines.
• attend any pre-placement briefings.
• actively participate in the management of their placement e.g. notifying the School placement staff member/course convenor of any existing special circumstances requiring consideration prior to placement allocation (such as personal commitments, health or disability issues).
• attend and participate in placements as arranged by the University following any pre-placement allocation negotiations.
• be punctual and inform the supervisor and course convenor if they will be late or cannot attend the placement for any reason.
• wear name badge at all times on placement (if required by the School or facility).
• comply with reasonable and lawful directions of the supervisor.
• undertake all activities associated with the successful completion of their degree efficiently, effectively and to the best of their abilities.
• actively participate in the learning process and take responsibility for their learning including ensuring they obtain adequate feedback on their performance from their supervisor.
• be good ambassadors for the University and uphold standards of professional behaviour and presentation, including dress.
• be respectful and polite in their communications with all persons they interact with in their capacity as a University student.
• act honestly and in good faith.
• respect the rights, beliefs and values of others.
• discuss issues as they arise with the supervisor and University placement officer and act to resolve problems cooperatively.
• seek assistance if they are not confident with a procedure/treatment, or lack understanding in an area.
• provide patient/client care under professional supervision only; practise in a manner that is safe, respectful of patients/clients and consistent with their level of competency.
• maintain confidentiality of information and protect the privacy of patients/clients and colleagues.
• adhere to rules, bylaws, policies and procedures of the facility, including dress code.
• adhere to any and all -
  o legislative requirements
  o occupational health and safety requirements
  o security requirements
  o confidentiality and privacy requirements
  o any other rules, bylaws, policies and procedures relating to the placement that are a requirement of a facility, organisation, government or the University.
• ensure that all work is completed in a timely manner to satisfy assessment requirements of the University and supervisors.
• be responsible for any accommodation and travel costs. In some cases, this may be subsidised or free.
• provide contact details (i.e. email and mobile phone number) and be able to contacted within a reasonable timeframe (i.e. within 48 hours) both immediately prior to and throughout placement.
• take responsibility for their personal belongings.
• ensure they have a zero blood alcohol level and avoid consuming drugs which may adversely affect their performance whilst on placement.
• advise a School placement staff member if they are required to take prescribed medication that causes drowsiness or other adverse effects.
• advise a School placement staff member if they are involved in any incident whilst on placement and complete the Griffith Incident/Injury Report Form
• disclose any conflict of interest that may arise in relation to successfully undertaking or completing the academic or clinical requirements of the degree program. This may include, but is not limited to, any financial dealings or interests, participation in organisations, political parties or religious groups, which may influence clinical or academic decisions.

Students will not:
• undertake a placement if they have received notification from the University that they have been cancelled as a student (for example due to non-payment of tuition fees by specified deadlines).
• directly contact placement sites and attempt to arrange their own professional placements, unless permission to do so has been provided by the School.
• engage in placement swapping with other placement students without the knowledge and consent of the University course convenor and/or School placement staff member.
• undertake patient/client care without professional supervision of a registered health care professional.
• participate in any activities that misrepresent their status or level of skill or knowledge.
• participate in behaviours that potentially may cause injury to others.
• participate in any conduct or behaviour that could be reasonably interpreted as harassment, discriminatory, offensive or embarrassing to others.
• participate in any relationship in which there is a potential for exploitation of the trust relationship inherent in the health or human service professional – patient/client relationship. Consent by the patient/client, or the fact that the patient/client initiated the conduct or behaviour does not operate as a defence.
• accept gifts or any form of benefit from a patient/client that could be viewed as potentially influencing decisions about care or treatment or be viewed as influencing the impartiality of health care delivery.
• remove or misappropriate any resources from either the University or placement Facility. Resources may only be removed with the express consent of the supervisor.
• make public comment on behalf of a School or the University without the written authorisation of the PVC (Health). This does not include circumstances in which the student is required to provide evidence in a court of law or is otherwise legally obliged or authorised by law.
4.2 Placement Facility

The placement facility will:

- appoint appropriately qualified and experienced personnel to undertake the role of supervisor.
- unless otherwise agreed between the facility and University, ensure the student is not part of the paid workforce of the facility whilst on placement and to ensure that the student is treated as being in excess of the required number of staff to operate the facility.
- ensure appropriate supervision of the student throughout the placement and to promote safe systems of work.
- provide adequate facilities and experiences for participating students.
- provide an orientation program for the student and provide training in safe work procedures.
- ensure the student's physical and psychological health are not placed at risk during the placement.
- provide workers compensation insurance for those students paid by the placement organisation.
- adhere to the University's Privacy Plan with respect to students' personal details, as outlined at http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan
- ensure the University is up to date and informed about any changes to the placement, including contact details, personal details of supervisors or other changes to arrangements.

4.3 Placement Supervisors

The supervisor will:

- act as a role model introducing students to acceptable professional behaviour.
- maintain standards of professional practice.
- abide by relevant Codes of Professional Conduct.
- ensure students are made aware of legislative requirements, occupational health and safety requirements, security requirements, workplace confidentiality and privacy requirements and any other workplace policies and procedures related to their placement.
- adopt the role of helper and facilitator of learning and provide a variety of learning experiences in keeping with the placement requirements.
- provide a positive learning environment. This includes orientation of the student to various settings, including individual patient/clients, briefing and debriefing the students.
- arrange for and obtain patient/client consent for students to provide health or human services to the patient/client and to have access to patient/client records. Patient/client consent may be freely withheld.
- ensure that students who have access to patient/clients are competent to perform their allotted tasks and that they conduct themselves in a safe and professional manner.
- understand the University's requirements of the placement as laid out in documentation and information on the placement provided by the University.
- arrange regular and sufficient meetings with the student (e.g. 1/week) to discuss goals, progress and/or difficulties.
- clarify expectations with the student and make adequate observations of the student's work and provide ongoing feedback, both verbal and written, to ensure learning progress. Documents provided by the University should be used for this purpose.
- report on student progress/undertake assessment using documentation provided and notify the University placement officer or designated University contact as soon as it becomes apparent that the student is having difficulties meeting the placement objectives.
- where appropriate, arrange and provide adequate work space, providing information regarding availability and cost to the University.
- where relevant arrange accommodation and/or travel.
- provide feedback to the University about placements that could improve the University's work-integrated learning program in the long term.
4.4 The University

The University will:

- organise and plan all aspects of the placement with students and placement facilities.
- be in regular contact with placement facility and visit each first placement site as appropriate.
- be accessible by telephone and email for communication on placement issues and return calls/emails as soon as possible (normally within 24 hours).
- co-ordinate the students’ pre-placement requirements including student briefing, student orientation checklists, criminal checks, immunisation and first aid training, as required by the facility.
- provide both the student and the placement supervisor with information about the placement and placement requirements, including assessment criteria, policies, obligations (such as confidentiality) and any other relevant documentation.
- advise students of the requirement to disclose any relevant medical or other health related conditions that may affect the health, safety or comfort of the student or any other person.
- undertake reasonable effort to find placements for students with a criminal record or a blood-borne virus. Where alternative placements cannot be found and the placement type is required to complete the degree program the University will use reasonable endeavours to transfer the student to a degree program that does not have placement restrictions.
- undertake to negotiate reasonable adjustments to cater for students with special needs.
- manage assessment grievances.
- be responsible for all disciplinary matters and will mediate between supervisors and students on placement issues.
- manage the academic aspects of the placement program. Decisions to pass or fail a student are the final responsibility of the University.
- maintain public liability and professional indemnity insurance cover for students during the term of the placement.
- evaluate the placement program.