A Manual for the Clinical Educator 2016 -2017

Physiotherapy
ACKNOWLEDGEMENT TO ALL JCU PHYSIOTHERAPY CLINICAL EDUCATORS

Thank you for offering to undertake the clinical education of Physiotherapy students from James Cook University (JCU). Your contribution to the education of JCU Physiotherapy students is highly valued.

Clinical education is an essential element of Physiotherapy training. Clinical experience provides opportunities for students to integrate theory and practice and to develop and refine manual and clinical reasoning skills necessary for graduate entry into the workforce. It allows students to develop other competencies required for becoming a professional including reflective practice through assisted and self-analysis of their clinical assessments and interventions, communication, self-management and the development of their professional identity within the broader framework of global health needs and health services.

Clinical education provides students with real-life situations to which they can apply their knowledge, and the opportunity to develop the skills necessary for graduate entry into the workforce. Clinical supervision is an integral part of this process.

For all physiotherapy students, the quality of their clinical placements and the attitudes of their Educators often help decide their career goals. Students regularly report that where a placement has provided direction and positive learning opportunities they have experienced increased confidence in their clinical ability. As an Educator you have an opportunity to influence a future professional and to assist them in their ongoing personal and professional development. Your role is essential for the future of the physiotherapy profession.

As an Educator your roles will include teacher, guide, mentor, role model, manager, friend, counsellor, advocate, assessor and colleague. Each student and each placement will require a range of these roles to be assumed.

This Manual is provided for supervising physiotherapists as a guide to the program and the requirements of clinical education in the workplace. Wherever possible, JCU Physiotherapy encourages Educators to attend a Clinical Education Workshop. However if this is not available prior to offering a placement, or you have completed training previously, we hope that this handbook will assist you in your role as Clinical Educator.

Kind regards,

James Cook University

Physiotherapy Clinical Education Team
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Website for Clinical Educators
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INTRODUCTION

Overview

JCU physiotherapy students must successfully complete 30 weeks in total of supervised clinical experience to graduate. Prior to commencing placements students must have successfully completed all pre-clinical subjects. The 30 weeks is made up of six 5 week placements distributed over two semesters: three placements in Semester 2 of 3rd year making up the first Clinical Education subject (PS3007 / PS3107) and three placements in Semester 1 of 4th year making up the second Clinical Education subject (PS4001/PS4101).

The six placement areas are as follows:

➢ Five Prescribed/Core units - 2 in Acute Care/Cardiorespiratory, 1 in Neurology/Rehabilitation, 1 in Musculoskeletal practice, and 1 Rural placement

➢ One Non-Core.

Musculoskeletal placements aim to cover acute and chronic orthopaedic conditions in the outpatient setting, and are conducted in the JCU Physiotherapy Musculoskeletal Clinic on campus as a core placement. Outpatient musculoskeletal placements as an ‘Other’ placement occur in a variety of public and private settings throughout Queensland.

Acute care/ cardiorespiratory placements aim to cover inpatient medical/surgical, inpatient orthopaedic, immediate inpatient neuro, and acute and chronic cardiorespiratory conditions across the lifespan. This also includes areas such as cardiac/pulmonary rehabilitation, women’s health and oncology.

Neurological / Rehabilitation placements can be located within hospital settings or in a defined rehabilitation facility.

Rural placements are conducted throughout Queensland and sometimes interstate whilst providing students with experiences in rural and remote practice.

Non-Core placements are conducted in a range of settings and allow exposure to core experiences, but in a range of locations such as international placements, Education Queensland, aged care homes etc.
Timetable

Nine 5 week Clinical Education Units (CEUs) are available for allocation for each cohort – four consecutive blocks in Semester Two of third year and five consecutive blocks in Semester One of fourth year.

Clinical Education Units (CEUs) available for placements

Cohort 10

<table>
<thead>
<tr>
<th>JCU</th>
<th>CEU1</th>
<th>CEU2</th>
<th>CEU3</th>
<th>CEU4</th>
<th>CEU5</th>
<th>CEU6</th>
<th>CEU7</th>
<th>CEU8</th>
<th>CEU9</th>
</tr>
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<tbody>
<tr>
<td>QH</td>
<td>Block 6</td>
<td>Block 7</td>
<td>Block 8</td>
<td>Block 9</td>
<td>Block 1</td>
<td>Block 2</td>
<td>Block 3</td>
<td>Block 4</td>
<td>Block 5</td>
</tr>
</tbody>
</table>

General Assumptions

Physiotherapy students who attend clinical centres and health facilities as part of their undergraduate course do so under the following assumptions:

- Clinical Educators’ primary responsibilities are to their patients /clients.
- Student’s behaviour during the placement should not compromise the therapist’s credibility or relationships with patients, colleagues and other staff.
- Students are expected to be treated in a manner that respects their developing knowledge level.
**Hours of Attendance**

All clinical placements require the student to attend full-time, that is, a minimum of 35 hours per week for the Bachelor of Physiotherapy program and for the Bachelor of Physiotherapy (Honours) program. Therefore a minimum of 175 hours per five week placement. This equates to 525 hours per semester.

These hours can be structured according to the usual work routine of the educator (e.g. a 76 hour fortnight, 9 day fortnight with RDO, etc.). If, however, the student is not working the same work routine as the clinical educator, they are expected to attending the placement 5 days per week. If the clinical educator is to be absent (RDO, sick leave, day off, etc.), the students are expected to either be supervised by another fully qualified physiotherapist at the facility or be assigned to do placement related, clinical educator directed study activities. The latter activity may be at the facility or off-site, but must have a placement related learning outcome.

**Honours Students**

Prior to the placement Honours students can negotiate 12.5 hours of their placement for Honours project work. This should be confirmed/ discussed again on the first day of placement during orientation. Acknowledgement of this Self-Directed Learning can be made in the Attendance Record where it says Self-Directed Learning. It is important to record this time.

**Public Holidays/ Sickness**

If hours are significantly reduced due to sickness or public holidays with no way of making up the hours, the JCU Clinical education team should to be contacted to discuss this shortfall. In most cases one – two days away (due to illness or public holidays) can be managed within the placement (e.g. adding a half hour to each day). Where the number of holidays are over two days (for example, Easter, Anzac Day, Labour Day occurring within the one placement, or local Show Day with two other public holidays) the student SHOULD NOT take any further time off. More than two days due to illness should be communicated to the Clinical education team after two days. *Absence of two days or more (consecutive or non-consecutive) due to illness requires a medical certificate and contact with the University.* Communication is the key; if you have any queries please contact the University.

**Attendance Records**

Where APPLinkup is NOT being utilised by the facility for student assessment, an Attendance Record must be provided to JCU for each student placement (See Appendix section). It is the student’s responsibility to ensure that the Attendance Record is signed off each week by the Clinical Educator. The Attendance Record must be provided to the educator at the end of the placement to be emailed to JCU together with the eAPP. (Email: physioclined@jcu.edu.au).

If APPLinkup is being utilised by the facility for student assessments, student attendance is calculated from the days absent recorded on the APPLinkup Exit Survey. It is important that accurate data is recorded regarding the student attendance, so that the hours of attendance can be calculated from the number of days absent. A medical certificate must be emailed to JCU (physioclined@jcu.edu.au) if the student is absent for two or more days.
# SCHEDULE OF CLINICAL PLACEMENT REQUIREMENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Level</th>
<th>Subject Code and Title</th>
<th>Timing of Placement</th>
<th>Duration</th>
<th>Hours</th>
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<tr>
<td>3</td>
<td>7</td>
<td>PS3007:12 Physiotherapy Theory and Application 1</td>
<td>Study Period 2 (July – Dec)</td>
<td>Three 5 week placements Total of 15 weeks</td>
<td>525 BPhysio</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>PS3107:12 Physiotherapy Theory &amp; Application 1 (Hons)</td>
<td>Study Period 2 (July – Dec)</td>
<td>Three 5 week placements Total of 15 weeks</td>
<td>525 BPhysio (Hons)</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>PS4001:12 Physiotherapy Theory and Application 2</td>
<td>Study Period 1 (Jan – June)</td>
<td>Three 5 week placements Total of 15 weeks</td>
<td>525 BPhysio</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>PS4101:12 Physiotherapy Theory &amp; Application 2 (Hons)</td>
<td>Study Period 1 (Jan – June)</td>
<td>Three 5 week placements Total of 15 weeks</td>
<td>525 BPhysio (Hons)</td>
</tr>
</tbody>
</table>

**Total Hours for Pass Students**

1050 BPhysio

**Total Hours for Hons Students**

975 hrs BPhysio(Hons) plus 75 hrs of Self Directed Learning = 1050 hrs
ROLES AND RESPONSIBILITIES

The Student is responsible for

- Demonstrating professional behaviour and acting in an ethical way at all times
- Maintaining the confidentiality of patients and educators at all times
- Being enthusiastic and willing to assist and be receptive to advice
- Orientating to the workplace with the assistance of the educator
- Developing a learning plan for each clinical placement and providing this to the clinical educator in the first couple of days of the placement
- Taking responsibility for the successful achievement of clinical objectives
- Maintaining open communication with the educator, being clear about the educator’s expectations, and completing all reasonable tasks as required by the educator
- Seeking assistance from the clinical educator or the JCU Clinical education team when necessary
- Seeking information and feedback to assist with learning
- Structuring time to make the most of all learning opportunities available
- Notifying the clinical educator and JCU if going to be absent from placement due to illness. A medical certificate must be provided if absent for two or more days.
- Ensuring the student Attendance Record is signed off each week by the Clinical Educator and that the completed Attendance Record (See Appendix) is provided to the educator for sending to JCU at the conclusion of the placement (where APPLinkup is not being used for assessment)

The Educator is responsible for

- Orientating the student to the workplace and clarifying expectations
- Viewing the learning plan developed by the student and providing feedback to the student regarding learning needs and objectives for the placement
- Developing a comfortable mentor to learner relationship with the student
- Providing learning opportunities and resources to assist the students learning goals
- Observing and providing feedback to the student
- Providing an environment that stimulates learning and allows students to assimilate theory and practice
- Providing feedback to the student regarding their performance and strategies to improve performance
- Ensuring safe practice for the student, educator and patients at all times
- Contacting the Team if issues arise (see Appendix section for Concerns Exist form). It is important that this is completed early if there are any concerns (e.g. at mid unit) to enable JCU to contact the student and provide additional support
- Assessment of the student’s clinical and professional practice using APPLinkup or the eAPP (Assessment of Physiotherapy Practice), see Appendix Section
- Submitting end of unit APP and recording days absent from placement through APPLinkup at the end of the placement or sending (physioclinded@jcu.edu.au) the eAPP and the Student Attendance Record to JCU following conclusion of the placement (Email on the last day, give the original to the student).

**The Clinical education team is responsible for**

- Arranging placement allocations and co-ordinating clinical education opportunities
- Maintain ongoing contact with educators and facilities providing student placements
- Providing support for students and supervising therapists
- Assisting educators in arranging support for students who are at risk of failing
- Liaising with educators if there is a need to remove a student from a placement
- Liaising with educators regarding resolving conflict situations
- Liaising with educators regarding any adverse events
- Maintaining records of clinical placements and experiences for each student
- Arranging and conducting clinical education workshops for supervising therapists
- Liaising with the clinical educator regarding student assessment and results
- Arranging supplementary placements when required
GENERAL GUIDELINES

Pre-placement requirements (PPR’s)

Pre-placement requirements are managed through the JCU Professional Placement Unit (PPU). All students are required to have a current First Aid and CPR certificate, current ‘Suitability for Working with Children’ (Blue Card), to have provided proof of Hepatitis B status prior to attending clinical placements, ID badge, QH orientation and deed, and signed confidentiality agreement. Some placements have further requirements (criminal history check etc).

Please notify JCU if you believe you have special/different requirements, unique to your facility and/or State.

Initial Contact with the Clinical Educator

Following allocation, the student is required to make initial contact with the clinical educator two weeks prior to the beginning of the placement but no later than one week prior to confirm placement details and for the educator to alert the student to any specific or individual requirements of the placement.

The initial contact, which can be done by phone or email (let the University know your preference as soon as possible) should include:

- Provision of student contact details (phone numbers, email address)
- Confirmation of the dates of the placement and area and scope of practice
- Confirmation of the location and directions
- Arrangement for first day (place to meet, time, date)
- Clarification of dress code for placement
- Identification of any preparation reading that might be useful
- Confirmation of accommodation

If there are any additional health or legal requirements, educators should inform the student of these when they contact the educator by phone.

Punctuality

Students should always arrive approximately 15 minutes prior to commencement of the working day or the clinical session.

Disability or Illness during Placement

Students who become ill during placement and require leave must inform their educator immediately. If absent for two or more days (consecutive or non-consecutive) due to illness the student must see a doctor and obtain a sickness certificate. This must be shown to their educator on return to the placement. It is important that the medical certificate be viewed by the Educator and faxed/emailed to the Uni.

The student must submit the sickness certificate to physioclined@jcu.edu.au. Hours/days absent must be recorded either through the exit survey on APPLinkup or on the eAttendance Record to be submitted at the end of the placement to physioclined@jcu.edu.au. If a student is absent from placement for two days or more, they must also contact the JCU Clinical Education Team. Absence of two days or more may affect their total hours for the placement. The placement can be extended by negotiation with the educator if possible, and
if necessary. The Clinical Education Team must be included in this conversation and informed of any changes of the placement dates.

**Presentation/ Dress Requirements / Uniforms**

JCU requirements for Professional Hygiene and Presentation are as follows:

- Finger nails are clean and do not extend beyond the fingertips
- Maintain a high standard of oral and body hygiene, including use of deodorant
- Hair must be clean, neat and tied back off the face so that it does not extend below the shoulders or interfere with patient techniques by coming in contact with patients
- Some placement providers will not allow dreadlocks in the workplace without the hair being covered
- Some placement providers will require tattoos to be covered
- Clothes must be clean and ironed
- No jewellery is to be worn except a wedding ring
- Watches must be removed when performing any practical techniques or skills
- Eyebrow, nose, lip and tongue piercings should be removed for practical exams and clinical placement
- A single or pair of ear studs can be worn

**Uniform**

Students have a range of uniform options as set out by JCU Physiotherapy:

- Physiotherapy polo shirt or chambray shirt.
- Shirts must be long enough that the midriff or back are not exposed when arms are fully extended above the head or when squatting or bending over
- Black knee length dress shorts or long pants/trousers (plain fabric - not pin stripes - with no external pockets; no hipsters, short shorts, jeans, denim, tracksuit pants, tight “active wear” or cargo trousers are allowed.
- Black, closed in, flat sole shoes which are lace up or T-bar
- Shoes must be clean and maintained in good repair.
- If it is necessary to wear a jacket over the JCU shirt or a long sleeve T-shirt underneath the JCU Physiotherapy polo it must be a similar colour to the JCU uniform top.
- If a belt is worn the buckle should be small and non-injurious to patients
- Facial makeup should be natural and not overstated.
- Perfume and aftershave should not be worn

**JCU student ID badges must be worn** when on placement unless otherwise advised by JCU Physiotherapy or staff at the specific facility.

Students should follow the approved dress code for JCU Physiotherapy unless advised otherwise by the placement educator. In some instances there are dress codes or dress requirements specific to the placement facility - if this is the case the clinical educator must advise the student when the student makes first contact prior to the placement commencing.

**Students who do not comply with the dress code can be turned away from a facility. In this event you would contact the University to let us know, and would ask the student to return**
to placement dressed appropriately. The student would be responsible for making up any lost hours.

Confidentiality

Physiotherapy students sign a confidentiality agreement annually, acknowledging the imperative of maintaining the confidentiality of patients and staff at all times. Students are reminded of this prior to attending placements. Likewise, student information is confidential, including their mid and final assessment marks (the APP).

Staff Support

While on placement students and Clinical Educators may contact Clinical Education staff and other Academic staff at JCU for advice and guidance at any time. Clinical Education staff will endeavour to speak with each centre to ensure that the clinical placement is working well. However, should there be any significant difficulties that arise during the placement, it is important that the student or the clinical educator contact the JCU Clinical education team as soon as possible. If there is any concern that a student may fail a placement, a Concerns Exist form should be completed (see appendix). This provides documentation relating to issues identified and discussed with the student, and strategies put in place to assist the student. It also enables further support from JCU for both the student and the clinical educator. Contact Information for JCU Clinical Education is available at the front of this manual.

Student Accountability

Students are to be moderate with the use of resources and materials, avoid damaging equipment and ensure accountability for any equipment that is loaned or used in therapy sessions. Equipment and supplies are subject to strict budgetary constraints. Some supervising therapists travel to provide outreach services to rural areas which may include airfares and overnight accommodation. If students are invited to join staff for these trips they will need to do so at their own expense however it is appreciated that as much notice as possible is given to the University/student prior to the placement as the cost of this may influence which student attends the placement.

Insurance

As clinical experience is a mandatory assessable part of the students’ course of study all students of James Cook University are covered under the James Cook University Accident Insurance Scheme. This scheme offers compensation for death, disability, hospitalisation and loss of work and reimburses non-Medicare medical expenses arising from accidental injury sustained whilst engaging in course related work experience. The University’s Public & Products Liability Insurance covers students for all personal injury and property damage to a third party caused by the student in the course of a clinical experience activity, and for which he or she is held legally liable.

The insurance is updated annually in November; the most current document will always be on the JCU website. (See Appendix Section)

https://www.jcu.edu.au/chancellery/student-insurance-information
Notification of Incidents

Should a student be injured at work or involved in a critical incident they should notify their educator immediately and the student or the clinical educator should notify the JCU Physiotherapy Clinical Education Team. Any incident, which could possibly result in a claim against the University’s Insurance Policies, should be notified immediately to the Clinical Education team. Phone: 07 4781 6600 or After Hours Mobile: 0400 539 512

FACILITATING STUDENT LEARNING

The Educator Role

The role of educator is essentially to facilitate the student’s uptake of clinical skills in the broadest sense. The following points are a useful checklist for effective supervision:

- **Client Intervention Process**
  - identify appropriate clients for the student to work with
  - demonstrate how you work with clients (first or second day, and as needed thereafter)
  - ensure that the student has a clear understanding of the goals of intervention
  - observe and give feedback on the student’s interaction with the clients
  - observe and give feedback on the student’s interaction with other staff
  - observe and give feedback on the student’s approach to learning

- **The Learning Process**
  - help the student connect theory to practice
  - discuss with students the strengths and limitations of their skills and knowledge
  - assist students to monitor their learning and review their learning needs
  - provide a debriefing session with students at least once per week

To assist in debriefing and feedback sessions, JCU physiotherapy students have access to and are encouraged to complete a weekly reflection on their experience that week and to formulate weekly learning objectives.

The Educator: Student Relationship

The relationship between you as the educator and the student is at the core of the clinical experience. The relationship you develop with the student is unavoidably personal as well as professional and critically important to the success of the placement. The learning-teaching relationship should support open two-way communication in the form of questions, reflection, clarification, descriptions and discussion. As educators, we should acknowledge that we teach as we prefer to learn and that different students will benefit from different modes of teaching and learning. Each student is an individual. Take time to develop a relationship with your student that will facilitate their development of therapeutic competence, without taking on full ownership of their learning.

Prior to the commencement of clinical education placements students will have the opportunity to attend lectures providing information on preparation for placements. It is hoped that the strategies identified in the lectures will assist students to be prepared and able to assume a role immediately. We hope they are confident and energetic in their new learning environment while managing the many challenges associated with perhaps living in unfamiliar circumstances away from their family and social groups. If at any stage you as an
educator are concerned about a student’s emotional or physical well-being, please contact the JCU Clinical Education Team immediately to discuss the issues and management strategies.

It should be noted that students are not permitted to assess or treat a client without a physiotherapist being on site. The Clinical Educator is ultimately responsible for patient management and safety and therefore must be available for consultation at the level appropriate to the student’s capacity, skill level and confidence.

**Expected Skill Level and Knowledge of Students**

The level of the students’ knowledge and skills, and their progression through the clinical placement program will determine the level of supervision that is required and to some extent the roles that are most needed. Students have completed and passed all pre-clinical subjects and thus should be ready to apply the knowledge and skills gained in these subjects to the clinical environment.

**INCLUDING STUDENTS IN YOUR DAILY PRACTICE**

**Student Observation**

Students have frequently reported that opportunities to observe the educator in their practice were essential for learning the correct techniques, and specific skills and methods. This is also very useful to assist students in learning and refining appropriate communication styles during initial interviews, assessments and treatment sessions.

For more complex techniques it is recommended that the student observe the supervising therapist and either take notes, or be reminded to take note of the ways in which therapist performs the task, in order to produce a step by step format for future use. Feedback from the student should be sought as soon as possible after the observation, and it is helpful if the educator asks specific questions to encourage the student to identify the key aspects of the task. It usually helps if the student can practice a skill as soon as possible after observation.

For some students chatting to clients in an informal way prior to treatment sessions or after the initial assessment will increase the student confidence in gaining rapport for future interactions. Some students will need encouragement to try to find things to talk about, while others may need advice about how to be tactful with the questions they ask, or the freedom with which they express their own opinions. It is useful to observe the student in these informal interactions in order to give feedback if necessary, early in the placement.

**Student Participation**

Suggestions for preparing the student and the client for client interactions include:

- Introducing the student to the client.
- Outline the student’s role clearly during sessions.
- Have a management strategy clearly identified if the interaction (assessment, treatment) does not proceed as planned.
- Identify PRIOR to the interaction (for example, in the orientation) questions that would be appropriate for the student to ask in front of the client.
- Thank the client and establish the student future role with that client.
Bridging the gap between theory and practice

- Use real-life examples when explaining theoretical concepts
- Demonstrate on the student or use the student as a model e.g. Breathing exercises, ROM assessment
- Ask students about their learning styles. Make it clear that although you may have a preferred way you recognise the values of others and allow the student to try out other alternatives
- Encourage the students to question at appropriate times in order to increase their awareness of your thinking throughout the clinical process
- Allow students to take responsibility for what they decide to do and what they do with specific clients. Allow them to learn from their own mistakes provided that there is no risk to patients or themselves
- Don’t tell the student too much. Let them use the problem solving skills they have been encouraged to use in course work
- Demonstrate your clinical reasoning – think aloud at times, spend time discussing why you do what you do.

A study on clinical reasoning development conducted by Robertson (cited in Alsop & Ryan, 1996, p.124) has indicated that in order to obtain optimal results with clients, the educator should assist the inexperienced student to formulate the problems to be addressed, identify a variety of solutions and a rationale for intervention. The student should then work out the different processes that might then be used to resolve problems and achieve the desired goals. This provides the student with an incomplete framework to guide his or her thinking, but does not provide prescriptive solutions to the problems identified. Plans should then be discussed with the educator and the most appropriate path chosen for the client.

COMMUNICATION ON PLACEMENT

General Aspects of Supervision

- Organise an additional mentor (for example, Student Support Officer, may not necessarily be another Physiotherapist) for the student as an alternative support person
- Allow students time for self-study and writing reports
- Allow students to meet/socialise with other team members and students
- Allow educators to have time without students
- Factor in additional time requirements for student supervision and make caseload adjustments
- Identify student projects, you may like to seek ideas for projects from colleagues, and allocate time for the student to work on them
- Make students feel valuable members of service who can contribute and help the Educator keep up to date
Access other experts to provide training in specific techniques/skills (e.g. Podiatrist to instruct in sensory testing for diabetic feet)

Assist students to give educator feedback, to develop their supervision skills

Incorporate different learning styles (e.g. visual, practical, research activities)

Maximising Communication

Good communication is the key to a successful student placement. Clear and effective communication between the student and the Educator (and the University Clinical Education Team where necessary) during clinical placement is essential for optimal patient care as well as facilitating a constructive learning environment. The student and Educator must be clear about the way in which communication between them will occur, especially with regard to the temporal aspects of the student reporting on clinical matters. Strategies are discussed below.

You as an educator must be informed of the following information:

- the outcomes of subjective and objective assessments
- the plan for treatment prior to commencing treatment
- which patients have or have not received treatment
- the treatment provided
- the result of treatment
- the long term plan for treatment, including planned discharge and referrals.

As to when this information is to be conveyed by the student to you will depend upon the student’s level of competency. At the start of a placement you may wish to receive this information immediately following each element of the clinical process. Later, when the student has developed sufficient competency to be more autonomous in their patient management, you may be happy to have patient updates less frequently.

The student is responsible for advising you if there is:

- an adverse affect to treatment
- an issue between you and a patient or a staff member (such as a disagreement regarding patient management or interpersonal conflict)
- work health and safety issue
- any other issue that you have requested they report to you.

The student is also responsible for:

- determining their own learning objectives and strategies (p.54) and telling their educator of their learning needs.

Schedule for Communication - Example

Set out below is a suggested schedule for communication and feedback during the clinical placement. Weekly one-on-one feedback sessions will allow the student and educator to discuss issues arising during the week and the student’s performance overall. Discussion of
the students Intended Learning Outcomes will also be beneficial at this time as it will allow the student to refocus and give both the student and educator a plan for the week to come.

Students are encouraged to download and complete the weekly reflective practice and learning plan activity available on their subject LearnJCU website. From this activity, students will be setting weekly learning goals. This document provides a useful tool for both the student and the Clinical Educator in the weekly debrief/feedback session. Students may approach the Clinical Educator and ask for this activity to be included in these sessions, however there is no compulsion on the part of the Clinical Educator to do so as it is not a required component of the student assessment for the placement at this time.

### Week 1
- **M** Orientation

### Week 2
- **T** Learning Plan discussed
- **W** Learning Plan due (Student to submit to JCU)

### Week 3
- **T**
- **W** Mid Unit Assessment (Formative) – APPLinkup or eAPP emailed to JCU
- **F** Weekly feedback session

### Week 4
- **T**
- **W**
- **F** Weekly feedback session

### Week 5
- **T**
- **W** Student to complete end-of-unit APPLinkup self-assessment
- **F** End of Unit assessment (Summative) eAPP form emailed to university

In addition to the formal feedback sessions students should communicate with the educator frequently during the day. Students are required to speak with you following the subjective examination and objective examination so that the findings may be discussed, you can assess the student’s level of understanding and the student can present the intervention plan for comment. It is the student’s responsibility to make contact with you at these times. Where possible, a brief discussion at the conclusion of the patient contact would be advantageous as the student will be able to relate easily to the discussion and feedback on their performance. It is always optimal to prompt student reflection and to provide feedback as soon as possible.

The formative Mid Unit Assessment may take place at the end of the 2nd week or at 2½ weeks, according to the Educator’s preference.
PROVIDING FEEDBACK

Introduction

There are two prescribed formal occasions for the Clinical Educator to provide feedback to the student; at the halfway evaluation and at the end of the placement when the educator provides the student with the final evaluation of his/her overall performance. However there are many occasions during the course of the placement when it may be opportune and important to provide the student with more immediate and informal feedback. This advice may pertain to various aspects of behaviours and performance which may not necessarily be directly related to clinical tasks and skills.

Strategies for Effective Feedback

For any feedback to be optimally constructive and helpful, it should be clear and specific. When a negative comment or correction of a particular behaviour is necessary, clear justification for an alternative approach should be provided. The giver of the feedback should always check that the receiver has fully understood the points being made.

An acronym to help remember how to give good feedback is ‘CORBS’: Clear; Owned; Regular; Balanced; and Specific (Hawkins & Shohet, 1989).

Clear - try to be clear about what the feedback is that you want to give. Being vague and faltering will increase the anxiety in the receiver and may not be understood. (Use the Examples of Performance Indicators provided with the APP to find examples of specific behaviours, then clarify the behaviours you have observed).

Owned - The feedback you give is your own perception and not an ultimate truth. It therefore says as much about you as it does about the person who receives it. It helps the receiver if this is stated or implied in the feedback, e.g. “I found that …” rather than “It’s obvious that…”

Regular - If the feedback is given regularly it is more likely to be useful. If this does not happen there is a danger that grievances are saved until they are delivered in one large package. Try to give the feedback as close to the event as possible and early enough for the person to do something about it, that is, do not wait until someone is leaving to tell them how they could have done the job better.

Balanced - It is good to balance negative and positive feedback and if you find that the feedback you give to any individual is always either positive or negative, this probably means that your view is distorted in some way. This does not mean that each piece of critical feedback must always be accompanied by something positive but rather a balance should be created over time.

Specific - Generalised feedback is hard to learn from. Phrases like, “You talk too much” can only lead to hurt and anger. “You talk too much while you are administering an assessment” gives the receiver some information which he or she can choose to use or ignore.


Anecdotally, some Clinical Educators rely on the KSS (Kiss) principle for giving feedback. They say to the student:
**Keep** doing what you are doing well (name specific behaviours/ skills etc)

**Stop** doing what you are not supposed to be doing (name specific behaviours / attitudes etc)

**Start** doing something you need to do (name a specific behaviour/ skill / attitude etc).

To name specific behaviours, you could use the Performance Indicators as examples to assist.

- Whichever acronym is most useful, the idea of giving feedback should still be understood within the broader model of adult learning which is more of a dialogue than a monologue and which generally has four phases:
  - experience – you provide the opportunity for their experiences
  - reflection – you facilitate the retrieval and naming of their experiences
  - integration – you facilitate the link with formal knowledge
  - strategising - you evaluate the students’ professional responses to events/issues and assist them to ‘remake a part of their practice world’. This is a progressive moment-by-moment remaking and is as much for the educator as it is for the student because the educator will also change throughout the placement experience. (Bogo and Vayda, 1987 quoted by Gwen Ellis).

**References**

Some references are provided below should you wish to read further:


Stagnitti, K. Schoo, A. Welch, D (Eds) 2010 *Clinical and Fieldwork Placement in the Health Professions*, Oxford University Press.
DEALING WITH PROBLEMS ON PLACEMENTS

The Stakeholders

Clinical education is a three-way partnership that aims to enhance the development of students’ competence. The clinical education partnership works best if there is an open communication between all parties.

**Supervising Physiotherapist**

Responsible for:
- Providing learning opportunities
- Evaluating student
- Maintaining client safety

**Student**

Responsible for:
- Learning
- Setting objectives
- Ensuring safe practice

**Clinical Education Team**

Responsible for:
- Allocation
- Developing Clinical standards
- Supporting students and therapists

During the placement, other parties become involved in the partnership, especially clients and their families, or other staff that work with the therapist. It is the Educators’ responsibility to ensure that the needs of clients and their families are prioritized. If there are problems related to student performance that is impacting on the service to clients, then the therapist should discuss these with the student and inform the Clinical Education Team. Together, we can develop a plan to minimize the impact on patients. In some extreme situations the student may be withdrawn from the placement.

Occasionally health and personal stresses can impact on the student’s performance. Clinical placements can be stressful because students may be away from their normal environment, are separated from support people, are having their expectations challenged, and are possibly under increased financial strain being away from their home and casual jobs. Educators need to be mindful that students may be in a situation that is outside of their usual experience, and
to be aware of any difficulties the student may be having that is impacting on their performance.

When these issues arise it is the responsibility of the student to inform the Educator, rather than trying to pretend that everything is fine. After discussion and consent it is appropriate to inform the University Clinical Education Team, to ensure that a plan is developed to maintain the safety of the student and the placement.

**Documentation**

Where there are concerns about the performance of the student a Concerns Exist Form should be completed (see appendix). The Concerns Exist Form provides documentary evidence that any issues relating to the placement have been raised with the student and strategies to overcome the issue have been discussed and implemented. Any assistance from the University to provide additional support can be requested. This documentation enables the university to make contact with the student to offer additional support. It is important that this documentation is completed, as early as concerns are identified, even if the Clinical Educator considers that the student will, with the strategies discussed, pass the placement.

**Flowchart of process**

In the event that either the educator or the student communicates problems to the Clinical education team and where there is agreement that the success of the placement may be affected, the team will contact the other party directly. This is to maintain open communication and to ensure the success of the placement wherever possible.

**Problems on Placement Flow chart**

Educator or student identifies problem

Educator/student should talk first

(Identify problem and the effect on placement)

Either the student or the Educator contacts Uni Clinical Education Team

(Discuss the problem and its possible consequences)
Development of a plan to deal with problem
(Generate strategies and plan monitoring process)
Clinical Educator completes a Concerns Exist Form, signed by the student to reflect discussion and plan)

Clinical Education Team liaises with the student’s Educator and student
(Clarifies issues and reports to plan)

Student and Educator work through plan together
(Maintain open communication and feedback)

Follow-up from Clinical Education Team
(Ensures plan is effective, may need to revise plan)

(In extreme circumstances where safety is an issue the University Clinical education team may withdraw a student from placement)
Managing Adverse Events

In the context of clinical supervision and placements, the term ‘adverse events’ covers a range of issues requiring risk management strategies specific to the ‘adverse event’. Adverse events in this context generally fall into four main categories:

(a) **Events in which patient safety is at risk**

Any event which occurs during a placement in which a patient’s safety is put at risk must be reported immediately to the Clinical Educator. The facility will have policies to correctly manage events relating to patient safety and the student must comply with the directions of the Clinical Educator and the facility management. JCU Physiotherapy students are insured under JCU professional indemnity policy whilst engaged in mandatory work experience required for the completion of the program.

(b) **Events in which student safety is at risk**

Any event which occurs during a placement in which a student’s safety is put at risk must be reported immediately to the JCU Physiotherapy Clinical Education Team. Management will depend upon the specific event and the student’s health and welfare must take priority. The placement may be allowed to continue if it is deemed safe to do so and that the student’s learning opportunities will not be adversely affected in any way.

(c) **Clinical Educator’s absence**

Educator absences in a larger Physiotherapy department can often be managed internally through the provision of an alternative staff member to supervise for the period that the first educator is absent. If however alternative supervisory arrangements cannot be made internally within the organisation and the educator will be absent for more than 10% (i.e. 3 days or more of a five week placement) of the placement, then the educator or facility representative is requested to contact the JCU Physiotherapy Clinical Education Team as soon as possible to discuss the issue. Possible options for management of the issue include negotiating an extension to the student’s placement period within the facility to account for the days of placement lost (if this is a possible or acceptable alternative to the facility, educator, student and university) or a reallocation of the student to another facility. A physiotherapy student may not assess or treat patients without the supervision of a Clinical Educator. Educator absence for very short periods of time can be used by the student for research, reading, attendance at ward rounds, ward meetings and other non-clinical tasks relevant to the placement.

(d) **Student special circumstances**

With respect to increased need for learning support or responding to student special circumstances such as family or mental health issues, the over-riding policy pertaining to risk management associated with clinical education and placements will apply. This policy requires the Educator and student to notify the JCU Clinical Education Team should any significant event or problem become evident which adversely affects or is likely to adversely affect the student’s learning opportunities or performance. A number of strategies can be employed in this situation including discussion, counselling and / or mediation provided either by the JCU Clinical Education Team or by another JCU staff member. There are occasions when communication difficulties arise between supervising therapists and students,
and each party should feel comfortable acknowledging the issues and bringing it to the attention of the Clinical Education Team.
**PLACEMENT EVALUATION**

At mid-way and at the end of the placement, the student and educator will meet at an agreed time, to evaluate the student’s performance. The assessment instrument to be used is the Assessment of Physiotherapy Practice (APP). Dates for the midway and final evaluation should be set early in the placement, to ensure prioritizing of this task.

It is strongly recommended that the student self-evaluate their performance prior to meeting with the educator for the mid-unit review. The educator should also complete the APP evaluation prior to meeting with the student. The educator is encouraged to gain feedback from relevant people who have also been working with the student.

APPLinkup is the online system for completing mid and end unit APPs and recording information about student attendance and the demographics of the placement. All Queensland Health facilities have moved to the new system. Non-Queensland Health facilities who provide physiotherapy clinical education placements will be encouraged to move to the new online system. APPLinkup is being used nationally and will provide the opportunity for Universities and facilities to obtain reports comparing performance and results across cohorts, universities and facilities.

**APPLinkup (www.applinkup.com)**

APPLinkup is the online system for completing mid and end unit APPs and recording information about student attendance and the demographics of the placement.

Each facility hosting JCU students is required to have a Facility Clinical Education Coordinator (FacCEC).

The FacCEC registers for their account from one of the Universities – only one account is required even if you offer placements to students from a number of universities. The university will allocate students to the facility for the rotation. Make sure that you add all facilities that you work at, or are responsible for providing CEC support for (HHS areas with a FacCEC).

Details about how to use the APPLinkup website are available in the Resources and FAQ section of the website, and by reviewing the User Manual. If you have any questions please contact physioclined@jcu.edu.au

The FacCEC is responsible for:

- Registering Clinical Educators within the system
- Assigning students to a Clinical Educator for a given rotation
- Managing educators during the placement
- Allocating students to clinical areas for their placements

The FacCEC will also generally assign themselves as a CE to all students on that rotation. This will enable them to see the notes and APP assessment units for each student, and enable them to either participate in completing the APP, or being able to support the CE to do so.

**eAPP (Electronic APP)**

The APP has gone online. All facilities taking JCU students are encouraged to utilise the online APP system through APPLinkup.
The eAPP is available for those Clinical Educators who cannot access APPLinkup.

**Concerns Exist**

Should educators or students have concerns regarding the achievement of the Intended Learning Outcomes, it is important to notify the Clinical education team immediately. If the student is having significant difficulties at half way, that places him/her at risk of failing the placement, the clinical educator should fill out a ‘Concerns Exist’ form (see appendix section) which the student must also sign, prior to the educator emailing it through to JCU.

**CLINICAL EDUCATOR DEMO DATA AND CLINICAL PLACEMENT FEEDBACK**

Educators are asked to provide any updated information relating to the placement to the JCU Physiotherapy Clinical Education Team as is necessary. This includes any last minute changes of the educator due to illness or staffing changes. Contact information is inside the front cover of this manual.

Educators are also asked to complete a *Clinical Educator placement feedback survey form* and return it to the physioclined@jcu.edu.au following completion of the placement. If the facility is providing several placements in the one semester the educator can provide a summary document covering all placements. The purpose is to alert JCU to any issues which need to be addressed to further improve the management of placement at the facility and importantly any problems or any perceived deficits in supports from JCU.
PROCEDURAL GUIDELINES WITH CHECKLISTS

The following summary of timeframe guidelines includes suggestions to assist the educator to best manage the placement processes and procedures, and in the long term to facilitate the student’s learning outcomes.

Prior to Placement

☐ Have you informed the University of your Key Contact Person?
☐ Have you designated space and resources for student/s?
☐ Have you confirmed the number and names of students attending and dates of placement?
☐ Have you reviewed the general and detailed objectives as well as the specific learning objectives for the placement? Or developed your own from the learning opportunities in your work environment?
☐ Have you registered for your clinical educator account on APP Linkup?
☐ Has your Facility Clinical Education Coordinator assigned your students to you?
☐ Do you need to use the assessment tool (the eAPP form)? Y/N
☐ Have you reviewed the orientation guidelines?
☐ Have you prepared an orientation package (administrative and educational resources)?
☐ Have you reviewed the resources and learning opportunities available at your facility?
☐ Have you booked students into any mandatory training required by the education site?
☐ Do you have access to university manuals and resources?

Day One of Placement

☐ Orientate student to the facility and workplace environment
☐ Discuss general framework of the placement and clarify the expectations of the educator and the organisation
☐ Clarify your own and the student’s expectations of the placement including student profiling, hours per day/week/placement, RDO’s etc, perhaps do a learning styles test.
☐ Schedule a regular 1:1 time to provide feedback (e.g. daily debriefing, planning at beginning of week, review at end of week) and stick to these times
☐ Include the weekly reflective review and learning outcomes exercise being conducted by the student at the end of week 1 review (and if possible, at the end of week 2,3, & 4)
☐ Set the structure and goals for the first week of the placement
☐ Identify the Weekly Reflective Review and Learning Objectives document
☐ Demonstrate subjective, objective & treatment of a patient.

During the Student Placement

☐ Observe student and provide feedback throughout placement as negotiated
☐ Revise supervisory requirements with student

☐ Develop a working relationship with the student so that both the educator and the student have a clear understanding of individual and collective workplace responsibilities

☐ Maintain regular 1:1 time each week to provide feedback, incorporating the Weekly Reflective Review and Learning Objectives document if possible.

☐ Complete mid placement assessment through APPLinkup, submit and discuss with student (Please note – student is required to complete mid-placement assessment and submit to generate combined assessment form that can be SAVED/PRINTED.

☐ If student is at risk of failing follow guidelines as detailed in Clinical Subjects: Clinical Assessment, and send in the Concerns Exist Form. Email to: physioclined@jcu.edu.au.

☐ Complete end of placement assessment through APPLinkup with student – see Clinical Subjects: Clinical Assessment

☐ If do not have access to APPLinkup, undertake mid-placement and end-of-placement assessments using the eAPP. Attach to email and send to physioclined@jcu.edu.au

_It is essential that you contact the Clinical Educator Team prior to the final day of placement if you judge the student to be failing or unsafe. If sufficient warning is not given, the student will immediately go on to the next placement which may be inappropriate._

**Clean-up after Clinical Placement Checklist**

☐ APP assessment completed and submitted through APPLinkup, or eAPP completed, copy to student, emailed to JCU

☐ Contact the Clinical education team with feedback. Document positive outcomes of the placement as well as any areas for improvement in placement structure, supervision skills, communication or conflict resolution.

☐ Discuss any student feedback from students with Clinical education team

☐ Send in Clinical Educator Demographic Data (once/year, not each placement)

☐ Update placement timetable for next student/s

☐ Update weekly timetable for next student/s

☐ Update forms for students for next student/s

  ➢ Orientation to centre

  ➢ Expectations of students – professional behaviour

  ➢ Expectations of students – preparation & documentation

  ➢ Standard forms – assessment, case conference, discharge etc

  ➢ Expectations for feedback sessions – formative & summative

☐ Review process for patient allocation if necessary

☐ Review schedule for support from other staff
☐ Review schedule for visits
☐ Review list of optional visits

At the End of the Placement Year (optional)
☐ Provide the JCU Clinical education team with overall feedback:
  ➢ Positive experiences during the placements
  ➢ Overall challenges, barriers or difficulties
  ➢ Level of student’s knowledge prior to placement
  ➢ Level of student’s knowledge at end of placement
  ➢ Recommendations for any changes in the curriculum
PHYSIOTHERAPY THEORY AND APPLICATION 1

PS 3007:12 and PS3107:12 (Hons)

Subject Overview for PS3007 and PS3107 (Hons):
Physiotherapy Theory and Application 1 (i.e. both PS3007 and PS3107 Hons) is the first of the two clinical practice subjects and is made up of three 5 week supervised clinical experience placements within health care settings. These placements can be in any of the three core discipline-specific clinical areas (Musculoskeletal, Neuro/Rehabilitation and Acute care Physiotherapy), or students can be allocated to a Rural or a Non-Core placement. The subject focuses on the application of clinical assessment, reasoning and management skills. The subject further requires students to engage in significant self-directed learning through reflection upon their own clinical performance and self-evaluation of their performance in all aspects of service delivery.

PHYSIOTHERAPY THEORY AND APPLICATION 2

PS 4001:12 and PS4101:12 (Hons)

Subject Overview for PS4001 and PS4101 (Hons):
Physiotherapy Theory and Application 2 is the second of the two clinical practice subjects and is made up of three 5 week supervised clinical experience placements within health care settings. The clinical area to which a student is allocated depends on the students placements in PS3007 such that a student will complete placements in each of the nominated areas over the course of their clinical education. As with PS3007 the subject focuses on the application of clinical assessment, reasoning and management skills. Students are expected to engage in significant self-directed learning through reflection upon their own clinical performance and self-evaluation of their performance.

INDENTED LEARNING OUTCOMES for PS3007/PS3107 and PS4001 /PS4101

General Objectives

1. Demonstrate effective nonverbal, verbal and written communication skills with carers and other health professionals
2. Demonstrate application of evidence based practice in the assessment and management of disease, illness and injury across the lifespan and in a range of settings
3. Demonstrate appropriate professional behaviour in clinical situations, including adherence to ethical standards and legal requirements
4. Demonstrate the ability to safely and competently plan and perform physiotherapy assessment analysis, intervention, evaluation and planning processes

Detailed Objectives

The JCU requirements of students are aligned with the Australian Threshold Standards for Physiotherapy as determined by the Australian Physiotherapy Council (APC), and are assessed using the Assessment of Physiotherapy Practice (APP), an assessment tool which also reflects the Australian Standards. The objectives of JCU students are to:
On successful completion of the James Cook University Physiotherapy Bachelor degree program, graduates will be able to:

1. Integrate and adapt a coherent and broad body of theoretical knowledge and technical competencies in diverse contexts as an entry level physiotherapist.
2. Review professional and ethical frameworks, and underlying principles and concepts, to inform professional behaviours and responsibilities.
3. Retrieve, critically evaluate and apply established and evolving evidence and concepts to physiotherapy practice.
4. Formulate, implement and evaluate physiotherapy management plans, across the lifespan, for culturally and demographically diverse peoples, especially in tropical, rural, remote and Indigenous communities.
5. Demonstrate effective oral and written English language and numerical skills that enable clear, coherent and appropriate communication of theoretical or therapy concepts, treatment options and professional decisions, with clients, families, communities and other professionals.
6. Apply physiotherapy based health assessment, promotion, prevention and self-management strategies to individuals and populations.
7. Deliver and facilitate safe, sustainable and effective collaborative client centred healthcare within a clearly defined and accepted scope of practice for a physiotherapist.
8. Reflect on current skills, knowledge and attitudes to determine future professional development requirements.
9. Apply knowledge of research principles and methods to plan and execute a piece of research and scholarship with some independence. (honours only)
Student Placement Requirements

Students are required to guide their own learning through regular reflection, observing the Intended Learning Outcomes and formulating relevant Learning Plans (Weekly Reflection Review and Learning Outcomes), and by developing a log relevant to their clinical experiences through compilation of a spreadsheet of demographic data relating to the placement.

It has also been recommended to Students to carry a small hardback A5, note book for their own use on placements, and / or to share with you e.g. taking notes, recording meeting times with you etc.

Clinical Assessment

The APP (through APPLinkup www.applinkup.com or through the eAPP if access to the online system is not available) will be used for the formative assessment at the mid-way point of the placement and also at the end of the placement for the definitive evaluation of the student’s clinical practice. In both cases, students will self-assess first. Through APPLinkup, the combined assessments of the student and the clinical educator can be saved as a PDF and printed for discussion with the student. If using the eAPP, the student will bring their findings to be discussed with their educator. Self-evaluation will be helpful to students especially at the half-way point where any discrepancies between the student’s perceived level of their competence and their educator’s view can be discussed and strategies identified to improve student performance. Feedback at the midpoint of the placement will assist students to identify their learning objectives for the remainder of the placement in collaboration with the Clinical Educator.

Concerns exist

Importantly, the mid-placement feedback provides the Clinical Educator with an opportunity to flag a student’s poor performance with the University. Students who are judged as being at risk of failing the placement – i.e. performing poorly across the assessments and failing to actively engage with their learning objectives – must be identified by the Clinical Educator to the JCU Clinical education team using the Concerns Exist Form. If a student is identified in this way, a discussion between the student, the educator and the JCU Clinical education team needs to take place (via telephone / videoconference where necessary) to examine and develop options for the student. The ‘Concerns Exist’ form can be submitted later than the mid-point assessment should an educator deem a student to be at risk of failing due to poor performance. However this should ideally be within a timeframe which allows a management plan to be established and improvements to occur.

NOTE:

1. Repeated demonstration of unsafe or unprofessional behaviour will result in a failure of the placement, irrespective of the clinical skills level of the student.
2. Students who fail a placement may, or may not be offered an opportunity to repeat the placement. Students who fail a supplementary placement will fail the subject.
STUDENT MANAGEMENT OF SELF-DIRECTED LEARNING

The Student Independent Learning Package (The ILP)

A self-directed clinical preparation module specific to the placement is to be completed independently by each student – prior to the commencement of the placement, or as directed. These modules are available in the JCU Physiotherapy Student Independent Learning Package (the ILP). The modules require students to review information relevant to the area of clinical practice and complete worksheets aimed at allowing the student to gauge their level of understanding and preparedness for clinical responsibilities; any deficits revealed will highlight potential knowledge and process gaps. Students will evaluate their performance within the worksheets by comparing their responses to solutions provided to them. The student will use the outcomes from this preparatory module to identify their immediate learning needs and to help direct and inform their learning plan for the placement.

Weekly Reflective Review and Learning Objectives

It is expected that following orientation to a placement, that students will rapidly engage in supervised clinical practice. At the end of week 1, students should complete their first Reflective Review of experience/s during the first week, and have identified Learning Objectives from their experiences for the following week. Students must submit the 1st week Reflective Review and Learning Objectives by 6pm on the first Friday of the placement. That week’s Reflection and Learning Objectives should be discussed with the Clinical Educator in the end of week feedback/debrief session, but it is the student’s responsibility to determine their learning needs and focus areas for the continued development of their clinical practice skills. Whilst the student is not required to submit week 1 of the reflection review and learning objectives, they are strongly encouraged to continue with this activity for the duration of the placement. They are encouraged to discuss each week’s review with the Clinical Educator as part of the end of week feedback/debrief session, but note that there is no obligation on the Clinical Educator to do so.

The Weekly Reflective Review and Learning Objectives will provide structure and focus for the placement, although it will not cover all aspects of learning for the placement. The student should use this activity as a guide for their learning, to monitor progress at supervision meetings and during placement evaluation. The Learning Objectives must be clearly identified and strategies which must be (SMART): Specific, Measurable, Assessable, Realistic (achievable) and Timely (able to be achieved within the time frame). Three main learning needs are to be identified for each week of the placement and developed into a framework of objectives and strategies and with clearly articulated evaluation measures. Learning Objectives provide the direction for learning and are simply the proposed learning achievements that will demonstrate the required competencies, knowledge and skills. The strategies define how the objectives will be achieved and should present a series of steps that will be taken by the student as the week proceeds. It is the specific strategies that will provide the student with a guide to ensure that progress towards achieving each learning objective is being made. Finally students will need to identify the outcome measures or method of evaluation that can be provided as evidence of their learning. The question here is: What
evidence will demonstrate that I have achieved this? Educators can sign these off when they are achieved.

The Weekly Reflection Review and Learning Objectives document can be found in the appendix of this manual.
## OVERVIEW OF COURSE 2016-17

### BACHELOR OF PHYSIOTHERAPY - JCU (71310)

#### Year 1

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#### Year 3

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</tr>
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<td>PS3003:03</td>
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**Year 4**

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<td>TM4401:03</td>
<td>All 3rd year subjects</td>
<td>Health Policy and Planning (SP8)</td>
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All subjects are mandatory. All preclinical subjects must be passed prior to commencing clinical placements. Clinical subjects are highlighted.
# BACHELOR OF PHYSIOTHERAPY HONOURS- JCU (71309)

## Year 1

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<tr>
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<td>PS1001:03</td>
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<td>Introduction to Physiotherapy</td>
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<td>RH1002:03</td>
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<td>Communication Skills for Therapy</td>
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<td>RH1004:03</td>
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<td>HS1003:03</td>
<td>Lifespan Development for health A</td>
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<td>HS1401:03</td>
<td>Health and Health Care in Australia</td>
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<td>PS1002:03</td>
<td>BM1041 &amp; PS1001 Introduction to Physiotherapy Applications</td>
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## Year 2

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<td>PS3107:09</td>
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**Year 4**

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Introduction

The College of Healthcare Sciences at James Cook University has designed a dynamic four year full-time program for the Bachelor of Physiotherapy degree and the Bachelor of Physiotherapy (Honours). The rationale for establishing a Physiotherapy program in Townsville was a lack of physiotherapy services available in North Queensland, regional, rural and remote Australia. The program emphasises a holistic health model with a strong focus on rural and remote health needs. The JCU program endeavours to introduce physiotherapy students to a broad spectrum of workplace environments.

The JCU Physiotherapy program comprises theoretical and clinical subjects as listed below.

JCU BACHELOR OF PHYSIOTHERAPY

Year One, Study Period 1

BM1041:03 Anatomy and Physiology for Physiotherapy 1

This subject will introduce the principles of human body structure and function as relevant for students of physiotherapy. This includes an introduction to cells and tissues, the nervous system and the function and relationships of bone, muscle, and joints. A detailed study of the gross anatomical structure and functional anatomy of the skull, neck, vertebral column, and upper limb will then be undertaken. An integrated understanding of the human body will be achieved with practical sessions, including the study of human cadaveric material, and functional and clinical case-studies to facilitate the integration of material and the correlation of structure to function.

RH1002:03 COMMUNICATION SKILLS FOR THERAPY

Communication skills for health professionals will explore health professional/client communication, professional communication with other health professionals and the public. Written and interpersonal skills will be developed. Practical verbal and nonverbal skills in effective listening, interviewing and assertive communication will be acquired through a variety of class exercises and workbook activities. Students will develop information technology skills as well as appropriate styles of writing for different purposes. Completion of a literature review will enable students to develop skills in searching for, reviewing and integrating current literature. Students will be required to reflect on their values, feelings, activities and performance throughout the course.

PS1001:03 INTRODUCTION TO PHYSIOTHERAPY

The subject will present an overview of the history of the physiotherapy profession along with issues relating to evidence-based practice. Research and literature search skills will be developed. Students will gain foundation knowledge and skills in the application of selected physiotherapy assessment and treatment techniques. These include massage, exercise prescription and joint examination.
RH1004:03 FOUNDATIONS OF ALLIED HEALTH PROFESSIONAL PRACTICE

The subject provides students with opportunities to gain an understanding of the role of Allied Health Professionals within the modern health care environment. The subject explores therapist-patient relationships and equips students with skills and knowledge they will utilise in future clinical placements and practice. Professionalism and inter-professional constructs will be examined and discussed specifically with regard to the Occupational Therapy, Speech Pathology and Physiotherapy professions. Students will learn skills which are fundamental to successful and safe practice across a range of health settings.

Year One, Study Period 2

BM1042:03 ANATOMY AND PHYSIOLOGY FOR PHYSIOTHERAPY 2

This subject builds on the principles introduced in BM1041 Anatomy and Physiology for Physiotherapy 1. This subject will comprise a detailed study of the gross anatomy of the lower limb. Physiological processes and anatomical structure will be studied for the gastrointestinal, renal, reproductive systems and endocrinology as relevant to rehabilitation sciences. The emphasis will be on gaining an integrated understanding of the human body through practical sessions, including the study of human cadaveric material, and functional and clinical case-studies to facilitate the integration of material and the correlation to practice.

HS1003:03 LIFESPAN DEVELOPMENT FOR HEALTH A

The subject introduces students to the concept of lifespan development and why health professional students study the subject. Physical, cognitive and socio-emotional development is examined in relation to major theorists and stages of human development from birth through to death. Socio-cultural aspects in relation to multi-culturalism and health and well-being are examined. Major topics will include: biological beginnings, infancy, early childhood, middle and late childhood, adolescence, early adulthood, middle and late adulthood, death and dying.

HS1401:03 HEALTH AND HEALTH CARE IN AUSTRALIA

This subject introduces students to the broad concepts surrounding demographic characteristics of the Australian population; location, age, ethnicity, gender, socio-economic status and education. Changes in the Australian population over time; births, deaths, migration and changes in the composition of the population will be examined. Throughout this subject, epidemiological patterns of the Australian population; what makes people sick and well will also be explored. Factors which impact upon the health status of the population and how these factors are measured, comparisons of the health status of Australia with other nations, the structure of the Australian health care system, how decisions are made about health service activity; access, resource allocation, federal/state relations, paying for health will all be explored throughout this subject. Methods for accessing health and demographic data will also be introduced as well as the interpretation of this data.

PS1002:03 INTRODUCTION TO PHYSIOTHERAPY APPLICATIONS
Students will develop skills to enhance their interactions with patients and will gain foundation knowledge and skills in the application of selected physiotherapy assessment and treatment techniques. These include joint examination, electro physical applications and gait analysis. Issues of safety and the evidence base for the interventions will be emphasised. Students will have the opportunity to undertake site visits to develop professional knowledge. Successful completion of this subject will provide students with foundation skills required for future clinical practice experiences.

Year Two, Study Period 4

**HS2402:03 HEALTH PROFESSIONAL RESEARCH 1**

This subject introduces students to practical and theoretical issues arising in research in Health Sciences. The students will become familiar with basic methods of biostatistics and concepts of quantitative and qualitative epidemiology and evaluation research. Topics covered include univariate and bivariate statistical analysis, design of a questionnaire, the structure of medical research, measures of disease frequency, descriptive and analytical epidemiology, bias and aspects of validity, interviewing techniques, focus group work, reading and writing of medical publications.

Year Two, Study Period 1

**HS2403:03 HEALTH PROMOTION FOR HEALTH PROFESSIONALS**

This subject introduces students to the principles of health promotion and the historical context in which health promotion has evolved. Students will explore the social determinants of health and how this impacts on health issues of relevance to their professional discipline. Students will identify key barriers to behaviour change and examine frameworks and models that can be applied to address health issues of relevance to their professional discipline. Students will be also be introduced to the processes of health promotion program planning, implementation and evaluation.

**PS2004:03 NEUROSCIENCE IN PHYSIOTHERAPY**

This subject is designed to enable students to develop their knowledge of neuroanatomy and neurophysiology from the basic foundation information presented in first year anatomy and physiology subjects. Students will gain skills and knowledge in basic neurological assessment techniques and task training principles.

**HS2405:03 HEALTH PROFESSIONAL RESEARCH 2**

This subject will deepen the theoretical knowledge in regards to clinical and academic research in the allied health sciences and provide practical experience with the application of this knowledge. It will build on HS2402 by exploring how to design a research project using quantitative and/or qualitative methodologies the importance of ethical issues in research, and understanding research and research quality. This subject will reinforce principles, methods and skills required for evidence based practice in allied health.
Year Two, Study Period 2

**RH2002:03 CLINICAL MEDICINE FOR THERAPY**
The subject provides basic knowledge of aetiology, pathology, signs and symptoms, management and prognosis of disease conditions encountered in allied health practice throughout the lifespan. Major topics will include: congenital, medical, surgical, psychiatric and geriatric conditions; trauma related injuries and degenerative disease processes; medical and surgical interventions are addressed, developments in prevention and community care with emphasis on psychological sequelae for all age related disabilities.

**PS2002:03 PHYSIOTHERAPY 1**
The subject provides physiotherapy students with an introduction to acute care issues as they relate to physiotherapy practice. Students apply their knowledge of body systems, particularly the cardiopulmonary system, gained in BM1041:03 Anatomy and Physiology for Physiotherapy 1 and BM1042:03 Anatomy and Physiology for Physiotherapy 2, to the analysis of clinical cases commonly seen in the acute health care setting. Students acquire assessment and intervention skills and further develop clinical reasoning abilities.

**PS2003:03 PHYSIOTHERAPY 2**
This subject builds on the knowledge and skills acquired in PS1002:03 Introduction to Physiotherapy Applications. Musculoskeletal cases of greater complexity will be considered within the framework of holistic patient management. More advanced manual therapy techniques will be developed. Safety considerations and the evidence base for physiotherapy interventions will be emphasised.

**PS2005:03 PHYSIOTHERAPY APPLICATIONS ACROSS THE LIFESPAN**
This subject is designed to enable students to assess clients, and develop and implement physiotherapy intervention strategies for common conditions encountered across the lifespan. Continuity, change and the effect of injury and pathology are considered with respect to paediatrics, men's and women's health, health in the workplace, chronic disease, gerontology and palliative care.

Year Three, Study Period 1

**PS3001:03 PHYSIOTHERAPY 3**
This subject will continue the exploration of the physiotherapist's role in acute care. The management of seriously patients will be explored, including physiotherapy management of intubated and ventilated patients. Cardiopulmonary rehabilitation will also be addressed.

**PS3002:03 PHYSIOTHERAPY 4**
This subject will further develop the student’s knowledge and skills in musculoskeletal assessment and intervention. Vertebral and lower limb disorders and common paediatric conditions will be explored. The evidence base, safety considerations and, where appropriate, the medico-legal implications of musculoskeletal physiotherapy techniques will be emphasised. The subject is intended to give students the foundation practical abilities and
appreciation of the judicious use of manual therapy and associated techniques which will be necessary in future clinical placements.

**PS3003:03 PHYSIOTHERAPY 5**
The subject will build on the foundations of assessment and neurology developed in PS2004 and PS2005. Students will be required to apply knowledge and skills to the assessment of selected neurological disorders. New skills in the treatment of selected neurological disorders will be developed and specific assessment measures will be investigated, providing students with the tools required to competently assess and treat an individual with physical dysfunction as a result of neurological pathology. Treatment planning and evaluation will be investigated, with reference to current literature and prevailing scientific theory relevant to neurological physiotherapy.

**PS3006:03 COMPLEX CASES IN RURAL, REMOTE AND INDIGENOUS COMMUNITIES**
This subject introduces students to the principles and practices of primary health care and public health in the rural and remote Australian context. It aims to develop the professional knowledge, clinical reasoning and problem solving skills that are required by health professionals when working with people from rural remote and Indigenous communities, particularly those with complex needs. The subject makes use of targeted lectures and practical sessions. In addition, case studies will be used to provide students with the opportunity to apply clinical reasoning, problem solving and an evidence based approach to the preparation of management plans.

**Year Three, Study Period 2**

**PS3007:12 PHYSIOTHERAPY THEORY AND APPLICATION (Part 1 of 2)**
This subject is the first of two clinical practice subjects which are designed to set the foundation for learning experiences within health settings. This subject is made up of three 5 week placements in different discipline areas selected from the mandatory placements of Acute Care/Cardiorespiratory, Neuro/Rehabilitation, Musculoskeletal Physiotherapy, Rural and non-core. The total of 15 weeks of supervised clinical experience will be conducted in clinical settings in a range of public and private health care facilities throughout Queensland and interstate.

**Year Four, Study Period 1**

**PS4001:12 PHYSIOTHERAPY THEORY AND APPLICATION (Part 2 of 2)**
This subject is the second of two clinical practice subjects which are designed to set the foundation for learning experiences within health settings. This subject is made up of three 5 week placements in different discipline areas selected from the mandatory placements of Acute Care/Cardiorespiratory, Neuro/Rehabilitation, Musculo-skeletal Physiotherapy, Rural and non-core. The total of 15 weeks of supervised clinical experience will be conducted in clinical settings in a range of public and private health care facilities throughout Queensland and interstate.
Year Four, Study Period 2

**PS4002:03 CONTEMPORARY ISSUES FOR PHYSIOTHERAPISTS**
This subject enables students to be self-directed in exploring issues relevant to contemporary physiotherapy practice. The changes and challenges facing physiotherapists will be explored with topics relevant to current clinical and professional practice. In addition students will demonstrate their organisational skills through participating in the planning and development of the Physiotherapy Student Conference.

**PS4003:03 PHYSIOTHERAPY HEALTH LAW AND ETHICS**
This subject will increase the student’s knowledge of Health Law and its application to physiotherapy practice. Students will gain an understanding of ethics and bioethics and develop skills in working through complex moral and ethical issues, recognising and reflecting on different points of view.

**PS4004:03 ADVANCED TOPICS IN PHYSIOTHERAPY**
This subject introduces students to several selected areas of specialised physiotherapy practice. The areas of practice have been chosen to develop advanced skills in areas of practice or introduce students to areas of specialised practice they may not have encountered during clinical placement including burns, paediatrics, hand therapy and occupational health and safety. Students will also be required to participate in 20 hours of professional development in the course of the study period. This will serve to highlight the importance of continual skills development for these emerging health professionals.

**TM4401:03 HEALTH POLICY AND PLANNING**
Health professionals need an understanding of the interrelationships between public policy and planning for health service delivery. This subject will build the linkages between those two processes and discuss important factors that influence them. Methods used in policy development as well as in the planning and evaluation of health programs will be examined and practised. Power relationships will also be considered.
JCU BACHELOR OF PHYSIOTHERAPY (HONOURS)

Theory and clinical subjects for the Bachelor of physiotherapy (Honours) are the same as those for the Bachelor of Physiotherapy, until Year 3 Study Period 2. Thereafter the subjects for the Bachelor of Physiotherapy (Honours) are as follows:

**Year Three, Study Period 2**

**PS3107:12 PHYSIOTHERAPY THEORY AND APPLICATION (PART 1 OF 2) HONOURS**

This subject is the first of 2 clinical practice subjects which are designed to set the foundation for learning experiences within health settings. This subject is made up of three 5 week placements in different discipline areas selected from the mandatory placements of Acute Care/Cardiorespiratory, Neuro/Rehabilitation, Musculo-skeletal Physiotherapy, Rural and non-core. The total of 15 weeks of supervised clinical experience will be conducted in clinical settings in a range of public and private health care facilities throughout Queensland and interstate.

**PS3110:03 PHYSIOTHERAPY INDEPENDENT STUDY**

This subject is available to students entering the Bachelor of Physiotherapy (Honours) program, following approval of the Head of Physiotherapy. Students will utilise previously acquired skills and knowledge to develop an original project relevant to physiotherapy. This subject will focus on the development of a research plan and involve the submission and presentation of same.

**Year Four, Study Period 1**

**PS4101:12 PHYSIOTHERAPY THEORY AND APPLICATIONS (PART 2 OF 2) HONOURS**

This subject is the second of two clinical practice subjects which are designed to set the foundation for learning experiences within health settings. This subject is made up of three 5 week placements in different discipline areas selected from the mandatory placements of Acute Care/Cardiorespiratory, Neuro/Rehabilitation, Musculo-skeletal Physiotherapy, Rural and non-core. The total of 15 weeks of supervised clinical experience will be conducted in clinical settings in a range of public and private health care facilities throughout Queensland and interstate.

**PS4102:03 PHYSIOTHERAPY HONOURS THESIS (PART 1 OF 2)**

This subject is available to students enrolled in the Honours program. Students will utilise the project plan developed in PS3110 to guide the development of an original project relevant to Physiotherapy. The students will be required to produce a comprehensive literature review illustrating a thorough examination of the topic. Students will also be required to demonstrate progress in other areas of the project, such as data collection and collation.
Year Four, Study Period 2

**PS4103:03  PHYSIOTHERAPY HONOURS THESIS (PART 2 OF 2)**

This subject is available to students enrolled in the Honours program. Students will utilise the project plan developed in PS3110 and data, literature and other resources collected in PS4102 to complete their original research project. Students will be required to produce a thesis and to present their findings in a thesis seminar.

**PS4003:03  PHYSIOTHERAPY HEALTH LAW AND ETHICS**

This subject will increase the student’s knowledge of Health Law and its application to physiotherapy practice. Students will gain an understanding of ethics and bioethics, and develop skills in working through complex moral and ethical issues, recognising and reflecting on different points of view.

**PS4004:03  ADVANCED TOPICS IN PHYSIOTHERAPY**

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Health professionals need an understanding of the interrelationships between public policy and planning for health service delivery. This subject will build the linkages between those two processes and discuss important factors that influence them. Methods used in policy development as well as in the planning and evaluation of health programs will be examined and practised. Power relationships will also be considered.
ORIENTATION

Introduction
A well planned and thorough orientation is crucial to the overall success of any placement. Clinical Educators will find that by making time to provide a comprehensive orientation to the placement the student’s connection and immediate involvement with the facility as well as their subsequent learning opportunities will be facilitated. The orientation provides the context for learning and will help the student to begin to identify their role within the service provided. The orientation should include discussion and information sharing pertaining to the framework for clinical education, workplace policies and operational management, communication and reporting between educator and student and the student orientation file.

The following points can be used as a guide to the overall Student Orientation process:

(a) The framework for clinical education

- Discuss your role and how you intend to manage the student placement
- Clarify your expectations as educator and also those of the organisation
- Assist the student with identifying learning needs and objectives for the placement
- Ensure specific learning outcomes are reviewed on a regular (usually weekly) basis
- Identify student and educator collective workplace responsibilities including documentation requirements
- Discuss the level of supervision to be provided – especially initially (i.e. during the first week) when the educator will need to assess the students level of competence. The level or intensity of supervision will usually diminish as the placement progresses and the clinical competence and confidence of the student increases.
- Provide learning opportunities and resources that help the student to meet their learning goals
- Provide an environment that stimulates learning and helps the student connect theory to practice by regular discussion, especially concerning clinical reasoning, assessment and management outcomes
- Discuss the evaluation of student performance using the clinical assessment tool
- Discuss the way in which safe practice and the safety of clients will be ensured

(b) Workplace policies and operational management

- Conduct or provide a tour of the facility and explanation of the ‘rules and regulations’ of the workplace including work hours
- Conduct or provide a physical orientation to the setting, including location of toilets and staff rooms, where lunch can be bought or kept in a refrigerator
- Introduce the student to other key staff, e.g. reception staff, other team members, the educator’s line manager, etc
- Provide an explanation of administrative policies and procedures
- Provide an explanation of the facility’s place in the community; government regulations which prescribe the facility’s function etc.
- Allocate a working space for the student including a desk and safe location for personal belongings etc.
- Provide information on the filing system, policies regarding access, storage and writing in notes
- Provide a timetable of regular meetings (location and purpose)
- Provide information on photocopying, faxing, computer email, etc
- Provide phone lists and instruction on how to use the internal phone systems
- Provide information on resources – organisational e.g. library, other services,
- Provide security information, including accessing keys/cards to offices, computer password issue, where files are kept, etc
- Provide a timetable for the first week, including any special arrangements made for orientation
- Provide a timetable for the entire placement (5 weeks) with as much detail as possible
- Indicate the use of a ‘Whereabouts Board’ to let staff know where people are
- Discuss ethics and confidentiality issues pertaining to the setting – the student needs to understand the specific requirements of the facility
- Discuss universal infection control and safety policy and procedures
- Review workplace health and safety – fire procedures, manual handling etc
- Provide information on regional resources e.g. resource centres, library, community groups
- Additional information which can be helpful could include:
  - Maps of the organisation, local area, town centre
  - Bus timetables, other tourist information
  - Special interest features of the region

(c) Communication between educator and student

- Develop guidelines in conjunction with the student regarding how and when regular feedback will be given (e.g. in the presence of client / not)
- Discuss when and how communication between you and the student will occur. For example you must be informed at all times of which patients have been treated, how the patients are progressing and plans for discharge. In addition, you need to consider and clearly indicate to the student when you want to receive the following clinical information:
  - the outcomes of subjective and objective assessments
  - the plan for treatment
  - the treatment provided, and which patients have or have not received treatment
  - the result of treatment
You need to negotiate with the student when you want to receive clinical information. Depending on the stage of the placement you may feel that some information may need to be given to you at more or less regular intervals, e.g. early on in the placement you may want to hear the results of the subjective assessment and the students plan for the objective assessment before they undertake the assessment. Later on you may be happy for the student to complete their full assessment and then be given the information with their plan for treatment. Towards the end of the placement you may be happy for the student to manage a caseload and only receive information regarding the patients seen, the patient’s level of function and further treatment/discharge plans.

You must clearly inform the student of any circumstances requiring your immediate notification, for example:

- an adverse effect to treatment
- an issue between the student and a patient or staff member
- work health and safety issues
- any other issue that you as the educator wish immediate notification

**d) Student Orientation File**

It is recommended an orientation file for students be compiled by each organisation, which can be regularly updated and referred to. This may include:

- Organisational structure, including how physiotherapy services fit into the overall organisation
- Team members and contact numbers
- Mission statement, philosophy, objective
- Physiotherapy role and services provided
- Physiotherapy referral forms, checklists and pro-formas
- Physiotherapy assessment forms in common use
- Report writing (example of typical reports written)
- Articles and readings that relate to the learning
- Acronyms used in the setting
- Policies and procedures documentation
- Community organisations relevant to the placement and contact numbers
DOCUMENTATION

Preferred option is to use electronic versions of the documentation

Available for download of the JCU Physiotherapy Clinical Educators Network Website or by contacting the Clinical Education Team on physioclined@jcu.edu.au

- Concerns Exist Form
- Mid Unit eAPP
- End of Unit eAPP
- Examples of Performance Indicators
- Clinical Educator Demographic Data
- Clinical Educator Placement Feedback
- Student Assessment Items
  - Weekly Reflection Review and Learning Objectives
  - Demographic Data
  - Review of Placement
Concerns Exist Form

Not required unless the student is identified as having difficulties at halfway that place him/her at risk of failing.

Student Name: ________________________________
Supervisor Name: ________________________________ Phone No. ________________________________
Name of Facility/Service: ________________________________

Please provide a brief outline of your concerns at this point in the placement:

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## Mid/End of Unit Assessment

### Assessment of Physiotherapy Practice

**FINAL**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Facility/Experience</th>
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</thead>
</table>

#### LO 1. Professional Behaviour

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

#### LO 2. Communication

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

#### LO 3. Assessment

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

#### LO 4. Analysis & Planning

<table>
<thead>
<tr>
<th>LO 4</th>
<th>Analysis &amp; Planning</th>
<th>Select/Tick one number only</th>
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<tbody>
<tr>
<td>10.</td>
<td>Appropriately interprets assessment findings</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>11.</td>
<td>Identifies and prioritises client’s problems</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>12.</td>
<td>Sets realistic short and long term client-centred goals</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>13.</td>
<td>Selects appropriate intervention in collaboration with the client</td>
<td>0 1 2 3 4 not assessed</td>
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#### LO 5. Intervention

<table>
<thead>
<tr>
<th>LO 5</th>
<th>Intervention</th>
<th>Select/Tick one number only</th>
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<tbody>
<tr>
<td>14.</td>
<td>Performs interventions appropriately</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>15.</td>
<td>Is an effective educator</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>16.</td>
<td>Monitors the effect of intervention</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>17.</td>
<td>Progresses intervention appropriately</td>
<td>0 1 2 3 4 not assessed</td>
</tr>
<tr>
<td>18.</td>
<td>Undertakes discharge planning</td>
<td>0 1 2 3 4 not assessed</td>
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#### LO 6. Evidence-based Practice

<table>
<thead>
<tr>
<th>LO 6</th>
<th>Evidence-based Practice</th>
<th>Select/Tick one number only</th>
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</thead>
<tbody>
<tr>
<td>19.</td>
<td>Applies evidence based practice in client-centred care</td>
<td>0 1 2 3 4 not assessed</td>
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#### LO 7. Risk Management

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

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

- Not adequate
- Adequate
- Good
- Excellent

**Scoring rules:**

Select/Tick only one number for each item.

Select/Tick 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.

Evaluate the student's performance against the minimum competency level expected for an entry level physiotherapist.
**FINAL Written Feedback (Optional)**

It is optional to provide feedback under the following headings on areas that have been done well or require particular attention at the end of the placement.

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Clinical Supervisor Feedback - End of the Placement Summary

Student strengths

Areas of practice to work on during next placement

Areas of practice where student has shown specific improvement

Supervisor’s Signature (Enter primary supervisor’s firstname, then second name)
Declaration: By signing above I am stating that I have discussed this FINAL APP with the student

Date (Enter date as dd/mm/yyyy)

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## Examples of Performance Indicators

<table>
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<tr>
<th>Professional Behaviour</th>
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<tbody>
<tr>
<td>1. Demonstrates an understanding of client rights and consent</td>
<td>• demonstrates skills in culturally safe &amp; responsive client-centred practice</td>
</tr>
<tr>
<td>• obtains &amp; records informed consent according to protocol</td>
<td>• acts within bounds of personal competence, recognizing personal &amp; professional strengths &amp; limitations</td>
</tr>
<tr>
<td>• recognises clients’ health-care rights</td>
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<tr>
<td>• prioritises clients’ rights, needs &amp; interests</td>
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<tr>
<td>• allows sufficient time to discuss the risks &amp; benefits of the proposed treatment with clients &amp; carers</td>
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<tr>
<td>• refers clients to a more senior staff member for consent when appropriate</td>
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<tr>
<td>• advises supervisor or other appropriate person if a client might be at risk</td>
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<tr>
<td>• respects clients’ privacy &amp; dignity</td>
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<tr>
<td>• complies with confidentiality &amp; privacy requirements for client’s health &amp; personal information</td>
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<tr>
<td>• applies ethical principles to the collection, maintenance, use &amp; dissemination of data &amp; information</td>
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<tr>
<td>2. Demonstrates commitment to learning</td>
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<tr>
<td>• responds in a positive manner to questions, suggestions &amp;/or constructive feedback</td>
<td>• demonstrates understanding of team processes</td>
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<tr>
<td>• reviews and prepares appropriate material before and during the placement</td>
<td>• contributes appropriately in team meetings</td>
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<tr>
<td>• develops and implements a plan of action in response to feedback</td>
<td>• acknowledges expertise &amp; role of other health care professionals &amp; refers/liaises as appropriate to access relevant services</td>
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<tr>
<td>• seeks information/assistance as required</td>
<td>• advocates for the client when dealing with other services</td>
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<tr>
<td>• demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection</td>
<td>• collaborates with the health care team &amp; client to achieve optimal outcomes</td>
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<tr>
<td>• takes responsibility for learning and seeks opportunities to meet learning needs</td>
<td>• cooperates with other people who are treating &amp; caring for clients</td>
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<tr>
<td>• uses clinic time responsibly</td>
<td>• guides &amp; motivates support staff (where appropriate)</td>
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<tr>
<td>3. Demonstrates ethical, legal &amp; culturally responsive practice</td>
<td>• works collaboratively &amp; respectfully with support staff</td>
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<tr>
<td>• follows policies &amp; procedures of the facility</td>
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<tr>
<td>• advises appropriate staff of circumstances that may affect adequate work performance</td>
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<tr>
<td>• observes infection control, &amp; workplace health &amp; safety policies</td>
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<tr>
<td>• arrives fit to work</td>
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<tr>
<td>• arrives punctually &amp; leaves at agreed time</td>
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<td>• calls appropriate personnel to report intended absence</td>
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<tr>
<td>• wears an identification badge &amp; identifies self</td>
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<tr>
<td>• recognises inappropriate or unethical health practice</td>
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<tr>
<td>• observes dress code</td>
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<tr>
<td>• completes projects/tasks within designated time frame</td>
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<tr>
<td>• maintains appropriate professional boundaries with clients &amp; carers</td>
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<tr>
<td>• advocates for clients &amp; their rights (where appropriate)</td>
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<tr>
<td>• demonstrates appropriate self-care strategies (e.g. management of stress, mental &amp; physical health issues)</td>
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<td>• acts ethically &amp; applies ethical reasoning in all health care activities</td>
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<tr>
<td>4. Demonstrates collaborative practice</td>
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<tr>
<td>• works collaboratively &amp; respectfully with support staff</td>
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<tr>
<td>• guides &amp; motivates support staff (where appropriate)</td>
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<td>• guides &amp; motivates support staff (where appropriate)</td>
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<tr>
<td>• works collaboratively &amp; respectfully with support staff</td>
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<tr>
<td>Communication</td>
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<tr>
<td>5. Communicates effectively and appropriately - Verbal/non-verbal</td>
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<tr>
<td>• greets others appropriately</td>
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<tr>
<td>• questions effectively to gain appropriate information</td>
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<tr>
<td>• listens carefully &amp; is sensitive &amp; empathetic to views of client &amp; relevant others</td>
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<tr>
<td>• respects cultural &amp; personal differences of others</td>
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<tr>
<td>• gives appropriate, positive reinforcement</td>
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<tr>
<td>• provides clear instructions</td>
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<tr>
<td>• uses suitable language &amp; avoids jargon</td>
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<tr>
<td>• demonstrates an appropriate range of communication styles (with e.g. clients, carers, administrative &amp; support staff, health professionals, care team)</td>
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<tr>
<td>• recognises barriers to optimal communication</td>
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<tr>
<td>• responds appropriately to non-verbal cues</td>
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<tr>
<td>• integrates communication technology into practice as required</td>
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<tr>
<td>• uses a range of communication strategies to optimize client rapport &amp; understanding (e.g. hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)</td>
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<tr>
<td>• uses accredited interpreters appropriately</td>
<td></td>
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<tr>
<td>• maintains effective communication with clinical educators</td>
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<tr>
<td>• recognises risk of conflict &amp; takes appropriate action to mitigate &amp;/or resolve</td>
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<tr>
<td>• actively explains to clients &amp; relevant others their role in care, decision-making &amp; preventing adverse events</td>
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<tr>
<td>• actively encourages clients to provide complete information without embarrassment or hesitation</td>
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<tr>
<td>• conducts communication with client in a manner &amp; environment that demonstrates consideration of confidentiality, privacy &amp; client’s sensitivities</td>
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</table>
• negotiates appropriately 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 medico-legal requirements
• complies with organisational protocols and legislation for communication
• adapts written material for a range of audiences (e.g. provides translated material for non-English speaking people, considers reading ability, age of patient/client)

**Assessment**
7. **Conducts an appropriate patient/client interview**
• positions person safely and comfortably for interview
• structures a systematic, purposeful interview seeking qualitative and quantitative details
• provides a culturally safe environment for the client
• asks relevant and comprehensive questions
• politely controls the interview to obtain relevant information
• responds appropriately to important client cues
• identifies client’s goals and expectations
• conducts appropriate assessment with consideration of the social, personal, environmental & biopsychosocial factors that influence function, health & disability
• seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with 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 variable/s to be measured at baseline from WHO ICF domains of impairment, activity limitation & participation restriction.
• identifies & justifies variables to be measured to monitor treatment response & outcome.
• selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring & outcome evaluation.
• links outcome variables with treatment goals
• communicates the treatment evaluation process and outcomes to the client & relevant others
• identifies, documents and acts on factors that may compromise treatment outcomes

9. **Performs appropriate physical assessment procedures**
• considers client comfort & safety
• respects client’s need for privacy & modesty (e.g. provides draping or gown)
• structures systematic, safe & goal oriented assessment processes accommodating limitations imposed by client’s health status
• plans assessment structure & reasoning process using information from client history & supportive information
• demonstrates sensitive & appropriate handling during the assessment process
• applies tests & measurements safely, accurately & consistently
• sensibly modifies assessment in response to client profile, feedback & relevant findings
• performs appropriate tests to refine diagnosis
• assesses/appraises work, home or other relevant environments as required
• completes assessment in acceptable time

**Analysis & Planning**
10. **Appropriately interprets assessment findings**
• describes the implications of test results
• describes the presentation & expected course of common clinical conditions
• relates signs & symptoms to pathology
• relates signs, symptoms & pathology to environmental tasks & demands
• interprets findings at each stage of assessment to progressively negate or reinforce hypothesis/es
• makes justifiable decisions regarding diagnoses based on knowledge & clinical reasoning
• prioritises important assessment findings
• compares observed findings to expected findings

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

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

13. **Selects appropriate intervention in collaboration with the patient/client**
• engages with client to explain assessment findings, discuss intervention strategies & develop an acceptable plan
• identifies & justifies options for interventions based on client needs, clinical guidelines, best evidence & available resources
• considers whether physiotherapy is indicated
• demonstrates a suitable range of skills & approaches to intervention
• describes acceptable rationale (e.g. likely effectiveness) for treatment choices
• balances needs of clients & relevant others with the need for efficient & effective intervention
• demonstrates understanding of contraindications & precautions in selection of intervention strategies
• advises 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 client handling skills in performance of interventions
• performs techniques at appropriate standard
• minimizes risk of adverse events to client & self in performance of intervention (including observance of infection control procedures & manual handling standards)
• prepares environment for client including necessary equipment for treatment
• identifies when group activity might be an appropriate intervention
• demonstrates skill in case management
• recognises when to enlist assistance of others to complete workload
• completes intervention in acceptable time
• refers client to other professional/s when physiotherapy intervention is not appropriate, or requires a multi-disciplinary approach

15. Is an effective educator
• demonstrates skill in client education & health promotion e.g. modifies approach to suit client age group &/or cultural needs
• applies adult learning principles in education of clients & relevant others
• educates assistants & relevant others to implement safe & effective therapy
• participates in leading educational activities for peers/staff (where appropriate)
• demonstrates skills in conducting group sessions
• develops a realistic self-management program for prevention & management in collaboration with the client
• provides information using a range of strategies that demonstrate consideration of client needs
• confirms client/s/relevant others’ understanding of given information
• uses appropriate strategies to motivate the client & relevant others to participate & to take responsibility for achieving defined goals
• discusses expectations of physiotherapy intervention & its outcomes
• provides feedback to client regarding health status
• educates the client in self-evaluation
• encourages & acknowledges achievement of short & long term goals

16. Monitors the effects of intervention
• incorporates relevant evaluation, procedures/outcome measures in the physiotherapy plan
• monitors client response to the intervention
• makes modifications to intervention based on therapist evaluation & client feedback
• records & communicates outcomes where appropriate

17. Progresses intervention appropriately
• demonstrates or describes safe & sensible treatment progressions
• makes decisions regarding modifications, continuation or cessation of intervention in consultation with the client, based on best available evidence
• discontinues treatment in the absence of measurable benefit

18. Undertakes discharge planning
• begins discharge planning in collaboration with the health care team at the time of the initial episode of care
• discusses discharge planning with the client
• describes strategies that may be useful for maintaining or improving health status following discharge
• arranges appropriate follow-up health care to meet short & long term goals
• addresses client & carer needs for ongoing care through the coordination of appropriate services

**Evidence Based Practice**

19. Applies evidence based practice in client-centred care
• considers the research evidence, client preferences, clinical expertise & available resources in making treatment decisions & advising clients
• practises in accordance with relevant clinical practice guidelines
• locates & applies relevant current evidence e.g. clinical practice guidelines & systematic reviews
• assists clients & carers to identify reliable & accurate health information
• shares new evidence with colleagues
• participates in & applies quality improvement procedures when possible

**Risk Management**

20. Identifies adverse events and near misses and minimises risk associated with assessment and interventions
• complies with workplace guidelines on manual handling
• complies with organizational health & safety requirements
• describes relevant contraindications & precautions associated with assessment & treatment
• recognises & reports adverse events & near misses to appropriate members of the team
• implements appropriate measures in case of emergency
• reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
• prior to client contact, reports any personal issues (physical/mental) that may impact on client care
Clinical Educator Demonographic Data Sheet
To be completed by the clinical educator

1. Name (4 letters): (please use initial of first name and first 3 letters of last name) e.g. Kelly Stanley is ksta ____________

2. Facility Name: __________________________

3. Type of facility (please check all relevant boxes)
   □ Hospital (public)
   □ Hospital (private)
   □ Community based service
   □ Private practice
   □ Non government organisation
   □ Other: __________________________

4. Gender: Female □ Male □

5. Age last birthday _______ (years)

6. Number of years in Clinical Practice _______ years

7. How long have you been involved in the clinical education of physiotherapy students? ___________ years

8. How would you rate your level of experience as a clinical educator? Please circle
   No previous experience
   □ 1 □ 2 □ 3 □ 4 □ 5 Very experienced

9. Have you participated in a clinical educator’s workshop or other training on assessment?
   Yes □ No □

   If Yes, please advise year: ___________

Please note that the data collected is for University purposes only to support ongoing accreditation and quality assurance and personal information will not be released to any outside party.
Clinical Educator Placement Feedback

Name of Facility/Service: 

Educator’s Name: 

Phone Number: 

Please provide a brief outline of JCU STUDENT’S strengths (e.g. areas of knowledge, professionalism, placement preparation):

Please provide a brief outline of JCU’s strengths in terms of clinical educator support:

Please provide a brief outline of perceived deficits in supports from JCU:

How can JCU assist to make improvements in placements:

☐ Urgent   ☐ Not Urgent  (please select one)

Best time of day to phone? 

(if applicable)

Educator’s Name: ___________________________ Date: ____________
Insurance Letter

To Whom it May Concern
RE: INSURANCE COVER – STUDENTS
Period 1 November 2015 to 1 November 2016

This letter confirms that James Cook University has the following forms of insurance in place to cover students in the normal course of the University’s business including work placements/experience (unpaid) and field study trips and research activities.

- Public Liability
Legal Liability to pay compensation for third party injury or property damage (excluding the use of a registered motor vehicle), as a result of an occurrence, and happening in connection with University business or University work placements/experience and/or site/field program.

- Professional Indemnity
Civil Liability arising out of a breach of professional duty by reason of any negligent act, error or omission committed or alleged to have been committed by the Insured Parties while acting solely in the conduct of Professional Services on behalf of the University (Geographical Limit is World Wide, excluding USA & Canada).

- Student Personal Accident
Cover including hospitalisation and non-Medicare medical expenses for all students whilst on University related business.

- Corporate Travel Insurance when undertaking authorised business travel on behalf of James Cook University or its Subsidiaries, for a period of up to nine (9) months.

- Medical Malpractice insurance (for medical, nursing and allied health students) covering personal injury claims as a result of medical negligence, provided the students are suitably supervised by an appropriately qualified person, it is a mandatory course requirement, and the patient consents to treatment (Geographical Limit is World Wide).

Yours sincerely,

Kama Weier
Insurance Officer

James Cook University
A Manual for the James Cook University Clinical Educator  First printed December 2006; Last reviewed February 2016
An Example of a Facility Plan for Students
(Supplied by Ruth Barker)

Preparation for clinical placement

**Checklist**

<table>
<thead>
<tr>
<th>Placement timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly timetable</td>
</tr>
<tr>
<td>Forms for students</td>
</tr>
<tr>
<td>- Orientation to centre</td>
</tr>
<tr>
<td>- Expectations of students – professional behaviour</td>
</tr>
<tr>
<td>- Expectations of students – preparation &amp; documentation</td>
</tr>
<tr>
<td>- Standard forms – assessment, case conference, discharge ….</td>
</tr>
<tr>
<td>- Expectations for feedback sessions – formative &amp; summative</td>
</tr>
<tr>
<td>Patient allocation for week 1</td>
</tr>
<tr>
<td>Patient allocation for week 2 → week 5</td>
</tr>
<tr>
<td>Schedule for support from other staff</td>
</tr>
<tr>
<td>- At regular intervals</td>
</tr>
<tr>
<td>- When formal feedback required</td>
</tr>
<tr>
<td>Schedule for visits to</td>
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<tr>
<td>Schedule for visits to</td>
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<tr>
<td>Schedule for visits to</td>
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<tr>
<td>Schedule for visits to</td>
</tr>
<tr>
<td>Schedule for visits to</td>
</tr>
<tr>
<td>List of optional visits / experiences</td>
</tr>
</tbody>
</table>
### Timetable for 5 week placement (example)

<table>
<thead>
<tr>
<th>Week</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>am</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Orientation</td>
<td></td>
<td>Case conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pm</td>
<td>Assessment demo</td>
<td>3.30 - Inservice</td>
<td></td>
<td>Write up records</td>
<td>Weekly debrief</td>
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<tr>
<td>Week 2</td>
<td>am</td>
<td></td>
<td></td>
<td>Case conference</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>pm</td>
<td>Falls clinic</td>
<td>3.30 - Inservice</td>
<td></td>
<td>Write up records</td>
<td>Weekly debrief</td>
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<tr>
<td>Week 3</td>
<td>am</td>
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<td></td>
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<td>Case conference</td>
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<tr>
<td>pm</td>
<td>Falls clinic</td>
<td>3.30 - Inservice</td>
<td>Mid unit feedback</td>
<td>Write up records</td>
<td>Weekly debrief</td>
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<td>Week 4</td>
<td>am</td>
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<td>Case conference</td>
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<td>pm</td>
<td>Falls clinic</td>
<td>3.30 - Inservice</td>
<td></td>
<td>Write up records</td>
<td>Weekly debrief</td>
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<td>Week 5</td>
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<td></td>
<td>Case conference</td>
<td></td>
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<tr>
<td>pm</td>
<td>Falls clinic</td>
<td>3.30 – Inservice</td>
<td>Students present in service</td>
<td>Write up records</td>
<td>Time off</td>
</tr>
</tbody>
</table>
### Weekly Timetable (example)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>8 am - Intervention plan to educator</td>
<td>8 am - Intervention plan to educator</td>
<td>8 am - Intervention plan to educator</td>
<td>8 am - Intervention plan to educator</td>
<td>8 am - Intervention plan to educator</td>
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<td>Case conference</td>
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<td>12 – 12.30 Feedback</td>
<td>12 – 12.30 Feedback</td>
<td>12 – 12.30 Feedback</td>
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<td>LUNCH</td>
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<tr>
<td></td>
<td>3.30 Inservice</td>
<td></td>
<td>Write in medical charts</td>
<td>Weekly debrief and feedback session</td>
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</table>
EXPECTATIONS of STUDENTS

(Example; modified with permission from QEII Hospital student orientation manual)

Safety Requirements:

➢ A member of the physiotherapy staff must always be present while students are treating patients.

➢ Tutor or appropriate staff member to be present when:
  ○ Transfer out of a wheelchair or walk a patient (especially a new patient)
  ○ Take a patient on the stairs
  ○ Put a patient into the prone lying position
  ○ Put a patient on a balance board
  ○ Get a patient down onto or up from the floor
  ○ Take a patient onto uneven surfaces or outdoors
  ○ To check electrotherapy prior to turning on

➢ Never leave a patient unsupervised in the gym

➢ Emergency number XXX (Number for student/others to call in event of an emergency)

➢ Always:
  ○ Remove socks/stockings prior to transferring
  ○ Apply brakes anytime wheelchair is stopped and remove footplates prior to transferring patients out of wheelchair
  ○ Take care with handling elderly patients with frail/fragile skin
  ○ Seek help from tutor or staff when in any doubt about any aspect of treatment
  ○ Remove all jewellery to ensure protection of patient's skin
  ○ Report any incident/accident to self or the patient to the appropriate supervisor immediately.

Daily Responsibilities:

➢ Provide a written plan to your educator for each of the patients that you will see that day

➢ Complete entries in the physiotherapy record including an intervention plan.

➢ Complete your statistics for that day

➢ Liaise with the treating physiotherapist and multidisciplinary team as appropriate

➢ Complete the patient appointment board located ……………… prior to leaving for the day or prior to 8-15 the next day

Weekly Responsibilities:

➢ Complete orientation to placement. Ensure you are familiar with the information on the orientation checklist

➢ Attend case conferences

➢ Record once weekly in the medical record of your patients. See the guidelines for reporting in medical records for more detail. Ensure a copy of your intended entry is
shown to the treating therapist prior to entry in the medical record. Hospital policy dictates that each entry must have:

- A patient ID sticker attached to the page
- Entries made in black pen only
- The time and date of entry, including day, month, year and time of day (24 hour clock)
- A blue physiotherapy sticker
- Dates of individual and group sessions that week
- A subjective assessment (C/O)
- An objective assessment – including current functional status (O/E) and outcome measures
- Patient goals
- Treatment details
- A plan
- Signature with surname and designation legibly printed beneath
- Alterations have a single pen line through them and changes should be dated and initialled - white out is not permitted
- The treating therapist should counter sign all your entries
- Update mobility boards of your patients in conjunction with the treating physiotherapist. This board is located beside the bed of each patient.
- Update medical record of your patients in conjunction with the treating physiotherapist when there is a change to the functional level (e.g. mobility status).
- Attend at least two of each of the following classes: balance/outdoor walking/upper limb/power and following this conduct further classes with the assistance of your peers
- Attend all student tutorials and staff in-services

Mid Unit

- Prior to your mid-unit feedback session you are required to reflect on your own performance over the initial two weeks and score yourself on the APP. This will either be through completing a copy of the eAPP form, or through your account on APPLinkup. You are also required to document what you believe are your strengths, what you believe are your weaknesses and identify strategies that will improve your performance in the remaining weeks of the placement. You will then take this information to the mid-unit feedback session with your educator.

Throughout the unit

Initiative and Liaising with other staff

As an adult learner, it is your responsibility to ensure you achieve the maximal benefit from this unit. You can show initiative by doing activities such as:
Regularly reviewing the list outlined below on what you must complete by the end of this unit, and discuss with your supervisor areas needing to be addressed.

- Liaising with other therapists and arranging times to observe what they do (e.g. Speech Pathology, Occupational therapy, Nursing, Community Rehab)
- Utilising the resource information stored in the staff office
- Initiating discharge planning for your patients

**Illness**

- If you are sick, please notify your clinical educator and the JCU Clinical Education Team. If sick for 2 days or more, a medical certificate is required.

**Cleaning/tidying of gym area**

- Clean up after yourself, leave work area tidy, and keep cupboards tidy.

**Professional and ethical behaviour**

- Remain professional and ethical at all times
- Respect privacy and confidentiality

**At the completion of the unit**

By the final week it is desirable that you have completed the following:

- Comprehensive assessment of a patient with an acute neurological condition
- Comprehensive assessment of a patient with a chronic or progressive condition
- Preparation of a written rehabilitation plan based on the patient identified goals
- Preparation of a written intervention plan based on clinical reasoning and evidence
- Provided training in the area of upper limb function
- Provided training in the area of balance and mobility
- Transferred a person with a low level of function
- Prescribed and trained a patient to use a walking aid
- Conducted fitness testing and training
- Implemented strategies to prevent secondary impairments—contracture (tilt table), subluxation (FES), deconditioning (fitness training)
- Provided training in the context of other impairments e.g. visuo-spatial deficits - perceptual neglect / pusher syndrome; cognitive & / or behavioural deficits, motor planning deficits / dyspraxia, communication deficits dysphasia, dyspraxia, dysarthria
- Participated in at least two group training sessions e.g. balance group, upper limb group
- Trained a patient in independent practice
- Used objective outcome measures including the Motor Assessment Scale

**Used or practiced the hoist and tilt table if the opportunity arises**

- Attended an occupational therapy and a speech pathology session
- Attended a hydrotherapy session if the opportunity arises
- Prepared an independent practice program
- Prepared a patient manual / home program
- Documented daily progress in physiotherapy records
- Documented weekly progress in medical records
- Prepared a discharge summary
- Attended case conference
- Managed a rehabilitation caseload
- Evaluated your own performance and implemented strategies to improve performance
- Attended a home visit
- Completed transfer summaries for all your current patients (include a summary of initial assessment, current functional status, patient goals, treatment suggestions and future plan)
- Presented a case presentation/literature review/promotional activity in the fifth week
JCU Physiotherapy Student Weekly Reflection Review and Learning Objectives

Student Name: ........................................................................................................

WEEKLY REFLECTIVE REVIEW & LEARNING PLAN 2016

Subject:  Physiotherapy Theory and Application 1 & 2

Subject Codes: PS3007, PS3107, PS4001 & PS4101

This booklet has two parts:

Part 1 Reflective review – using a Reflective cycle process reviewing your clinical practice in terms of humanistic and professional practice—Gibb’s recommended - refer to the guide within.

Part 2 Learning Plan – identifying three learning needs based on the APP criteria, clarifying strategies to achieve them – collaboratively with your supervisor - refer to the guide within.

PART ONE: REFLECTIVE REVIEW GUIDE
Task A: Humanistic Experiences – your independent personal values and beliefs

- Review your humanistic experiences over the past week.
- To help you understand why you react to certain experiences differently from others it is important to explore your own values and beliefs.
- Ask yourself questions, such as, “How do I feel and react to seeing and working with ‘real’ patients?” “How do I go about dealing and processing different sights, smells, and behaviour of my patients?” etc.
- It may seem not obvious but the more we ‘look’ into ourselves and understand what and why we react the way we do can we begin to understand the reactions, beliefs and values held by our patients. Such humanistic ‘self-analyses’ will ultimately influence, develop and shape your professional self.

Task B: Professional Practice – your role, the processes, patient interventions and management of your practice

- Review your professional practice over the past week.
- This is what you have learned to do at Uni, to systematically review and analyze how you went about a task, your positioning, applied the technique etc. Some suggested review questions are: “How did I structure my day?” “What influenced my list of priorities?” “Were my handling techniques efficient and safe?” etc.

Some tips to help you develop into a ‘deeper’ reflector:

- For each problem write down explanations
- For each explanation ask ‘why did this happen?’ or ‘why did I react that way?’
- Try looking at your experience from a different perspective, i.e. the patients, the family or another health professional’s point of view)

The Gibb’s Reflective Model is strongly suggested, use the template supplied in this booklet.

PART TWO: LEARNING PLAN GUIDE

A Learning plan needs to be written before meeting with your supervisor at the Weekly Reflective Review & Learning Plan meeting. You should have a maximum of three key learning objectives.

A learning plan should:

- Be influenced by your Reflective Review writings (refer to Part One guide above).
- Your learning plan should be linked to the APP criteria
- For each of the three identified LOs you need to write down an associated pragmatic strategy to ensure you can achieve your goal by the next week meeting
- Final refinement and priority order for the three LOs is developed in a collaborative progress with your supervisor
**Reflective Review Examples**

After reading through these examples, think about Professional Practice (technical know-how) vs Humanistic service (see part 1). It is important that you weigh up these two key components and discuss what balance was used for your patient’s needs/requirements.

The following are examples only and should not be used as a template or as a standard.

**Example One:**

<table>
<thead>
<tr>
<th>1. Description - briefly describe what happened?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In ICU helping to transfer a patient from bed to chair. He had been in a coma for 8 days, and had numerous fluid lines and attachments, therefore the maneuverer had to be handled with a lot of care and patience. 4 of us were involved in the transfer, and everyone had their specific roles to make the transfer successful.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Feelings - what was I thinking &amp; feeling at the time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A little unsure and overwhelmed at the prospect of moving a very ill patient, as I was scared of doing something wrong and causing harm to the patient.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Analysys - what sense/understanding can I make of the situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>That it is a very safe environment, and everyone supports each other therefore there is a lot of team coordination around the proposed transfer. I spoke to my supervisor who said that as long as everyone sticks to their role, there is very little that could go wrong. It is such a stable well cared for environment with lots of staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Conclusion - what else could I have done? (be creative here - rather than the example: “nothing as I am a ‘student’”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was quite focused on the patient, even though he was being well cared for by my supervisor and the nurse, that I was not able to fully focus on my role in the task, which was to pull the bed out and push the chair behind. Trusting that nothing was going to go wrong would have allowed me to maneuver the equipment better, but this will come with practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Action Plan - if the situation/issue arose again what would I do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be better prepared to execute my planned part in the transfer, and to understand that the patient is under so much monitoring that there is little that could go wrong.</td>
</tr>
</tbody>
</table>

**Example Two:**

<table>
<thead>
<tr>
<th>1. Description - briefly describe what happened?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The focus this week was on improving subjective interview skills. Patient consent was first gained, I then had my first new patient who I screened for red flags and in particular low back red flags. After discussion with supervisor the objective assessment was next. After further discussion top 3 differential diagnosis and clinical reasoning came into discussion. First list of initial notes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Feelings - what was I thinking &amp; feeling at the time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing clinical reasoning and everything learned from university into practice. After going through a discussion with my supervisor it was clear from subjective information and objective findings the source of the patients pain. Following treatment the patient stated their back felt much better after the release and mobilization work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Analysys - what sense/understanding can I make of the situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take your time to gather all relevant patient information, let them do the talking to find extra information you may not have asked about otherwise. Red flag checklist is important to document, therefore important that every patient is screened throughly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Conclusion - what else could I have done? (be creative here - rather than the example: “nothing as I am a ‘student’”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-assessed the patients movements following treatment to see if treatment had made a difference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Action Plan - if the situation/issue arose again what would I do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-assess the patient following treatment. Continue to use clinical reasoning and think about the anatomical land marks when making diagnosis. Always compare with opposite side for comparison</td>
</tr>
</tbody>
</table>
WEEK ONE
Part One Reflective Review

Description – briefly describe what happened?

Feelings – what was I thinking & feeling at the time?

Analysis – what sense/understanding can I make of the situation?

Conclusion – what else could have I done? (be creative and professional here – rather than the example: “nothing as I am a ‘student’”)

Action Plan – if the situation/issue arose again what would I do?
Part Two: Learning Plan
Areas of practice that I need to work on for the up-coming week. (Chose maximum of 3 Learning Outcomes).

1. 

2. 

3. 

Action Plan: How will I achieve the above learning outcomes? What learning strategies will I use to action the plan above?

1. 

2. 

3. 

What resources will I need?

Summary of end of week meeting: Student to summarise feedback the supervisor has verbally stated

Student’s signature: ____________________________ Date: _____________

Supervisor’s signature: ____________________________ Date: _____________
WEEK TWO
Part One Reflective Review

**Description** – briefly describe what happened?

**Feelings** – what was I thinking & feeling at the time?

**Analysis** – what sense/understanding can I make of the situation?

**Conclusion** – what else could I have done? (be creative and professional here – rather than the example: “nothing as I am a ‘student’”)

**Action Plan** – if the situation/issue arose again what would I do?
Part Two: Learning Plan

Areas of practice that I need to work on for the up-coming week. (Chose maximum of 3 Learning Outcomes).

1.

2.

3.

Action Plan: How will I achieve the above learning outcomes? What learning strategies will I use to action the plan above?

1.

2.

3.

What resources will I need?

Summary of end of week meeting: Student to summarise feedback the supervisor has verbally stated

Student’s signature: ____________________________    Date: _____________

Supervisor’s signature: ____________________________   Date: _____________
WEEK THREE
Part One Reflective Review

Description – briefly describe what happened?

Feelings – what was I thinking & feeling at the time?

Analysis – what sense/understanding can I make of the situation?

Conclusion – what else could have I done? (be creative and professional here – rather than the example: “nothing as I am a ‘student’”)

Action Plan – if the situation/issue arose again what would I do?
Part Two: Learning Plan

Areas of practice that I need to work on for the up-coming week. (Chose maximum of 3 Learning Outcomes).

1.

2.

3.

**Action Plan:** How will I achieve the above learning outcomes? What learning strategies will I use to action the plan above?

1.

2.

3.

What resources will I need?

**Summary of end of week meeting:** Student to summarise feedback the supervisor has verbally stated

Student’s signature: ____________________________ Date: ___________

Supervisor’s signature: ____________________________ Date: ___________
WEEK FOUR
Part One Reflective Review

Description – briefly describe what happened?

Feelings – what was I thinking & feeling at the time?

Analysis – what sense/understanding can I make of the situation?

Conclusion – what else could I have done? (be creative and professional here – rather than the example: “nothing as I am a ’student’”)

Action Plan – if the situation/issue arose again what would I do?
Part Two: Learning Plan

Areas of practice that I need to work on for the up-coming week. (Chose maximum of 3 Learning Outcomes).

1.

2.

3.

**Action Plan:** How will I achieve the above learning outcomes? What learning strategies will I use to action the plan above?

1.

2.

3.

What resources will I need?

**Summary of end of week meeting:** Student to summarise feedback the supervisor has verbally stated

Student’s signature: ____________________________    Date: _____________

Supervisor’s signature: ____________________________   Date: _____________
Student Demographic Data Sheet

This data is a detailed record of the student experience, and will be collected electronically. However the Student Demographic Data Sheet on the following page describes the type of information collected electronically.

The multiple end uses of the Student Demographic Data Form are:

- For the student - to tailor their experience where appropriate; to provide documentation of their experience when necessary to potential employers, especially overseas employers.
- For JCU - to ensure the student’s experience is comprehensive and consistent with the Australian Standards of Physiotherapy as outlined by the Australian Physiotherapy Council (APC).
- For the APC and accreditation - a detailed analysis and proof of student experience is required for ongoing accreditation.

This Excel Spreadsheet is completed and sent in by the student.

Data collected includes:

- Date intervention occurred
- Clinical area of intervention
- Type of intervention (e.g assessment, documentation, taping, education, education prescription, group exercise, soft tissue technique, home program, passive mobs, ambulation etc)
- Age group (children, adolescents, adults, older persons)
- Time spent on intervention
- Patient condition
- Free notes
Student Review of Placement

This survey is conducted electronically by the student; no action is required on the behalf of the educator.  It is a Likert Scale where ratings go from Strongly Disagree to Strongly Agree.

Questions asked of the student are:

1. The orientation process was well planned and comprehensive.
2. Expectations throughout the placement were clearly defined.
3. Expectations throughout the placement were reasonable throughout your placement.
4. I felt a welcome member of the workgroup.
5. The time my educator allocated to me was satisfactory.
6. I was encouraged to evaluate my performance and develop strategies for improvement.
7. Feedback provided to me was timely, specific and balanced positive and negative reflections on my performance:
8. After the halfway assessment I was clear about my strengths and weaknesses and what I needed to do to improve.
9. My educator/s facilitated my learning by providing a supportive environment.
10. The balance of autonomy / supervision reflected my skills.

Students are then asked to comment on the following:

• What experiences from this placement would you recommend for future students doing this placement?
• Did you feel that there was anything missing from this placement that would be recommended for future students?
• Please add any further comments you would like to make.
Clinical Reasoning Resources

The below paediatric example of clinical reasoning pathways, available in the book edited by Stagnitti, Schoo and Welch, may be adapted to a variety of clinical areas. (Stagnitti, K. Schoo, A. Welch, D (Eds) 2010 Clinical and Fieldwork Placement in the Health Professions, Oxford University Press).

There are a variety of models and approaches to clinical reasoning and therefore when trying to encourage clinical reasoning in others the educator is encouraged to use their own judgement in their context to facilitate this skill. (Delany, C. Molloy, E. (Eds) 2009 Clinical Education in the Health Professions Elsevier Australia).

A student is asking you to explain your clinical reasoning when they ask you ‘What did you do? Why did you do that?’ To demonstrate clinical reasoning you may choose to reply from a procedural (diagnosis, prognosis), an interactive (client-centred goals, occupation etc), a conditional (contextual), ethical (risks, advantages, power discrepancies therapist-client), scientific (plan formulation within team etc) or narrative (meaning to client) perspective; or a combination of some/all of these. (Turpin, M. and Fitzgerald, C. (2006) Clinical Reasoning and Reflective Practice. The University of Queensland, St Lucia).