

**Development of the Assessment of Physiotherapy Practice - A standardised  
and validated approach to assessment of professional competence in  
physiotherapy.**

**Volume 2: Appendices**

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## Appendix 1.1: SEARCH STRATEGY FOR CINAHL via Ovid and EBSCO Host

### CINAHL via Ovid: Nursing and Allied Health

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- 1 (clinical placement or clinical or practic\* or internship or fieldwork or experien\* or perform\*).mp. [mp=title, subject heading word, abstract, instrumentation] (460633)
- 2 (assess\* or measur\* or evaluat\* or apprais\* or review or examin\* or certif\* or summative or rate or rating or valuat\* or analy).mp. [mp=title, subject heading word, abstract, instrumentation] (475823)
- 3 (valid\* or reliab\* or clinimetric propert\* or measur\* propert\* or psychometric propert\* or respons\* or standard\* or sensit\* or specif\*).mp. [mp=title, subject heading word, abstract, instrumentation] (242513)
- 4 (allied health or physio\* or physical therap\*).mp. [mp=title, subject heading word, abstract, instrumentation] (68017)
- 5 ((allied health or physio\* or physical therap\*) not nurs\$).mp. [mp=title, subject heading word, abstract, instrumentation] (60000)
- 6 (competen\* or capab\* or skill\* or proficien\* or expert\* or experien\* or capacity or aptitude or abilit\*).mp. [mp=title, subject heading word, abstract, instrumentation] (175505)
- 7 (scale or instrument or tool).mp. [mp=title, subject heading word, abstract, instrumentation] (87577)
- 8 (study or trial or develop\* or evaluat\*).mp. [mp=title, subject heading word, abstract, instrumentation] (446315)
- 9 (student or undergraduate or entry-level or entry level or postgraduate or pre-registration or beginning practitioner or masters or PhD or doctoral thes\*).mp. [mp=title, subject heading word, abstract, instrumentation] (31597)
- 10 1 and 2 and 3 and 4 and 5 and 6 and 7 and 8 (821)
- 11 1 and 2 and 3 and 4 and 5 and 6 and 7 and 8 and 9 (89)
- 12 limit 11 to english (86)

| #   | Query  | Limiters/Expanders  | Last Run Via   | Results |
|-----|--|---|--|---------|
| S16 | S3 and S14   | <b>Limiters</b> -<br>Language: English<br><b>Search modes</b> -<br>Boolean/Phrase | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 159     |
| S15 | S3 and S14   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 164     |
| S14 | S9 and S13   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 246     |
| S13 | S7 and S12   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 6048    |
| S12 | S8 and S11   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 40199   |
| S11 | S1 and S5 and S10  | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 56125   |
| S10 | S2 or S6   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 776302  |
| S9  | Student or Undergraduate or Entry-level or Entry level or Postgraduate or Pre-registration or Beginning practitioner or Masters or PhD or Doctoral Thes* | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 35247   |
| S8  | Study or Trial or Develop* or Evaluat*   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 572365  |
| S7  | Scale or Instrument or Tool  | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 76607   |
| S6  | Competen* or Capab* or Skill* or Proficien* or Expert or Experien* or Capacity or Aptitude or Abilit*  | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 202739  |
| S5  | ( Allied health or Physio* or Physical therap* ) not nurs\$  | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 175880  |
| S4  | Allied health or Physio* or Physical therap*   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 176033  |
| S3  | Valid* or Reliab* or Clinimetric propert* or Measur* propert* or Psychometric propert* or Respons* or Standard* or Sensit* or Specif*                    | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 324109  |
| S2  | Assess* or Measur* or Evaluat* or Appraise or Review or Examin* or Certif* or Summative or Rat* or Valuat* or Analy*                                     | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 712873  |
| S1  | Clinical or Placement* or Practic* or Internship or Fieldwork or Experien* or Perform*   | <b>Search modes</b> -<br>Boolean/Phrase   | <b>Interface</b> - EBSCOhost<br><b>Search Screen</b> - Advanced Search<br><b>Database</b> - CINAHL | 539945  |

## Appendix 1.2: Characteristics of instrument development and evaluation

### Clinical Performance Instrument (CPI)

| Criteria for best practice | Author and Instrument Name   |   |  |   |
|----------------------------|--|---|--|---|
|                            | Roach et al (2002) CPI   | Straube et al (2006) CPI  | Tsuda et al (2007) CPI   | Adams et al (2008) CPI  |
| Study objectives           | Development of CPI<br>Investigate reliability and validity of CPI.   | Investigate the validity of CI use of the 101 level VAS.  | Compare VAS ratings for each of 24 items with qualitative comments from CIs<br>Investigate reliability of ACCE & DCE raters for data collection regarding comments from CIs.   | Investigate internal reliability, construct & predictive validity of CPI using results from National Physical Therapy Examination (NPTE) & cumulative grade point average (GPA) for final year students.  |
| Participants               | BPT and MPT students from 31 USA & 2 Canadian programs (Pilot trial n=282, field test n= 319)  | 182 BPT and MPT students from 3 programs in Chicago providing 256 CPI forms.  | 13 ACCEs & DCEs from 12 university programs<br>320 PT students & their CIs (n=?)   | 147 MPT students from 1 USA university program.   |
| Assessment procedure       | Longitudinal assessment by CIs at the end of 2-12 weeks clinical blocks  | Longitudinal assessment by CIs at end of each clinical block  | Longitudinal assessment by CIs at end of 6-16 weeks clinical blocks  | CIs assessed students using the CPI at mid and end of 3 clinical units  |
| Results                    | <p><b>Phase 1:</b> 23 draft items of observable behaviours assessed with 100mm VAS</p> <p><b>Phase 2:</b> Expert feedback, 2 items added (now 25). 2 check boxes added for each item, 'of significant concern' &amp; 'not observed'</p> <p>Clinician surveys (n=350) and regional forums (n=700 participants) for feedback prior to version 2</p> <p><b>Pilot studies:</b> 282 assessments across clinical areas, universities &amp; facilities.</p> <p>Survey feedback from students and CIs. Modified</p> <p><b>Phase 3:</b> Field test, n= 319.</p> <p>Version 3: 26 items (including 2 global rating items). Each item graded with 100mm VAS. VAS anchored on left "novice clinical performance and on right "entry level performance". 3 check boxes for each item, 'of significant concern', 'with distinction' &amp; 'not observed'.</p> <p>Mean item scores = 80, sd= 18.9 (range 0-100); inter-rater reliability: 0.87</p> <p>Version 4: 24 items in total (2 global rating items removed). No test data available.</p> | Rasch measurement model demonstrated that a valid rating scale was only achieved when the VAS was used as a 6 level ordinal scale. CIs unable to discriminate student performance using original 100 level VAS scale. | <ul style="list-style-type: none"> <li>• 54% of CPIs had at least 1 criterion graded as not observed (NO) for many items considered essential for professional practice.</li> <li>• 40% of CPIs had at least one item graded 'with distinction'.</li> <li>• The significant concerns (SC) box checked in only 4 CPIs, although 50% of all CPIs had 1 item not meeting passing standard.</li> <li>• 82% of CPIs contained comments, yet 68% addressed only 1 or none of 5 performance dimensions requiring compulsory comment.</li> </ul> | <p>Exploratory factor analysis:<br/>Three factors emerged from factor analysis explaining 72% of variance in CPI scores: Integrated patient management (IPM) 54.2%, Professional practice (PP) 12.2%, Career responsibilities (CR) 5.4%.</p> <p>Internal reliability:<br/>Cronbach alpha for 12 subscales ranged from 0.75-0.96 indicating adequate internal reliability for each subscale and for whole instrument. Pearson correlation coefficient showed significant intercorrelations between subscales. IPM: correlated with CR (r= .79, P=.01)</p> <p>Construct validity:<br/>Scores improved significantly across 3 units eg PP means increased 13.5%, IPM increased 51.4% &amp; CR increased 35.2% across all units.</p> <p>A one-way repeated measures ANOVA (n=126) demonstrated that students' scores improved over time. (<math>F_{2,250} = 249.2</math>;</p> |

| Criteria for best practice                                     | Author and Instrument Name  |   |   |  |
|--|---|---|---|--|
|  | Roach et al (2002) CPI  | Straube et al (2006) CPI  | Tsuda et al (2007) CPI  | Adams et al (2008) CPI   |
|  |   |   |   | P< .001)<br>Predictive validity:<br>Logistic regression (n=126) revealed no subscale score or the total score on CPI was predictive of NPTE results. GPA was able to correctly classify 97.1% of those who passed the NPTE on first sitting. |
| Conclusions  | The CPI was developed using a sequential approach. Data indicate acceptable psychometric properties for versions 2 and 3 (in those areas tested). No data supplied on version 4 which is the current CPI in use.  | Data from the CI VAS ratings on the CPI best fit the Rasch psychometric model when the ratings from the 100mm VAS & with distinction box were reduced to 6 response categories. | While many comments are written in the CPIs most do not provide an adequate description of the student's performance relative to the 5 performance dimensions. Use of the checkboxes appears unpredictable. | The CPI is an internally reliable, multidimensional instrument designed to measure entry level clinical performance. However CPI subscales lacked predictive validity for NPTE outcomes.   |
| <b>Validity Evidence based on:</b>                             |   |   |   |  |
| <b>Test Content</b>  |   |   |   |  |
| Personnel involved in instrument development                   | Draft 1:10 CIs & academic staff<br>Draft 2: panel of 50 experts.<br>Feedback from clinicians (n=1,050)  | X   | X   | X  |
| Involvement of students in development of instrument           | Feedback obtained via survey in pilot and field tests.  | X   | X   | X  |
| Pool of items generated  | Items generated from multiple relevant documents eg APTA standards, curriculum & experts  | X   | X   | X  |
| Criteria for item pool reduction to the final item list        | X   | X   | X   | X  |
| Criteria for technical quality of item design                  | X   | X   | X   | X  |
| Mapping of final item list against relevant standards          | ✓ Mapped against the APTA standards.  | X   | X   | X  |
| Rating Scale – process of development                          | X   | X   | X   | X  |
| Rating Scale – format, width, descriptors and scoring criteria | 100mm VAS. Items scored on 0 -100 VAS (0 = novice, 100 = entry level). Score for each item (0-100) decided by measurement along VAS. Additional 'with distinction', 'significant concerns' & 'not observed' checkboxes.<br>When rating the 24 items rater to consider 5 performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment & | X   | X   | X  |

| Criteria for best practice   | Author and Instrument Name   |                          |                        |                        |
|--|--|--------------------------|------------------------|------------------------|
|  | Roach et al (2002) CPI   | Straube et al (2006) CPI | Tsuda et al (2007) CPI | Adams et al (2008) CPI |
|  | efficiency of performance.   |                          |                        |                        |
| Compilation & Interpretation of total score  | Total score = average of item scores.  | X                        | X                      | X                      |
| <b>Response processes</b>  |  |                          |                        |                        |
| Interviews of assessors and test takers (students)   | X  | X                        | X                      | X                      |
| Training in use of instrument  | Yes – minimal training provided to clinicians.<br>Training content not described   | X                        | X                      | X                      |
| <b>Internal structure</b>  |  |                          |                        |                        |
|  | <ul style="list-style-type: none"> <li>Pilot study (n=282):<br/>Principal components analysis with varimax rotation demonstrated CPI contains 2 components accounting for 21% of the variance:<br/>1) PT specific clinical skills (12.1% variance)<br/>2) professional behaviour.(8.7% variance)</li> <li>Field study (n=319):<br/>Construct validity<br/>Data from 310 students used to analyse relationship between CPI scores &amp; prior clinical experience.<br/>Known groups analysis (n = 68). Mean total CPI scores first clinical unit= 75%; final clinical unit=97%.<br/>Pearson correlations between CPI scores on items &amp; total days of clinical experience ranged from 0.12 (P=0.0317) to 0.40 (P=.0001).Overall CI global rating of student performance (academic and clinical ) not correlated with total days of clinical experience.<br/>Cronbach alpha = 0.96 (pilot trial): 0.97 (field test).</li> </ul> | X                        | X                      | See results section    |
| <b>Relation to other variables</b>   |  |                          |                        |                        |
| Analysis of relationships to other tests hypothesized to measure related or different constructs | <ul style="list-style-type: none"> <li>Relationship between CPI scores and Social Skills Inventory scores (n=31) low and not significant. (Pearson correlation values not reported).</li> <li>Subset of students (n=68): Pearson correlations between CPI item scores and total days of clinical experience ranged from .12 (p=.03) to .40 (p=.0001).</li> </ul>   | X                        | X                      | X                      |
| <b>Reliability</b>   |  |                          |                        |                        |
| Number of raters   | 2 x interrater reliability trials.   | X                        | 12                     | X                      |

| Criteria for best practice                          | Author and Instrument Name  |                          |   |                        |
|---|---|--------------------------|---|------------------------|
|   | Roach et al (2002) CPI  | Straube et al (2006) CPI | Tsuda et al (2007) CPI  | Adams et al (2008) CPI |
|   | Trial 1:70 pairs; Trial 2: 35 pairs   |                          |   |                        |
| Number of students                                  | Across the 2 trials rater and student numbers not clear   | X                        | 24 sample CPI comments were rated by 12 ACCE/DCE raters for inclusion of each of the 5 performance descriptors. | X                      |
| Blinding of raters                                  | ✓Raters marked students independently   | X                        | X   | X                      |
| Mean test 1   | X   | X                        | X   | X                      |
| Mean test 2   | X   | X                        | X   | X                      |
| Test 1-2 mean difference (d) & SD of diff (sd)      | X   | X                        | X   | X                      |
| Test1 /test 2 correlation                           | ICC 2,1, correlation range<br>Trial 1: -.02- .62 (for each item)<br>Trial 2: -.21- .76 (for each item) &.87 for total CPI score.              | X                        | % agreement<br>Inter rater = 88.2+-7.6<br>Intra rater = 97.9%+- 8.3   | X                      |
| <b>Feasibility &amp; acceptability</b>              |   |                          |   |                        |
| Acceptability of instrument to stakeholders         | Feedback from students & assessors via satisfaction survey for draft 2 &3 of CPI (n=?). 7 point Likert scale. Median CI & student rating = 5. | X                        | X   | X                      |
| Time taken to complete                              | Not provided.<br>Rated neutral on CI satisfaction survey in field test (median = 4).  | X                        | X   | X                      |
| <b>Authenticity</b>                                 |   |                          |   |                        |
| Instrument tested in an actual clinical environment | ✓   | ✓                        | ✓   | ✓                      |
| <b>Educational consequences</b>                     |   |                          |   |                        |
| Instrument used to provide feedback to students     | Feedback given mid and end of unit.<br>CIs & students rated usefulness of performance criteria examples on survey (median=5) on 7 point scale | X                        | X   | X                      |
| <b>Costs</b>  |   |                          |   |                        |
| Information on cost of using instrument             | X   | X                        | X   | X                      |

**Legend:(X indicates no data were reported for this data extraction item. ✓ indicates criteria addressed), footnote codes: PT = physical therapy, BPT = Bachelor of PT; MPT = Master of PT; DPT = Doctorate of PT; CI = clinical instructor (qualified physical therapists); ACCE = academic coordinators of clinical education; DCE = director of clinical education; APTA= American Physical Therapy Association; GRS = global rating scale.)**

### Appendix 1.3: Characteristics of instrument development and evaluation: ECC and Blue MACS / PT MACS

| Criteria for best practice | Author and instrument name  |   |   |  |  |
|----------------------------|---|---|---|--|--|
|                            | Loomis (a) & (b) (1985) ECC   | Cox (1999) ECC  | Hrachovy (2000) Blue MACS   | Logemann (2006) CPI & PT MACS  | Stickley (2002 & 2005) PT MACS   |
| Study objectives           | <ul style="list-style-type: none"> <li>Development to evaluate clinical competence of BPT students;</li> <li>establish reliability &amp; validity</li> </ul>  | Assess number of clinical hours required for student to acquire PT competencies by comparing score for year 3& 4 placements   | Evaluate CIs acceptance of & self reported adherence to instructions via survey.  | Item response theory (IRT) analysis of PT MACS and CPI   | Assess content validity  |
| Participants               | <ul style="list-style-type: none"> <li>DevelopECC:121 CIs</li> <li>Reliability &amp; validity: BPT students from 1 Canadian program. (Pilot trial n=4, field test 1 n= 29, field test 2 n= 48.)</li> </ul>  | 40 randomly selected ECC results.   | 124 CIs   | <ul style="list-style-type: none"> <li>449 students rated on CPI;</li> <li>392 students rated on PT MACS</li> <li>80 students rated with both instruments by 91/239 CIs Who returned survey</li> </ul>   | 28 PTs and ACCEs   |
| Assessment procedure       | <ol style="list-style-type: none"> <li>Preparation of list of competencies via survey of literature &amp; professional documents.</li> <li>Survey of graduate physical therapists (n=121)</li> <li>Construction of ECC.</li> <li>Developinstructions in use</li> </ol> Pilot & field tests:<br>Students assessed independently by pairs of assessors at the end of each clinical block.   | Longitudinal assessment by CIs using at the end of 6 x 5 week clinical blocks (3 third year and 3 fourth year clinical blocks).   | 124 CIs returned 42 item questionnaire assessing CI opinion of BM and adherence to instructions by CI with 5 point Likert scale   | Longitudinal assessment by CIs at the end of each clinical block using either CPI, PT MACS or both   | Using a survey, 28 PTs and ACCEs matched skills from the PT MACS with relevant standards documents.  |
| Results                    | <ol style="list-style-type: none"> <li><b>Pilot test:</b> ambiguous items revised.</li> <li><b>Field test 1 &amp; 2:</b> deleted items with a high percentage of disagreement between 2 assessors</li> <li><b>Inter-rater reliability:</b> Total score ICC=0.59 (3<sup>rd</sup> yr - 0.62 4<sup>th</sup> yr).</li> <li><b>Concurrent validity:</b> Correlation of total scale scores with Hiring Ratings for 4<sup>th</sup> yr students (n=25). Spearman rho = 0.524</li> <li><b>Construct validity:</b> One-way</li> </ol> | <ul style="list-style-type: none"> <li>Mean total weighted score (TWS) from 40 ECCs: 329.5 (intermediate) -355.8 (senior); max possible TWS = 380.</li> <li>significant difference between the 6 units (P&gt;0.001) with greatest change during the 3 intermediate blocks.</li> <li>Students achieve maximum scores after 29 weeks of clinical placements.</li> </ul> | 97% of CIs viewed BM positively. 96% reported moderate adherence to instructions. No relationship between opinion and adherence and training or time to complete. Adherence to instructions not influenced by the number of students assessed and being assessed using the BM as a student had no effect on adherence or viewing the BM positively.<br><br>CIs who attended training workshop viewed BM more positively than those who had not attended Pt 3: Adherence scale. 62.4% very | <ol style="list-style-type: none"> <li><b>PT MACS factor analysis</b> Due to missing data, 72 items reduced to 20 for factor analysis .. 1<sup>st</sup> factor:43% of variance; 2<sup>nd</sup> factor: 11%.</li> <li><b>CPI factor analysis</b> All 24 items included. 1<sup>st</sup> factor:66% of variance; 2<sup>nd</sup> factor: 7.2% Authors concluded PT MACS &amp; CPI were unidimensional.</li> <li><b>PT MACS IRT analysis</b>High and low ability levels were well differentiated. The ability levels from just below to just above average were not well</li> </ol> | <ol style="list-style-type: none"> <li>Chi-squared goodness of fit test significant for agreement (50/53 skills).</li> <li>10 mm VAS used to indicate how well the skill in the PT MACS globally described the behaviours needed by student PTs to complete a clinical rotation mean (sd)= 7.8 5 (2.4). PT MACS appeared to assess behaviours expected of students to complete a clinical unit.</li> </ol> |

| Criteria for best practice                           | Author and instrument name   |   |  |   |   |
|--|--|---|--|---|---|
|  | Loomis (a) & (b) (1985)<br>ECC   | Cox (1999)<br>ECC   | Hrachovy (2000)<br>Blue MACS   | Logemann (2006)<br>CPI & PT MACS  | Stickley (2002 & 2005)<br>PT MACS   |
|  | ANOVA of total scores of 3 <sup>rd</sup> & 4 <sup>th</sup> yr students, showed significant difference between total scores of 2 student year levels by the 2 assessors [F(1,97)=26.06, p=0.001].<br><b>6.Student (n= 22) &amp; Assessor Surveys (n=34):</b> ECC generally well accepted by both groups. Number of competencies and standards (4 point scale) considered appropriate. Daily recording of ratings and usefulness for feedback viewed positively (no survey data reported). |   | consistent, 35% moderately consistent, 2.6% inconsistent. Cls who attended workshop did not score differently to those who did not attend for adherence to instructions. No difference when number of students rated. Time to complete BM: mean =1.6 hours, sd= 0.89. No correlation between time to complete and opinion (r=0.03) or adherence scales (r=0.03). | differentiated . 4/20 items provided little information on student's performance: professionalism, stress management, safety, and tests & measures for gait & locomotion.<br><b>4. CPI IRT analysis</b><br>19 /24 items functioned well and had high levels of accuracy. The 5 items providing the least amount of information were: responsible behaviour, professional behaviour, ethical practice, legal practice, cultural differences and professional responsibility. CPI lacks discrimination at very high ability levels. |   |
| Conclusions  | Moderate reliability, and adequate construct and concurrent validity; practical for use in clinical environment.   | <ul style="list-style-type: none"> <li>Continuing increase in competency acquisition from 3<sup>rd</sup> year to 4<sup>th</sup> year clinical blocks.</li> <li>Most gains occurred in the first 19 weeks (715 hours)</li> <li>No change in scores after 29 weeks (1088 hours).</li> </ul> |  | CPI: recommended that the 5 items that do not function well be revised. PT MACS: requires further research before being recommended.  | PT MACS is representative of the behaviours needed by students to successfully complete a clinical block. |
| <b>Validity Evidence based on:</b>                   |  |   |  |   |   |
| <b>Test Content</b>                                  |  |   |  |   |   |
| Items - personnel involved in instrument development | 5 graduate PTs analyzed 86 competencies & reduced list to 55. Survey ranking 55 competency statements in order of importance completed by 121 PTs.   | X   | X  | X   | X   |
| Involvement of students in instrument development    | X  | X   | X  | X   | X   |
| Items – pool of items generated                      | List of competencies via survey of literature, available instruments, & professional documents. Final ECC: 48 items divided into 2 sections. Section1: Patient care ( 34 items) Section 2: Professional behaviour (14 items).  | X   | X  | X   | X   |

| Criteria for best practice                                      | Author and instrument name   |                   |                              |  |   |
|---|--|-------------------|------------------------------|--|---|
|   | Loomis (a) & (b) (1985)<br>ECC   | Cox (1999)<br>ECC | Hrachovy (2000)<br>Blue MACS | Logemann (2006)<br>CPI & PT MACS   | Stickley (2002 & 2005)<br>PT MACS   |
| Items - criteria for item pool reduction to the final item list | X  | X                 | X                            | X  | X   |
| Items - criteria for technical quality of item design           | X  | X                 | X                            | X  | X   |
| Mapping of final item list against relevant standards           | ✓  | X                 | X                            | X  | X   |
| Rating scale – process of development                           | X  |                   |                              | X  | Refer to Roach et al (2002) in Table 1.2 for information on CPI.  |
| Rating Scale – format, width, descriptors and scoring criteria  | <p>Two 4 point scales.</p> <p>Section 1: Behaviourally anchored 4 point rating scale (0=not observed, 1=incompetent, 2=minimally competent, 3= competent, 4=highly competent) to determine final rating of clinical competence</p> <p>Section 2: subjectively worded 4 point scale to determine frequency of professional behaviours (0=not observed, 1=occasionally 2=inconsistently, 3=usually, 4=always). Student's performance on section 1 viewed daily for 15 minutes &amp; rated during the last week of the clinical unit.</p> |                   |                              | <p>4 point scale</p> <p>±= student has surpassed entry level standards in meeting all applicable objectives, consistently practicing the skill independently, safely and effectively.</p> <p>Tick ✓=Student has performed the skill independently, safely and effectively on a consistent basis, meeting all objectives applicable at this facility; The student is entry-level.</p> <p>NE= 'Needs experience' to meet entry level. The student performed the skill or components of the skill independently, safely &amp; effectively; s/he needs more opportunity to demonstrate consistency, to practice with a variety of patients, or to meet all objectives applicable at this facility.</p> <p>NI= 'needs improvement to meet entry level'. The student performed the skill or components of the skill with supervision or assistance, requiring guidance or minor correction; the student is not yet independent in meeting applicable objectives.</p> | Refer to Roach et al (2002) in Table 1.2 for information on CPI and to this table (Stickley et al 2005) for information on PT MACS. |
| Interpretation of total score                                   | Total score on ECC (section 1 & 2) obtained by summing weighted score on each item. No information provided on which   |                   |                              | X  | Refer to Roach et al (2002) in Table 1.2 for  |

| Criteria for best practice   | Author and instrument name  |                   |                              |                                  |   |
|--|---|-------------------|------------------------------|----------------------------------|---|
|  | Loomis (a) & (b) (1985)<br>ECC  | Cox (1999)<br>ECC | Hrachovy (2000)<br>Blue MACS | Logemann (2006)<br>CPI & PT MACS | Stickley (2002 & 2005)<br>PT MACS   |
|  | competencies weighted and by how much.  |                   |                              |                                  | information on CPI.   |
| <b>Response processes</b>  |   |                   |                              |                                  |   |
| Interviews of assessors and test takers (students)   | X   | X                 | X                            | X                                | X   |
| Training in use of instrument  | Detailed instructions for completion of ECC provided; no description of specific training   | X                 | X                            | X                                | X   |
| <b>Internal structure</b>  |   |                   |                              |                                  |   |
| Analysis of internal structure of the instrument   | X   | X                 | X                            | (refer to results section)       | X   |
| Internal consistency   | X   |                   | X                            |                                  | X   |
| <b>Relation to other variables</b>   |   |                   |                              |                                  |   |
| Analysis of relationships to other tests hypothesized to measure related or different constructs | Correlation of total scale scores with Hiring Ratings for 4 <sup>th</sup> yr students (n=25). Spearman rho = 0.524 (p=.01) for assessor 1 & 0.68 (p=.001) for assessor 2. | X                 | X                            | X                                | X   |
| <b>Reliability</b>   |   |                   |                              |                                  |   |
| Number of raters   | X   | X                 | X                            | X                                | 54 PTs examined videotaped performances. This trial is excluded as not conducted in authentic clinical environment. |
| Number of students   | 48<br>3 <sup>rd</sup> yr n=23,<br>4 <sup>th</sup> yr n=25   | X                 | X                            | X                                | X   |
| Blinding of raters   | 2 raters equally involved in supervising students marked each student blindly at end of placement   | X                 | X                            | X                                | X   |
| Mean test 1  | 0 – 4 scale<br>Mean scale score 4 <sup>th</sup> yr = 3.22,<br>3 <sup>rd</sup> yr = 2.72   | X                 | X                            | X                                | X   |
| Mean test 2  | Mean scale score 4 <sup>th</sup> yr = 3.19, 3 <sup>rd</sup> yr = 2.79   | X                 | X                            | X                                | X   |
| Test 1-2 mean difference ( <i>d</i> ) & SD of diff ( <i>sd</i> )                                 | X   | X                 | X                            | X                                | X   |
| Test1 /test 2 correlation  | ICC: Total score= 0.62 (3 <sup>rd</sup> yr) - 0.59 (4 <sup>th</sup> yr).<br>The 7 major competency areas  | X                 | X                            | X                                | X   |

| Criteria for best practice                             | Author and instrument name  |                   |                              |                                  |                                   |
|--|---|-------------------|------------------------------|----------------------------------|-----------------------------------|
|  | Loomis (a) & (b) (1985)<br>ECC  | Cox (1999)<br>ECC | Hrachovy (2000)<br>Blue MACS | Logemann (2006)<br>CPI & PT MACS | Stickley (2002 & 2005)<br>PT MACS |
|  | showed ICC range 0.09 - 0.60. Professional behaviour lowest ICCs 0.09 to 0.25. Mean % agreement on item scores = 55.6% (range 31.8%-80%). % agreement = 81.7% when ratings 3 & 4 collapsed into one category to a 3 point scale.  |                   |                              |                                  |                                   |
| <b>Acceptability</b>                                   |   |                   |                              |                                  |                                   |
| Acceptability of instrument to stakeholders            | Descriptive comments only. Student (n= 22) & Assessor Surveys (n=34): ECC generally well accepted by both groups. Number of sub-competencies and standards (4 point scale) considered appropriate. Daily recording of ratings and usefulness of ECC for feedback viewed positively. (no figures on these surveys provided). | X                 |                              | X                                | X                                 |
| Time taken to complete                                 | X   | X                 |                              | X                                | X                                 |
| <b>Authenticity</b>                                    |   |                   |                              |                                  |                                   |
| Instrument tested in an authentic clinical environment | ✓   | X                 |                              | ✓                                | X                                 |
| <b>Educational consequences</b>                        |   |                   |                              |                                  |                                   |
| Instrument used to provide feedback to students        | ECC completed daily and student given feedback. ECC ratings in the final week of the clinical unit.   | X                 |                              | X                                | X                                 |
| <b>Costs</b>   |   |                   |                              |                                  |                                   |
| Information on cost of instrument usage                | X   | X                 |                              | X                                | X                                 |

(X indicates no data were reported for this data extraction item. ✓ indicates criteria addressed), footnote codes: PT = physical therapy, BPT = Bachelor of PT; MPT = Master of PT; DPT = Doctorate of PT; CI = clinical instructor (qualified physical therapists); ACCE = academic coordinators of clinical education; DCE = director of clinical education; APTA= American Physical Therapy Association; GRS = global rating scale.)

## Appendix 1.4: Characteristics of instrument development and evaluation: Meldrum (2008), CAF, SCCS, CEIT

| Criteria for best practice | Meldrum (2008)<br>Based on work of Cross (1997, 1999, 2001).  | Coote et al 2006<br>CAF (based on & superseding<br>Meldrum's (2008) instrument)   | Rheault (1991)<br>SCCS  | Fitzgerald (2007)<br>CIET   |
|----------------------------|---|---|---|---|
| Study objectives           | Investigate interrater reliability of CIs grades for clinical placements.   | 1. Develop new clinical assessment form (CAF) for use in all 4 PT programs in Ireland<br>2. Test reliability & validity of CAF  | Use of Rasch model in the development and implementation of SCCS  | 1. Develop instrument to assess clinical competence of PT students<br>2. Validate CIET by<br>a) develop conceptual framework, generate items;<br>b) field test version 1<br>c) revise CIET based on feedback from CIs<br>d) test final version  |
| Participants               | BPT students and 58 CIs (n = 86 paired assessments).  | BPT students & CIs  | 1 ACCE<br>47 PT students  | 1. CIs (n=26).<br>2. Academic faculty (n=7)<br>3. PT students (n=228)   |
| Assessment procedure       | <ul style="list-style-type: none"> <li>2 raters equally involved in supervising marked each student blindly using form at the end of 4-6 week clinical blocks..</li> <li>Tutor:student ratio= 1:4.</li> <li>Independently completed forms returned to researcher.</li> </ul>  | <ol style="list-style-type: none"> <li>Longitudinal assessment by CIs using CAF &amp; existing university specific instrument on completion of clinical block.</li> <li>Inter-rater reliability trial of CAF</li> </ol>   | Longitudinal assessment by ACCE using SCCS at the end of clinical blocks.   | 2. Longitudinal assessment by CIs using CIET at the end of 7-12 week clinical blocks.   |
| Results                    | <ul style="list-style-type: none"> <li>Bland &amp; Altman analyses carried out on following marks: overall (0-1000), patient management (0-600), professional development (0-300), and organisation &amp; management (0-100).</li> <li>Final grades agreed in 74% of assessments.</li> <li>Av. diff in marks was 3.6±1.6</li> <li>ICC values: 0.75 – 0.84</li> <li>Patient management: 0.75</li> <li>Professional development: 0.75</li> <li>Organisation and management: 0.81</li> <li>Overall mark (0-100): 0.84. Mean diff (sd) between raters = -.05, 95%CI= -1.1-0.2. SE = 0.3. 95% limits of agreement = -6.2-5.3.</li> </ul> | <ol style="list-style-type: none"> <li>2 CIs rated students independently at end of clinical unit (43 data sets).<br/>Test 1-2 mean difference = 0.64 &amp; SD of diff =5.35<br/>ICC 0.84, 95% CI:0 .72,0.91</li> <li>Construct validity assessed by comparing scores on CAF with results from existing instruments, though psychometric properties of these instruments had not been reported .. Overall Pearson correlation coefficient = 0.90 (range 0.88-0.98) reported for old and new instruments.</li> </ol> | <ul style="list-style-type: none"> <li>Rasch analysis (MSCALE software) provided: ranking of item difficulties from easiest to hardest as follows: exhibits professionalism exhibits effective communication skills, performs effective treatment skills, performs safe treatment skills, can problem-solve, &amp; works from an adequate knowledge base.</li> <li>2/47 students</li> </ul> | <ol style="list-style-type: none"> <li>80.8% (n=20) of CIs considered no new items required, no items irrelevant.</li> <li>Factor analysis, coefficient alpha &amp; item-to-total scale correlations determined for 2 sections, Professional behaviour (PB) &amp; patient management (PM).<br/>PB scale did not conform to a one factor model and thus it was not appropriate to combine all items into a single score.<br/>PM: Only 1 distinct factor was extracted for each of the 9 units.<br/>The internal consistency, coefficient alpha= 0.98 for patient management items. The correlation of individual PM items and total PM score ranged from 0.76-0.87.</li> <li>PM mean scores improved across consecutive units. PM scores and global ratings of overall clinical performance</li> </ol> |

| Criteria for best practice   | Meldrum (2008)<br>Based on work of Cross (1997, 1999, 2001).   | Coote et al 2006<br>CAF (based on & superseding<br>Meldrum's (2008) instrument)               | Rheault (1991)<br>SCCS   | Fitzgerald (2007)<br>CIET  |
|--|--|---|--|--|
|  |  |   | exhibited misfit to the Rasch model, ie., 2 students found problem solving easier than rendering safe & effective treatment skills.<br>• No item showed misfit to rasch model, ie.,all items relevant for measuring clinical competence. | correlated from 0.54-0.89, average =0.76.<br>3. 96% of CIs agreed or strongly agreed CIET was short and easy to use. |
| Conclusions  | CIs demonstrated high level of inter rater reliability in the assessment and marking of clinical performance when using a standardised instrument. | 1. CAF developed with good face, content and construct validity<br>2. High reliability of CAF | Rasch analysis converted ordinal scores to interval level scores and provided a ranking of item difficulties and student ability on an interval scale.   |  |
| <b>Validity Evidence based on:</b>   |  |   |  |  |
| <b>Test Content</b>  |  |   |  |  |
| Items - personnel involved in instrument development   | CIs (n=20) and academic staff (n=5)  | CIs & university tutors   | 1 expert PT  | 1. CIs (n=26).<br>2. Academic faculty (n=7)<br>3. PT students from MPT and DPT programs (n=228)                      |
| Involvement of students in instrument development  | X  | X   | X  | X  |
| Items – pool of items generated  | CIs & academic staff assigned 114observable behaviours Assignment of behaviours to 36 criteria completed over 3 workshops through consensus.       | From previous instruments & from survey of 54 stakeholders                                    | 6 items adapted from research on medical students by Kubany and Cowles (1959).   | Items generated from multiple relevant documents eg APTA standards, curriculum & experts                             |
| Items - criteria for item pool reduction to final item list & for technical quality of item design | X  | X   | X  | X  |
| Mapping of item list   | X  | X   | X  | ✓  |

| <b>Criteria for best practice</b>                              | <b>Meldrum (2008)<br/>Based on work of Cross (1997, 1999, 2001).</b>   | <b>Coote et al 2006<br/>CAF (based on &amp; superseding<br/>Meldrum's (2008) instrument)</b>                          | <b>Rheault (1991)<br/>SCCS</b>   | <b>Fitzgerald (2007)<br/>CIET</b>   |
|--|--|---|--|---|
| against standards  |  |   |  |   |
| Rating scale – process of development                          | X  | X   | X  | X   |
| Rating Scale – format, width, descriptors and scoring criteria | Each item scored from 0-100<br>Patient management: 4 subsections, 2 subsections marked/200, and 2 marked/ 100. (Total /600).<br>Professional development: 2 subsections. One marked /200 and one marked/100 (Total/300).<br>Organisation & management: marked/100 – (final year students only).<br>2 <sup>nd</sup> year student marks expressed as a % of 900 marks and final year student marks as a % of 100 marks | Each item scored /10.<br>5 domains on CAF. 3 scored /100, 2 scored /50. Total= 400<br>Response format – not described | 4 point scale with descriptors poor, low average, high average & good. | 2 x 5 point rating scales<br>1. Professional behaviour (0=never displays the behaviour, 4=always displays behaviour).<br>2. Patient management (1=performance well below competent clinician, 5=well above competent clinician).<br>Global rating scale 0-10 also used with 5 = at the level of a competent clinician   |
| Interpretation of total score                                  | Grading system: 0-49 =fail; 50-59=third class honours; 60-64=2 <sup>nd</sup> class honours grade 1 (2.1); and 70-100= 1 <sup>st</sup> class honours. Grading guidelines not provided.  | Nil provided other than student pass = score > 50/100   | Nil provided other than total score= 18.                               | Professional behaviour – student had to score 4 (always displays behaviour) for all 18 items. Patient management – student had to score a minimum of 3 for each of 24 items in the final 4 placements.<br>Scores for 24 items summed  |
| <b>Response processes</b>                                      |  |   |  |   |
| Interviews   | X  | X   | X  | X   |
| Training in use of instrument                                  | All raters received training in the use of the form. Content of training not described.  | minimal training as usually provided to CIs   | X  | Yes –All training carried out by same person.   |
| <b>Internal structure</b>                                      |  |   |  |   |
| Analysis of internal structure of the instrument               | X  | X   | X  | 18 Professional behaviour items: Factor analysis KMO ranged 0.58 – 0.71. Three factors were identified. Items did not consistently load on the 3 factors across the 9 clinical time points. Thus professional behaviour scale did not conform to a one factor model. Thus coefficient alpha not calculated.<br>24 Patient Management items:<br>The KMO > 0.95 for all clinical time frames.<br>One factor identified.<br>Correlations of individual patient management items to the total patient management score ranged 0.76 – 0.87<br>Coefficient alpha = 0.98 for patient |

| Criteria for best practice   | Meldrum (2008)<br>Based on work of Cross (1997, 1999, 2001).  | Coote et al 2006<br>CAF (based on & superseding<br>Meldrum's (2008) instrument)  | Rheault (1991)<br>SCCS | Fitzgerald (2007)<br>CIET  |
|--|---|--|------------------------|--|
|  |   |  |                        | management items across all clinical time points.  |
| <b>Relation to other variables</b>   |   |  |                        |  |
| Analysis of relationships to other tests hypothesized to measure related or different constructs | X   | Correlated scores from 4 existing forms (with unknown measurement properties) to 71 CAF scores.<br>Pearson correlation coefficient (PCC)=0.96 between existing form scores and CAF scores. | X                      | Correlated total score on 24 patient management items with GRS score: ranged from 0.54 – 0.89. Average correlation = 0.76. Repeated measures ANOVA showed a significant difference between patient management scores for each clinical time point (p<.05). |
| <b>Reliability</b>   |   |  |                        |  |
| Number of raters   | 58  | X  | X                      | X  |
| Number of students   | 86 paired assessments. Exact number of students unknown.  | 43 data sets collected students n = ?<br>Raters n = ?  | X                      | X  |
| Blinding of raters   | 2 raters at 5 sites equally involved in supervising students marked each student blindly at the end of placement. Marks from 5 clinical units (each 4 -5 weeks in length) in one academic year. 2nd year students n=48, final year n=38.  | Raters marked students independently   | X                      | X  |
| Mean test 1  | X   | X  | X                      | X  |
| Mean test 2  | X   | X  | X                      | X  |
| Test 1-2 mean difference (d) & SD of diff (sd)   | 1. Overall mark (out of 100) (d)= -0.5 (sd 2.9, 95%CI of difference: -1.1 to 0.2, SE of diff 0.3,)<br>2. Patient management (out of 600) (d)=-2.3 (sd 19.8, 95%CI of difference : -6.5 to 2.0, SE 2.1)<br>3. Professional development (out of 300) (d)= -0.9 (sd 12.4, 95%CI: -3.6 to 1.8, SE 1.3)<br>4. Organisation and management, n=38 (out of 100) 0.9 (sd 5.1, 95%CI -0.8 to 2.6, SE 0.8) | d= 0.64<br>sd=5.35   | X                      | X  |
| Test1 /test 2 correlation  | ICC2,1<br>1. Overall mark (out of 100) 0.84 . 95% of the time markers will be within 6.2 marks of each other.<br>2. Patient management 0.75<br>3. Professional development 0.75   | ICC= 0.84<br>95% CI .72 to .91<br>Assessment ICC=0.66<br>Treatment ICC=0.78<br>Professionalism ICC=0.78<br>Documentation ICC=0.82  | X                      | X  |

| <b>Criteria for best practice</b>           | <b>Meldrum (2008)<br/>Based on work of Cross (1997, 1999, 2001).</b> | <b>Coote et al 2006<br/>CAF (based on &amp; superseding<br/>Meldrum's (2008) instrument)</b> | <b>Rheault (1991)<br/>SCCS</b> | <b>Fitzgerald (2007)<br/>CIET</b>  |
|---|--|--|--------------------------------|--|
|   | 4. Organisation and management 0.81                                  | Communication ICC=0.73   |                                |  |
| <b>Feasibility &amp; acceptability</b>      |  |  |                                |  |
| Acceptability of instrument to stakeholders | X  | General comment that CAF appeared acceptable   | X                              | Via survey of 26 CIs & focus groups. 96% (n=25) agreed or strongly agreed that CIET was acceptable |
| Time taken to complete                      | X  | X  | X                              | 30-60mins  |
| <b>Authenticity</b>                         |  |  |                                |  |
| Instrument tested in clinical setting       | ✓  | ✓  | ✓                              | ✓  |
| <b>Educational consequences</b>             |  |  |                                |  |
| Instrument used to provide feedback         | X  | X  | X                              | CIET completed at mid and end of unit and feedback given to the student on performance             |
| <b>Costs</b>                                |  |  |                                |  |

### Appendix 3.1: Research team, partner institutions and reference group

|   |                                   |   |
|---|-----------------------------------|---|
|   |                                   |   |
| <b>Research Team</b>                                    | Griffith University               | <b>Megan Dalton</b>   |
|   | Monash University                 | <b>Professor Jennifer Keating</b>   |
|   | La Trobe University               | <b>Associate Professor Megan Davidson</b>   |
|   | Griffith University               | <b>Dr Heather Alexander</b>   |
|   |                                   |   |
| <b>Research Assistant and administrative assistance</b> | Griffith University               | <b>Wendy Harris (2008)</b><br><b>Libby Henderson (2006-2007)</b>                    |
|   |                                   |   |
| <b>Partner Institutions</b>                             | Curtin University of Technology   | <b>Kerry Saunders</b><br><b>Professor Anthony Wright</b><br><b>Amanda Bosokovic</b> |
|   | University of Sydney              | <b>Dr Cath Dean</b>   |
|   |                                   |   |
| <b>Collaborating Partner Institutions :</b>             | James Cook University             | <b>Anne Bent</b>  |
|   | Auckland University of Technology | <b>Cheryl Keals-Smith</b>   |
|   | Charles Sturt University          | <b>Dr Megan Smith</b>   |
|   | University of Otago               | <b>Dr Margot Skinner</b><br><b>Sandy Ferdinand</b>                                  |
|   |                                   |   |
| <b>Reference Group ANZ Clinical Education Managers</b>  | Griffith University               | Dr Liisa Laakso   |
|   | Monash University                 | Wendy Nixon<br>Liz Molloy   |
|   | La Trobe University               | Merrilyn McKenzie   |
|   | The University of Sydney          | Evelyn Argyle   |
|   | Curtin University                 | Kerry Saunders<br>Amanda Bosokovic  |
|   | Charles Sturt University          | Rosemary Corrigan   |
|   | James Cook University             | Anne Bent   |
|   | Otago University                  | Sandy Ferdinand   |
|   | Auckland University of Technology | Cheryl Keals-Smith  |
|   | The University of Qld             | Ruth Dunwoodie  |
|   | Notre Dame University             | Anne Marie Hill   |
|   | University of SA                  | Mitch de Jong/<br>Dr. Lucy Chipchase  |
|   | Newcastle University              | Cath Johnson  |
|   | The University of Melbourne       | Associate Professor Gillian Webb/<br>Clarissa Martin                                |
|   | The University of Canberra        | Jenny Scarvell / Wendy Chesworth  |

## Appendix 3.2: Focus group participants: pre pilot trial

**Focus group 1: Monash University, Department of Physiotherapy academic staff, held in Melbourne.**

| Name   |
|--|
| Dr Rebecca Scholes<br>Alison Francis-Cracknell |
| Wendy Nixon                                    |
| Dr Elizabeth Molloy                            |
| Stephen Maloney                                |
| Sophie Paynter                                 |
| Professor Jenny Keating                        |
| Megan Dalton                                   |

### Focus group 2: Held in Melbourne

| Name                  | Facility                          | Position                           |
|-----------------------|-----------------------------------|------------------------------------|
| Gwen Jull             | The University of Queensland      | Head of Department                 |
| Ruth Dunwoodie        | The University of Queensland      | Clinical education liaison officer |
| Rosemary Isles        | The University of Queensland      | Clinician and Lecturer             |
| Jenny Scarvell        | Canberra University               | Clinical Education Manager         |
| Peter Robinson        | Curtin University                 | Clinical Education Manager         |
| Anne Bent             | James Cook University             | Clinical Education Manager         |
| Anne Jones            | James Cook University             | Acting Head of School              |
| Cath Johnson          | Newcastle University              | Clinical Education Manager         |
| Cath Dean             | The University of Sydney          | Clinical Education Manager         |
| Margot Skinner        | Otago University                  | Head of School                     |
| Sandra Ferdinand      | Otago University                  | Clinical Education Manager         |
| Megan Smith           | Charles Sturt University          | Clinical Education Manager         |
| Anne Marie Hill       | Notre Dame University             | Clinical Education Manager         |
| Cheryl Keals-Smith    | Auckland University of Technology | Clinical Education Manager         |
| Merilyn McKenzie      | LaTrobe University                | Clinical Education Manager         |
| Gillian Webb          | The University of Melbourne       | Acting Head of School              |
| Clarissa Martin       | The University of Melbourne       | Clinical Education Manager         |
| Margaret Green        | University of South Australia     | Clinical Education Manager         |
| <b>Research group</b> |                                   |                                    |
| Megan Dalton          | Griffith University               | Clinical Education Manager         |
| Jenny Keating         | Monash University                 | Head of School                     |
| Megan Davidson        | LaTrobe University                | Head of School                     |

### **Appendix 3.3: Focus group explanatory statement and consent form**

## Focus Group Participant Explanatory Statement – Feedback Phase

**Project Title:**                    **Development of the Assessment of Physiotherapy Practice (APP) Instrument**

**Project Manager:**            **Ms Megan Dalton**  
**Chief Investigator:**        Ms Megan Dalton (PhD candidate School of Primary Health Care, Monash University, Peninsula Campus, Victoria)  
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Email: [libby.Henderson@griffith.edu.au](mailto:libby.Henderson@griffith.edu.au)

This Explanatory Statement is to tell you about the Assessment of Physiotherapy Practice (APP) Project and is for you to retain.

The APP is a research project being conducted by Griffith University in conjunction with Monash, La Trobe, Sydney and Curtin Universities. This work is supported by a grant from the Carrick Institute for

Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. Additionally, the clinical coordinators of all physiotherapy programs in Australia form part of the reference group for this Project. This research also forms part of Megan Dalton's PhD research program within the School of Primary Health Care at Monash University, Victoria.

### **Project Aims**

1. To develop a practical, standardized, valid and reliable assessment tool to measure clinical competency that meets the needs of students and clinical educators/supervisors.

**As a member of the physiotherapy profession, we would like to  
invite you to participate in this study.**

### **What your participation in this Project involves:**

- Participation by student and graduate physiotherapists is sought via a focus group, during the feedback phase of the project.
- Focus groups will be held at venues central to the participants and will be conducted over a two hour period during standard working hours. The groups will be conducted by 2 members of the project team, Megan Dalton and research assistant Libby Henderson.
- The focus group sessions will be audio taped. Once the tape has been transcribed and checked it will be erased. If a request is made at the time of interview, participants may listen to the audio-tape and/or review a copy of the transcribed interview.
- A summary of the focus group discussion will be provided to all participants. Participants will be encouraged to provide feedback as to whether the summary is a true and accurate record of the group's discussion. The research assistant will revise the summary based on this feedback.
- All data will be permanently de-identified once it has been entered into spread sheets for statistical analysis.
- Demographic information on each of the focus group participants will be collected to ensure adequate representation of the student body and physiotherapy profession is achieved with respect to the areas of clinical practice, geography ie., metropolitan, rural, regional and remote areas of Australia, and facility type. Once demographic data have been entered, all data will be permanently de-identified. No-one other than Megan Dalton will have access to the original data sheets.

If you wish to take part in this Project, please read and sign the focus group participant consent form.

### **CONFIDENTIALITY STATEMENT**

Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. Audio-tapes will be wiped following analysis and all data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

### **Please note:**

- Your participation is voluntary and you can withdraw from the project at any time without explanation or penalty up until the point where data are fully de-identified. It is envisaged that this will occur within 2 weeks of completion of the focus groups.
- All information will remain confidential and no personal or identifiable information will appear on data that is analysed.
- Partners and the funding organisation will only have access to aggregated and de-identified data.
- At the completion of the study, you will receive summary feedback about the findings of the research via numerous media, eg Physiotherapy publications, PhD thesis, journal articles, conference proceedings or personally if you request such information from the chief investigator. No personal or identifiable information will appear in any of these publications.
- You can contact the researchers at any time (refer to the contact details listed at the start of this form).

|  |  |
|--|--|
| <p>If you would like to contact the <b>researchers</b> about any aspect of this study, please contact the Chief Investigator Megan Dalton or Jenny Keating :</p>   | <p>If you have a <b>complaint</b> concerning the manner in which this research is being conducted, please contact:</p>   |
| <p><b>Megan Dalton</b><br/> <a href="mailto:Megan.Dalton@griffith.edu.au">Megan.Dalton@griffith.edu.au</a><br/> <b>Tel:</b> +61 7 5552 8388 <b>Fax:</b> +61 7 5552 8674</p> <p><b>Jenny Keating</b><br/> <a href="mailto:Jenny.keating@med.monash.edu.au">Jenny.keating@med.monash.edu.au</a><br/> <b>Tel:</b> +61 3 9904 4817 <b>Fax:</b> +61 3 9904 4812</p> | <p>Human Ethics Officer<br/> Standing Committee on Ethics in Research Involving Humans (SCERH)<br/> Building 3e Room 111<br/> Research Office<br/> Monash University VIC 3800<br/> <b>Tel:</b> +61 3 9905 2052 <b>Fax:</b> +61 3 9905 1420<br/> <b>Email:</b> <a href="mailto:scerh@adm.monash.edu.au">scerh@adm.monash.edu.au</a></p> |

## Focus Group Participant Consent Form – Feedback Phase

**Project Title:** Development of the Assessment of Physiotherapy Practice (APP) Instrument

**Project Manager:** Ms Megan Dalton

**Chief Investigator:** Ms Megan Dalton

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Email: [libby.Henderson@griffith.edu.au](mailto:libby.Henderson@griffith.edu.au)

## **Consent Form**

This is a consent form for physiotherapists who agree to participate in the focus group/survey phase of the APP for the purposes of research. The purpose of this phase is to obtain feedback from key stakeholder groups regarding the design and refinement of the APP instrument following field testing.

## **Background**

The development of the APP is supported by a grant from the Carrick Institute. Griffith, Monash and La Trobe Universities are the lead institutions with academics/investigators from Sydney and Curtin Universities making up the APP research consortium. Additionally, the clinical coordinators of all physiotherapy programs in Australia are part of the reference group for this project.

At present, the APP represents the first version of a standardised assessment form being developed in Australian entry-level physiotherapy programs. Despite each physiotherapy program having curriculum designed to meet the same set of competencies, as defined by The Australian Physiotherapy Council, each physiotherapy program in Australia uses its own clinical assessment form and assessment criteria. None of these assessment methods have been subjected to rigorous validation.

The advantages of a standardised national form are that clinical educators/supervisors who have students from more than one physiotherapy program will not have to deal with multiple assessment forms. Other advantages of a standardised form will be a means to analyse and document evidence of test validity and reliability, and the ability to meaningfully compare scores between students, raters, sites and programs for benchmarking purposes.

The test developers will be guided by the Standards for Educational and Psychological Testing (American Educational Research Association, 1999). In addition, an action research approach is being utilised that involves stakeholder participation in each phase of the Project including preliminary information gathering, instrument development, trial/field test stages and refinement of the APP instrument.

## **What your participation in this Project involves:**

- Participation by physiotherapists will be sought in either a focus group, or via survey or interview during the consultation phase of the project.
- Focus groups will be held at venues central to the participants and will be conducted over a two hour period during standard working hours. The groups will be conducted by 2 members of the project team, Megan Dalton and research assistant Libby Henderson.
- The focus group sessions will be audio taped. Once the tape has been transcribed and checked it will be erased. If requested, participants may listen to the audio-tape and/or view a copy of the transcribed interview.
- A summary of the focus group discussion will be provided to all participants. Participants will be encouraged to provide feedback as to whether the summary is a true and accurate record of the group's discussion. The research assistant will alter the summary based on this feedback. If requested a participant may listen to the full audio-tape and/or view a copy of the transcribed interview.
- All data will be de-identified once it has been entered into spread sheets for statistical analysis.
- Demographic information on each of the focus group participants will be collected to ensure adequate representation of the profession is achieved with respect to the area of clinical practice, geography ie., metropolitan, rural, regional and remote areas of Australia, and facility type. Once demographic data has been entered, all data will be permanently de-identified. No-one other than Megan Dalton will have access to the original data sheets.
- Consultation will also occur by way of survey. Surveys will be posted to participants and will include provision for the return of surveys. Completion of the survey will be entirely voluntary. Surevys will seek feedback on the APP across a range of aspects such as ease of use, time to complete etc

- Consultation will also occur by way of interview. Volunteers from a representative range of participating facilities will be sought via email. If a participant wishes to participate they will contact the researcher in response to this email. Interviews will be audio taped. Once the tape has been transcribed and checked it will be erased. If requested at the time of the interview, the participant may listen to the audio-tape and/or review a copy of the transcribed interview. Interviews will take approximately one hour while surveys are expected to take less than half an hour to complete. Once the information has been coded and entered into spread sheets all data will be permanently de-identified. No-one other than Megan Dalton will have access to the original data sheets.

**Participation in this study is voluntary.**

- If you do not wish to be a participant in this Project, there will be no disadvantage or penalty to you in any way from any University involved in this project.
- You may withdraw from the study at any time up to the point where data has been de-identified. It is anticipated that data entry and de-identification will occur 2 weeks after the focus group, interview or &/or survey.
- Participation in this part of the APP Project is entirely voluntary. Under no circumstances should potential participants feel obliged to participate in any way because, for example, of an existing relationship with one or more of the chief investigators. The chief investigators wish to assure potential participants that choosing not to participate will have no affect whatsoever on an existing relationship with either a/the chief investigator/s or the respective universities or Project sponsors.
- Additionally and in accordance with Section 3 of *Booklet 27: Human research and unequal relationships*, contact and recruitment for focus groups, surveys and interviews will be conducted by the Project's Research Assistant.
- Your contribution will be de-identified, and remain confidential (See confidentiality statement)

**CONFIDENTIALITY STATEMENT**

Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. Audio-tapes will be wiped following transcription and checking of data. All data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

**I have read the attached Explanatory Statement and understand that:**

- I am being asked whether I wish to participate in either a focus group, survey or an interview that will record my views about the content, development and likely performance of the APP.
- Any reports or publications from this study will be reported in general terms and will not involve identifying features.
- The data will be kept confidential at all times and all data collection materials and results will be stored at locked facilities at Griffith University and will not be disclosed to parties outside the research team. Data collection materials will be retained for a period of 5 years before being destroyed.
- At no time after data de-identification will any of the data be able to be traced to any individual clinical educator, facility, student or University.
- I understand that the investigators will audio-tape the focus groups and interviews and will immediately erase the tapes once they have been transcribed. I understand that I may listen to the audio-tapes and/or review a copy of the transcribed interview if I request to do so at the time of interview or focus group.
- A report about the study findings will be made available to me if I request this from the research team. I can contact the researchers at any time at Griffith University on telephone: 07 5552 8388; Fax 07 5552 8674.
- My participation in this data collection phase implies consent for the data to be used in research.

**Yes, I agree to be a participant in this Project (please sign below)**

\_\_\_\_\_  
YOUR NAME (please print)

\_\_\_\_\_  
YOUR SIGNATURE

DATE: \_\_\_\_\_

Thank you for your interest in this study.

If you have any concerns or complaints regarding the ethical conduct of this research project, you may discuss this issue with an independent person: Manager, Research Ethics, Office for Research Bray Centre, Nathan Campus, Griffith University (07) 3875 5585 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au)

### **Appendix 3.4: Ethical approval protocol numbers**

This research has been approved by the Human Research Ethics Committees of the following Universities:

1. Griffith University, GU Protocol Number: PES/09/06/HREC;
2. Auckland University of Technology - Application Number 07/139
3. Curtin University, Protocol Approval: HR 39/2007;
4. The University of Otago - project No 07/152;
5. Monash University - 2007/0599MC;
6. James Cook University - H2737
7. La Trobe University – approval 07-115
8. The University of Sydney – ref no: 08-2007/10243
9. Charles Sturt University – protocol no: 2007/268

## Appendix 3.5: Initial draft CAPS instrument (version 1)

### Clinical Assessment of Physiotherapy Skills (CAPS) Scale

Circle one number

| <b>Communication</b>           |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| 1.                             | Communicates effectively and appropriately - <u>Verbal/non-verbal</u>                                   | 1 | 2 | 3 | 4 | 5 |
| 2.                             | Communicates effectively and appropriately – <u>Written</u>   | 1 | 2 | 3 | 4 | 5 |
| <b>Professional Behaviour</b>  |   |   |   |   |   |   |
| 3.                             | Demonstrates an understanding of patient rights and consent   | 1 | 2 | 3 | 4 | 5 |
| 4.                             | Demonstrates commitment to learning   | 1 | 2 | 3 | 4 | 5 |
| 5.                             | Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements | 1 | 2 | 3 | 4 | 5 |
| 6.                             | Demonstrates teamwork   | 1 | 2 | 3 | 4 | 5 |
| <b>Assessment</b>              |   |   |   |   |   |   |
| 7.                             | Conducts an appropriate patient interview (subjective assessment)                                       | 1 | 2 | 3 | 4 | 5 |
| 8.                             | Selects appropriate methods for measurement of relevant health indicators                               | 1 | 2 | 3 | 4 | 5 |
| 9.                             | Performs appropriate assessment procedures (objective assessment)                                       | 1 | 2 | 3 | 4 | 5 |
| <b>Analysis and Planning</b>   |   |   |   |   |   |   |
| 10.                            | Sensibly interprets assessment findings   | 1 | 2 | 3 | 4 | 5 |
| 11.                            | Collaborates with patient/carer to select appropriate intervention                                      | 1 | 2 | 3 | 4 | 5 |
| <b>Intervention</b>            |   |   |   |   |   |   |
| 12.                            | Performs interventions appropriately  | 1 | 2 | 3 | 4 | 5 |
| 13.                            | Is an effective educator  | 1 | 2 | 3 | 4 | 5 |
| 14.                            | Monitors the effect of intervention   | 1 | 2 | 3 | 4 | 5 |
| 15.                            | Progresses intervention appropriately   | 1 | 2 | 3 | 4 | 5 |
| 16.                            | Undertakes discharge planning   | 1 | 2 | 3 | 4 | 5 |
| <b>Evidence-based Practice</b> |   |   |   |   |   |   |
| 17.                            | Applies evidence based practice in patient care   | 1 | 2 | 3 | 4 | 5 |
| <b>Risk Management</b>         |   |   |   |   |   |   |
| 18.                            | Identifies adverse events/near misses and minimises risk associated with assessment and interventions   | 1 | 2 | 3 | 4 | 5 |

#### **Draft scoring schema for assessment criteria**

1. Does not demonstrate performance criteria and does not respond appropriately to prompting
2. Infrequently demonstrates performance criteria, requires constant prompting
3. Demonstrates most performance criteria to an adequate standard, requires occasional prompting in unusual or challenging circumstances
4. Demonstrates most performance criteria to a high standard, rarely requires prompting
5. Demonstrates performance criteria to an excellent standard, displays initiative and flexibility without prompting

## **Guiding Criteria For Assessment:**

### ***Communication:***

#### **1. Communicates effectively and appropriately - Verbal/non-verbal**

##### **Performance Indicators include**

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

#### **2. Communicates effectively and appropriately - Written**

##### **Performance Indicators**

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patients consent, case notes, handover notes) accurately and consistently
- Maintains records compliant with State and Commonwealth legislative 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)

### ***Professional Behaviour***

#### **3. Demonstrates an understanding of patient rights and consent**

##### **Performance Indicators**

- understands when formal patient consent is required

- informed consent is obtained and recorded according to protocol
- understands and respects patients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients and carers
- engages patients in discussion of the effects of treatments or no treatment
- records patient's refusal of treatment and advises supervisor
- refers patients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient might be at risk
- manages time and resources effectively
- works collaboratively and respectfully with support staff

#### **4. Demonstrates commitment to learning**

##### **Performance Indicators**

- responds in a positive manner to questions, suggestions &/or constructive feedback
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation and reflects on progress
- reviews and prepares appropriate material before and during the placement
- takes responsibility for learning and seeks opportunities to meet learning needs

#### **5. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements**

##### **Performance Indicators**

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control and workplace health and safety policies
- maintains patient confidentiality
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls to report intended absence
- wears an identification badge and tells patients, carers and other workers who they are
- treats patients/clients within scope of expertise
- observes dress code
- completes projects/tasks within designated time frame
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- maintains appropriate professional boundaries with patients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- applies ethical principles to the collection, maintenance, use and dissemination of data and information
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

#### **6. Demonstrates teamwork**

##### **Performance Indicators**

- demonstrates understanding of team processes

- contributes appropriately in team meetings
- acknowledges expertise and understands the role of other team members and refers/liases as appropriate to access relevant services
- advocates for the patient when dealing with other services
- collaborates with the patient and the health care team to achieve optimal patient outcomes
- cooperates with other workers who are treating and caring for patients

## *Assessment*

### **7. Conducts an appropriate patient interview (subjective assessment)**

#### **Performance Indicators**

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

### **8. Selects appropriate methods for measurement of relevant health indicators**

#### **Performance Indicators**

- selects important, functional and meaningful outcomes relevant to treatment goals, including those to identify potential problems
- chooses appropriate methods/instruments to measure identified outcomes across relevant assessment domains e.g. impairment, activity limitations, participation restriction, well-being and satisfaction with care

### **9. Performs appropriate assessment procedures (objective assessment)**

#### **Performance Indicators**

- considers patient comfort and safety
- respects patient's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patients health status
- Plans assessment structure and reasoning process using information from patient history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- completes assessment in acceptable time

- assesses/appraises work home or other relevant environments as required

### *Analysis and Planning*

#### **10. Sensibly interprets assessment findings**

##### **Performance Indicators**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis
- makes justifiable decisions regarding diagnoses based on scientific knowledge and clinical reasoning
- prioritises important assessment findings
- identifies and prioritises patient's problems
- considers whether physiotherapy treatment is indicated
- describes acceptable rationale (eg likely effectiveness) for treatment choices
- demonstrates a suitable range of skills and approaches to intervention

#### **11. Collaborates with patient/carer to select appropriate intervention**

##### **Performance Indicators**

- Options for physiotherapy intervention are identified and justified, based on the needs identified, and on best evidence and available resources
- engages with patient to explain assessment findings, discuss intervention strategies and develop an acceptable plan
- negotiates realistic short and long term treatment measurable goals in partnership with patient/carer
- balances needs of patients and care givers with the need for efficient and effective intervention
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention
- demonstrates understanding of contraindications and precautions in selection of intervention strategies
- advises patient about the effects of treatment or no treatment

### *Intervention*

#### **12. Performs interventions appropriately**

##### **Performance Indicators**

- considers the scheduling of treatment in relation to other procedures eg medication for pain, wound care.
- demonstrates appropriate patient handling skills in performance of interventions
- performs techniques at appropriate standard
- minimizes risk of adverse events to patient and self in performance of intervention (including observance of infection control procedures and manual handling standards)
- prepares environment for patient including necessary equipment for treatment
- identifies when group activity might be an appropriate intervention

- completes intervention in acceptable time
- demonstrates skill in case management
- recognises when to enlist assistance of others to complete workload
- refers patient on to other professionals when physiotherapy intervention is not appropriate, or requires a multi-disciplinary approach

### **13. Is an effective educator/health promoter**

#### **Performance Indicators**

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

### **14. Monitors the effect of intervention**

#### **Performance Indicators**

- incorporates relevant evaluation procedures within the physiotherapy plan
- monitors client throughout the intervention and makes modifications as appropriate
- monitors and analyses relevant health indicators appropriately

### **15. Progresses intervention appropriately**

#### **Performance Indicators**

- implements safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

### **16. Undertakes discharge planning**

#### **Performance Indicators**

- begins discharge planning in collaboration with the health care team at the time of the initial episode of care
- describes strategies that may be useful for maintaining or improving health status following discharge
- addresses consumer/patient/carer needs for ongoing care through the coordination of appropriate services

## *Evidence based practice*

### **17. Applies evidence based practice in patient care**

#### **Performance Indicators**

- locates and applies current evidence based clinical practice guidelines and systematic review recommendations
- assists patients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible

## *Risk management*

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

#### **Performance Indicators**

- monitors patient safety during assessment and treatment.
- complies with workplace guidelines on patient handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

## Appendix 3.6: Assessment of Physiotherapy Practice (APP) instrument (version 2)

### Assessment of Physiotherapy Practice (APP)

Circle one number

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>Professional Behaviour</b>  |   |   |   |   |   |   |
| 1.                             | Demonstrates an understanding of patient/client rights and consent                                      | 0 | 1 | 2 | 3 | 4 |
| 2.                             | Demonstrates commitment to learning   | 0 | 1 | 2 | 3 | 4 |
| 3.                             | Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements | 0 | 1 | 2 | 3 | 4 |
| 4.                             | Demonstrates teamwork   | 0 | 1 | 2 | 3 | 4 |
| <b>Communication</b>           |   |   |   |   |   |   |
| 5.                             | Communicates effectively and appropriately - <u>Verbal/non-verbal</u>                                   | 0 | 1 | 2 | 3 | 4 |
| 6.                             | Communicates effectively and appropriately - <u>Written</u>   | 0 | 1 | 2 | 3 | 4 |
| <b>Assessment</b>              |   |   |   |   |   |   |
| 7.                             | Conducts an appropriate patient/client interview (subjective assessment)                                | 0 | 1 | 2 | 3 | 4 |
| 8.                             | Selects appropriate methods for measurement of relevant health indicators                               | 0 | 1 | 2 | 3 | 4 |
| 9.                             | Performs appropriate assessment procedures (objective assessment)                                       | 0 | 1 | 2 | 3 | 4 |
| <b>Analysis</b>                |   |   |   |   |   |   |
| 10.                            | Appropriately interprets assessment findings  | 0 | 1 | 2 | 3 | 4 |
| 11.                            | Identifies and prioritises patient's/client's problems  | 0 | 1 | 2 | 3 | 4 |
| <b>Planning</b>                |   |   |   |   |   |   |
| 12.                            | Sets realistic short and long term goals with the patient/client  | 0 | 1 | 2 | 3 | 4 |
| 13.                            | Collaborates with patient/client to select appropriate intervention                                     | 0 | 1 | 2 | 3 | 4 |
| <b>Intervention</b>            |   |   |   |   |   |   |
| 14.                            | Performs interventions appropriately  | 0 | 1 | 2 | 3 | 4 |
| 15.                            | Is an effective educator  | 0 | 1 | 2 | 3 | 4 |
| 16.                            | Monitors the effect of intervention   | 0 | 1 | 2 | 3 | 4 |
| 17.                            | Progresses intervention appropriately   | 0 | 1 | 2 | 3 | 4 |
| 18.                            | Undertakes discharge planning   | 0 | 1 | 2 | 3 | 4 |
| <b>Evidence-based Practice</b> |   |   |   |   |   |   |
| 19.                            | Applies evidence based practice in patient care   | 0 | 1 | 2 | 3 | 4 |
| <b>Risk Management</b>         |   |   |   |   |   |   |
| 20.                            | Identifies adverse events/near misses and minimises risk associated with assessment and interventions   | 0 | 1 | 2 | 3 | 4 |

**\*\* When scoring this form ensure you refer to the relevant performance indicators\*\***

- 0 = Infrequently demonstrates performance indicators, requires constant prompting with usual/typical (non-complex) patient presentations
- 1 = Demonstrates some performance indicators to an adequate standard, requires frequent prompting with usual/typical (non-complex) patient presentations
- 2 = Demonstrates most performance indicators to an adequate standard, requires prompting in atypical or complex patient presentations
- 3 = Demonstrates most performance indicators to a high standard, requires occasional prompting
- 4 = Demonstrates most performance indicators to an excellent standard, rarely requires prompting

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

# Assessment of Physiotherapy Practice (APP)

## *Performance Indicators*

### **Professional Behaviour**

#### **1. Demonstrates an understanding of patient/client rights and consent**

- understands when formal patient/client consent is required
- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- engages patients/clients in discussion of the effects of treatments or no treatment
- records patient's/client's refusal of treatment and advises supervisor
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- manages time and resources effectively
- works collaboratively and respectfully with support staff

#### **2. Demonstrates commitment to learning**

- responds in a positive manner to questions, suggestions &/or constructive feedback
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- reviews and prepares appropriate material before and during the placement
- takes responsibility for learning and seeks opportunities to meet learning needs

#### **3. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements**

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control and workplace health and safety policies
- maintains patient/client confidentiality
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and tells patients/clients, carers and other workers who they are
- treats patients/clients within scope of expertise
- observes dress code
- completes projects/tasks within designated time frame
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- applies ethical principles to the collection, maintenance, use and dissemination of data and information
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

#### **4. Demonstrates teamwork**

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and understands the role of other team members and refers/liases as appropriate to access relevant services
- advocates for the patient/client when dealing with other services
- collaborates with the patient/client and the health care team to achieve optimal patient/client outcomes
- cooperates with other workers who are treating and caring for patients/clients

### **Communication**

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

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

#### **6. Communicates effectively and appropriately - Written**

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently
- maintains records compliant with legislative 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)

### **Assessment**

#### **7. Conducts an appropriate patient/client interview (subjective assessment)**

- positions person safely and comfortably for interview
- structures a systematic, purposeful interview seeking qualitative and quantitative details

- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues
- identifies patient's/clients goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent
- generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention
- completes assessment in acceptable time

#### **8. Selects appropriate methods for measurement of relevant health indicators**

- selects important, functional and meaningful outcomes relevant to treatment goals, including those to identify potential problems
- chooses appropriate methods/instruments to measure identified outcomes across relevant assessment domains e.g. impairment, activity limitations, participation restriction, well-being and satisfaction with care

#### **9. Performs appropriate assessment procedures (objective assessment)**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- Plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- completes assessment in acceptable time
- assesses/appraises work, home or other relevant environments as required

### **Analysis**

#### **10. Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on scientific knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

#### **11. Identifies and prioritises patient's/client's problems**

- generates a list of problems from the assessment
- collaborates with the patient/client to prioritise their problems
- considers patient's/clients values, priorities and needs

## Planning

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

- negotiates realistic short and long term treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable, relevant and timely
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

### 13. Collaborates with patient/client to select appropriate intervention

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

### 15. Is an effective educator/health promoter

- demonstrates skill in patient/client education eg understands the principles of adult learning
- demonstrates skills in conducting group sessions
- a realistic self-management program for prevention and management is developed with the patient/client
- provides information using a range of strategies that demonstrate consideration of patient/client needs
- confirms patient's/client's or caregivers understanding of given information
- uses appropriate strategies to motivate the patient/client and caregiver to participate and to take responsibility for achieving defined goals
- discusses expectations of physiotherapy intervention and its outcomes

- provides feedback to patient/client regarding health status
- educates the patient/client in self evaluation
- encourages and acknowledges achievement of short and long term goals

#### **16. Monitors the effects of intervention**

- incorporates relevant evaluation procedures within the physiotherapy plan
- monitors patient/client throughout the intervention and makes modifications as appropriate
- monitors and analyses relevant health indicators appropriately

#### **17. Progresses intervention appropriately**

- implements safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

#### **18. Undertakes discharge planning**

- begins discharge planning in collaboration with the health care team at the time of the initial episode of care
- describes strategies that may be useful for maintaining or improving health status following discharge
- addresses patient/client and carer needs for ongoing care through the coordination of appropriate services

### **Evidence Based Practice**

#### **19. Applies evidence based practice in patient care**

- locates and applies current evidence based clinical practice guidelines and systematic review recommendations
- assists patients/clients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible
- options for physiotherapy intervention are identified and justified, based on the needs of patient/client, on best evidence and available resources

### **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

## Appendix 3.7: Mapping of APP item content to Australian Physiotherapy Council Standards (2006).

Mapping of APC standards against initial draft of APP.

| Performance indicators   | Standards  |
|--|--|
| <p><b>Professional Behaviour</b></p> <p><b>21. Demonstrates an understanding of patient/client rights and consent</b></p> <ul style="list-style-type: none"> <li>• understands when formal patient/client consent is required</li> <li>• informed consent is obtained and recorded according to protocol</li> <li>• understands and respects patients'/clients' rights</li> <li>• allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers</li> <li>• engages patients/clients in discussion of the effects of treatments or no treatment</li> <li>• records patient's/client's refusal of treatment and advises supervisor</li> <li>• refers patients/clients to a more senior staff member for consent when appropriate</li> <li>• advises supervisor or other appropriate person if a patient/client might be at risk</li> <li>• manages time and resources effectively</li> <li>• works collaboratively and respectfully with support staff</li> </ul> <p><b>22. Demonstrates commitment to learning</b></p> <ul style="list-style-type: none"> <li>• responds in a positive manner to questions, suggestions &amp;/or constructive feedback</li> <li>• develops and implements a plan of action in response to feedback</li> <li>• seeks information/assistance as required</li> <li>• demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection</li> <li>• reviews and prepares appropriate material before and during</li> </ul> | <p><b>Standard 1: Demonstrates professional behaviour appropriate to physiotherapy</b></p> <p><u>Element:</u></p> <p>1.1 Demonstrate practice that is ethical and in accordance relevant legal and regulatory requirements.</p> <p><u>Criteria:</u></p> <p>1.1.1 Compliance with relevant legislation and codes of conduct is demonstrated in all aspects of work</p> <p>1.1.2 Complies with the medicolegal requirements relating to informed consent and confidentiality of client information</p> <p>1.1.3 Complies with privacy legislation</p> <p>1.1.4 Relationships with clients and colleagues are in accordance with accepted standards of conduct for health professionals</p> <p>1.1.5 Work practice and environment comply with occupational health and safety standards and legislation</p> <p><u>Element:</u></p> <p>1.2 Demonstrate strategies to maintain and extend professional competence</p> <p><u>Criteria:</u></p> <p>1.2.1 Self reflection is used to maintain and extend professional competence</p> <p>1.2.2 Feedback is sought from supervisors, peers and other health professionals,</p> |

| Performance indicators  | Standards  |
|---|--|
| <p>the placement</p> <ul style="list-style-type: none"> <li>takes responsibility for learning and seeks opportunities to meet learning needs</li> </ul> <p><b>23. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements</b></p> <ul style="list-style-type: none"> <li>follows policies &amp; procedures of the facility</li> <li>advises appropriate staff of circumstances that may affect adequate work performance</li> <li>observes infection control and workplace health and safety policies</li> <li>maintains patient/client confidentiality</li> <li>arrives fit to work</li> <li>arrives punctually and leaves at agreed time</li> <li>calls appropriate personnel to report intended absence</li> <li>wears an identification badge and tells patients/clients, carers and other workers who they are</li> <li>treats patients/clients within scope of expertise</li> <li>observes dress code</li> <li>completes projects/tasks within designated time frame</li> <li>reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe</li> <li>maintains appropriate professional boundaries with patients/clients and carers</li> <li>demonstrates appropriate self-care strategies (eg stress management)</li> <li>acts ethically and applies ethical reasoning in all health care activities</li> <li>applies ethical principles to the collection, maintenance, use and dissemination of data and information</li> <li>acts within bounds of personal competence, recognizing personal and professional strengths and limitations</li> </ul> | <p>and acted upon to improve own practice</p> <p>1.2.3 An understanding of the need for a commitment to continuous professional development is demonstrated</p> <p><u>Element:</u></p> <p>1.3 Operate within individual and professional strengths and limitations</p> <p><u>Criteria:</u></p> <p>1.3.1 A self assessment is made about the capacity to operate safely and effectively, based on knowledge, impairments, activity limitations, participation restrictions, skill level, the environment and the client profile and needs</p> <p>1.3.2 Appropriate action is taken to manage own health factors that may affect the capacity to operate safely and effectively</p> <p>1.3.3 Services to the client are in accordance with defined work roles and the bounds of personal and professional competence and strengths</p> <p>1.3.4 Assistance is sought to complement own limitations so that services to the client are not compromised either in safety or effectiveness</p> <p>1.3.5 The client is referred to relevant professionals, including other physiotherapists, when limitations of skill or job role prevent the client's needs being adequately addressed</p> <p><b><i>Standard 9: Operate effectively across a range of settings</i></b></p> <p><u>Element:</u></p> <p>9.1 Use a model of service delivery relevant to the practice setting</p> <p><u>Criteria:</u></p> <p>9.1.1 Work complies with the relevant guidelines, legislation, healthcare initiatives and the Australian healthcare system</p> <p>9.1.2 The needs of different settings are identified and services and models of delivery are adjusted to match those needs</p> <p>9.1.3 Work complies with accepted standards of safety applicable to the setting and practice area</p> |

| Performance indicators   | Standards  |
|--|--|
| <p><b>24. Demonstrates teamwork</b></p> <ul style="list-style-type: none"> <li>• demonstrates understanding of team processes</li> <li>• contributes appropriately in team meetings</li> <li>• acknowledges expertise and understands the role of other team members and refers/liaises as appropriate to access relevant services</li> <li>• advocates for the patient/client when dealing with other services</li> <li>• collaborates with the patient/client and the health care team to achieve optimal patient/client outcomes</li> <li>• cooperates with other workers who are treating and caring for patients/clients</li> </ul> | <p>9.1.4 Current accepted approaches to program evaluation are demonstrated</p> <p><u>Element:</u></p> <p>9.2 Work effectively within a team</p> <p><u>Criteria:</u></p> <p>9.2.1 Collaborative working arrangements with others are established and practiced to provide an effective team-based approach to service delivery</p> <p>9.2.2 Input is provided to meetings and planning discussions</p> <p>9.2.3 A holistic approach to client care is promoted</p> <p>9.2.4 Support and respect for colleagues and other professionals is provided</p> <p>9.2.5 Provide advocacy for the client, community and physiotherapy profession</p> <p>9.2.6 The physiotherapy perspective is provided in inter-professional teams, to the client's benefit</p> <p>9.2.7 Risk reduction strategies are promoted to increase awareness amongst health professionals, communities and clients</p> <p><u>Element:</u></p> <p>9.3 Manage own work schedule to maximise safety, efficiency and effectiveness</p> <p><u>Criteria:</u></p> <p>9.3.1 Time management strategies are implemented to manage workload</p> <p>9.3.2 Strategies are implemented to minimise the risks of work related injury or harm to self or others</p> <p>9.3.3 Strategies are implemented to effectively implement change</p> <p>9.3.4 Strategies are implemented to optimise own health and safety</p> <p><u>Element:</u></p> <p>9.4 Operate within own role and according to responsibilities</p> <p><u>Criteria:</u></p> <p>9.4.1 Information about employment conditions is accessed and discussed with colleagues and supervisor to ensure compliance with legislation, registration requirements and other employment arrangements</p> |

| Performance indicators  | Standards  |
|---|--|
|   | <p>9.4.2 Mentoring and other forms of supervision are accessed</p> <p>9.4.3 Where required, tasks are delegated to personnel who can assume responsibility for designated work</p> <p>9.4.4 Where tasks are delegated, arrangements and supervision are implemented to ensure services are delivered safely and to the required standards</p> <p>9.4.5 Effective supervision is provided for assistants and other support staff</p> <p>9.4.6 Referrals are made to physiotherapists with specialised skills and to other service providers as required</p> <p>Element:</p> <p>9.5 Participate in quality improvements processes</p> <p>Criteria:</p> <p>9.5.1 Opportunities to improve services are identified, recorded, reported and acted upon to achieve improvements</p> <p>9.5.2 The need for improved resources to improve service delivery is identified and advocated</p> <p>9.5.3 Basic statistical information is collected and provided to assist in service planning and validation</p> |
| <p><b>Communication</b></p> <p><b>25. Communicates effectively and appropriately - Verbal/non-verbal</b></p> <ul style="list-style-type: none"> <li>• greets others appropriately</li> <li>• questions effectively to gain appropriate information</li> <li>• listens carefully and is sensitive to patient/client and carer views</li> <li>• respects cultural and personal differences of others</li> <li>• gives appropriate, positive reinforcement</li> <li>• provides clear instructions</li> <li>• uses suitable non-medical terminology &amp; avoids jargon</li> <li>• demonstrates an appropriate range of communication styles (eg</li> </ul> | <p><b>Standard 2: Communicate Effectively</b></p> <p><u>Element:</u></p> <p>2.1 Communicate effectively with the client</p> <p><u>Criteria:</u></p> <p>2.1.1 Rapport is established with the client</p> <p>2.1.2 Verbal and non-verbal communication is adapted to the needs and profile of the client</p> <p>2.1.3 Communication with the client is conducted in a manner and environment that ensures confidentiality, privacy and sensitivity</p> <p>2.1.4 The goals, nature, purpose and expected outcomes of the physiotherapy intervention are discussed and agreed</p> <p>2.1.5 Appropriate techniques are used to communicate effectively with the</p>   |

| Performance indicators   | Standards  |
|--|--|
| <p>patients/clients, carers, administrative and support staff, health professionals, care team)</p> <ul style="list-style-type: none"> <li>recognises barriers to optimal communication</li> <li>uses a range of communication strategies to optimize patient/client rapport and understanding (eg hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)</li> <li>appropriately uses accredited interpreters</li> <li>maintains effective communication with clinical educators</li> <li>actively explains to patients/clients and carers their role in care, decision-making and preventing adverse events</li> <li>actively encourages patients/clients to provide complete information without embarrassment or hesitation</li> <li>communication with patient/client is conducted in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities</li> <li>negotiates appropriately with other health professionals</li> </ul> <p><b>26. Communicates effectively and appropriately - Written</b></p> <ul style="list-style-type: none"> <li>writes legibly</li> <li>completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently</li> <li>maintains records compliant with legislative medico-legal requirements</li> <li>complies with organisational protocols and legislation for communication</li> <li>adapts written material for a range of audiences (e.g. provides translated material for non-English speaking people, considers reading ability)</li> </ul> | <p>client about health promotion issues relevant to area of physiotherapy practice</p> <p>2.1.6 Where communication barriers exist, efforts are made to communicate in the most effective way possible and assistance is sought as required from sources including technology and other persons</p> <p>2.1.7 Communication is adapted to accommodate client needs</p> <p>2.1.8 Appropriate strategies are employed to address communication difficulties</p> <p><u>Element:</u></p> <p>2.2 Adapt communication style recognising cultural safety, and cultural and linguistic diversity</p> <p><u>Criteria:</u></p> <p>2.2.1 Respect for cultural and linguistic diversity is demonstrated in all communication with the client, colleagues and other service providers so that effective relationships are developed and maintained</p> <p>2.2.2 When required, a third party is requested to be present for reasons including cultural sensitivity and the provision of interpreter services</p> <p>2.2.3 Appropriate effort is applied to sensitively recognise, negotiate and where possible resolve conflicts, taking account of cultural considerations</p> <p><u>Element:</u></p> <p>2.3 Communicate effectively with other service providers</p> <p><u>Criteria:</u></p> <p>2.3.1 Effective working relationships with colleagues and team members are established and maintained</p> <p>2.3.2 Written and verbal communication with health professionals and other service providers follows accepted protocols and procedures to ensure information is conveyed clearly and accurately</p> <p><u>Element:</u></p> <p>2.4 Prepare and deliver presentations to groups</p> <p><u>Criteria:</u></p> |

| Performance indicators   | Standards  |
|--|--|
|  | <p>2.4.1 Presentations are planned and prepared to match audience needs</p> <p>2.4.2 Information is conveyed in a format and style to match audience needs</p> <p>2.4.3 A range of relevant delivery strategies are applied to presentations</p> <p><u>Element:</u></p> <p>2.5 Prepare and provide documentation according to legal requirements and accepted procedures and standards</p> <p><u>Criteria:</u></p> <p>2.5.1 All documentation is legible, accurate and concise</p> <p>2.5.2 Documentation is provided that meets the needs of the recipient</p> <p>2.5.3 All records comply with legal accountability, confidentiality requirements, accepted procedures and standards</p> <p>2.5.4 Documentation is produced that is comprehensive and provides adequate evidence of assessment and intervention planning</p> |
| <p><b>Assessment</b></p> <p><b>27. Conducts an appropriate patient/client interview (subjective assessment)</b></p> <ul style="list-style-type: none"> <li>• positions person safely and comfortably for interview</li> <li>• structures a systematic, purposeful interview seeking qualitative and quantitative details</li> <li>• asks relevant and comprehensive questions</li> <li>• politely controls the interview to obtain relevant information</li> <li>• responds appropriately to important patient/client cues</li> <li>• identifies patient's/clients goals and expectations</li> <li>• conducts appropriate assessment with consideration of biopsychosocial factors that influence health.</li> <li>• seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent</li> <li>• generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention</li> </ul> | <p><b>Standard 4: Assess the Client</b></p> <p><u>Element:</u></p> <p>4.1 Collect client information</p> <p><u>Criteria:</u></p> <p>4.1.1 Informed consent is obtained as appropriate for assessment</p> <p>4.1.2 Client information and history are obtained</p> <p>4.1.3 Presenting signs and symptoms are explored</p> <p>4.1.4 Relevant measurable data are obtained and accessed where possible</p> <p>4.1.5 Goals, values and expectations of the client are identified</p> <p>4.1.6 All information is recorded to enable the development of a detailed management plan based on accurate and current information</p> <p><u>Element:</u></p> <p>4.2 Form a preliminary hypothesis</p> <p><u>Criteria:</u></p> <p>4.2.1 The information collected is analysed</p>  |

| Performance indicators   | Standards  |
|--|--|
| <ul style="list-style-type: none"> <li>• completes assessment in acceptable time</li> </ul> <p><b>28. Selects appropriate methods for measurement of relevant health indicators</b></p> <ul style="list-style-type: none"> <li>• selects important, functional and meaningful outcomes relevant to treatment goals, including those to identify potential problems</li> <li>• chooses appropriate methods/instruments to measure identified outcomes across relevant assessment domains e.g. impairment, activity limitations, participation restriction, well-being and satisfaction with care</li> </ul> <p><b>29. Performs appropriate assessment procedures (objective assessment)</b></p> <ul style="list-style-type: none"> <li>• considers patient/client comfort and safety</li> <li>• respects patient's/client's need for privacy and modesty (eg provides draping or gown)</li> <li>• structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status</li> <li>• Plans assessment structure and reasoning process using information from patient/client history and supportive information</li> <li>• demonstrates sensitive and appropriate handling during the assessment process</li> <li>• applies all tests and measurements safely, accurately and consistently</li> <li>• sensibly modifies assessment in response to patient/client profile, feedback and relevant findings</li> <li>• appropriate tests are performed to refine diagnosis</li> <li>• completes assessment in acceptable time</li> <li>• assesses/appraises work, home or other relevant environments as required</li> </ul> | <p>4.2.2 The factors influencing clinical presentation are identified</p> <p>4.2.3 Assessment needs, including priority and urgency, are identified</p> <p>4.2.4 Differential diagnoses are hypothesised</p> <p>4.2.5 Potential diagnoses are checked to ensure client needs are within the practitioner's scope of expertise</p> <p><u>Element:</u></p> <p>4.3 Design and conduct an assessment</p> <p><u>Criteria:</u></p> <p>4.3.1 An appropriate assessment plan is formulated, including selecting tests to measure impairment and activity limitation</p> <p>4.3.2 Potential problems and contraindications to assessment are identified</p> <p>4.3.3 The assessment process is modified in recognition of factors such as the client's age, occupation, pain, co-morbidities, cultural background, ability to communicate, level of understanding, and the assessment environment</p> <p>4.3.4 Appropriate assessment tools are used</p> <p>4.3.5 A systematic, safe, efficient and goal-oriented physical examination appropriate to physiotherapy is conducted</p> <p>4.3.6 Examination findings are assessed against the preliminary hypothesis</p> <p>4.3.7 Further testing and examination is conducted or scheduled as required</p> <p><u>Element:</u></p> <p>4.4 Conduct assessment safely</p> <p><u>Criteria:</u></p> <p>4.4.1 Risk identification, assessment and reporting procedures are applied</p> <p>4.4.2 Appropriate modifications are implemented to address risks for the client or the physiotherapist undertaking the assessment</p> <p>4.4.3 Referrals are made to other service providers where clinical presentation is not consistent with the diagnosis, the client is not progressing as expected or is unexpectedly or significantly deteriorating</p> |

| Performance indicators  | Standards   |
|---|---|
| <p><b>Analysis</b></p> <p><b>30. Appropriately interprets assessment findings</b></p> <ul style="list-style-type: none"> <li>• describes the implications of test results</li> <li>• describes the presentation and expected course of common clinical conditions</li> <li>• relates signs and symptoms to pathology <ul style="list-style-type: none"> <li>• relates signs symptoms and pathology to environmental tasks and demands</li> </ul> </li> <li>• interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es</li> <li>• makes justifiable decisions regarding diagnoses based on scientific knowledge and clinical reasoning</li> <li>• prioritises important assessment findings</li> <li>• compares findings to normal</li> </ul> <p><b>31. Identifies and prioritises patient's/client's problems</b></p> <ul style="list-style-type: none"> <li>• generates a list of problems from the assessment</li> <li>• collaborates with the patient/client to prioritise the problems</li> <li>• considers patient's/clients values, priorities and needs</li> </ul> | <p style="text-align: center;"><b>Standard 5: Interpret and analyse the assessment findings</b></p> <p><u>Element:</u></p> <p>5.1 Compare findings with 'normal'</p> <p><u>Criteria:</u></p> <p>5.1.1 Normal status for the client is identified</p> <p>5.1.2 Assessment findings are compared with normal status</p> <p>5.1.3 The extent of pathology/disorder is determined and discussed with client to develop a course of action</p> <p><u>Element:</u></p> <p>5.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses</p> <p><u>Criteria:</u></p> <p>5.2.1 Clinical expectations of the presenting condition are defined</p> <p>5.2.2 Symptoms are related to pathology/disorder</p> <p>5.2.3 Additional information about the client is considered when making comparisons between presenting symptoms and clinical expectations</p> <p>5.2.4 Actual findings are compared with expected findings are diagnostic hypotheses are considered</p> <p><u>Element:</u></p> <p>5.3 Prioritise client needs</p> <p><u>Criteria:</u></p> <p>5.3.1 The problems and priorities of the client are identified in collaboration with the client</p> <p>5.3.2 Presenting symptoms and their interrelationships are identified</p> <p>5.3.3 Possible sources/mechanisms of presenting symptoms are considered and compared with preliminary diagnosis</p> <p><u>Element:</u></p> <p>5.4 Re-evaluate as required to develop a justifiable and sustainable hypothesis</p> |

| Performance indicators  | Standards   |
|---|---|
|   | <p><u>Criteria:</u></p> <p>5.4.1 Differential diagnoses are outlined in order of probability</p> <p>5.4.2 Appropriate tests are performed to refine diagnoses</p> <p>5.4.3 Clinical diagnostic hypotheses are negated or reinforced</p> <p>5.4.4 Results of physiotherapy assessment are correlated with additional information to reach justifiable conclusions</p> <p>5.4.5 Current scientific argument and sound clinical reasoning are incorporated into the decision making process</p> <p><u>Element:</u></p> <p>5.5 Identify areas that are outside skills and expertise and refer client appropriately</p> <p><u>Criteria:</u></p> <p>5.5.1 Conditions that are not amenable to physiotherapy intervention or are beyond the management skills and knowledge of the practitioners are identified</p> <p>5.5.2 Appropriate referrals are made to other practitioners, including physiotherapists, based on knowledge or presenting condition and management options and own skill levels</p> |
| <p><b>Planning</b></p> <p><b>32. Sets realistic short and long term goals with the patient/client</b></p> <ul style="list-style-type: none"> <li>• negotiates realistic short and long term treatment goals in partnership with patient/client</li> <li>• Formulates goals that are specific, measurable, achievable, relevant and timely</li> <li>• considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention</li> </ul> <p><b>33. Collaborates with patient/client to select appropriate intervention</b></p> <ul style="list-style-type: none"> <li>• considers whether physiotherapy treatment is indicated</li> </ul> | <p style="text-align: center;"><b>Standard 6: Develop a physiotherapy intervention plan</b></p> <p><u>Element:</u></p> <p>6.1 Develop rationale for physiotherapy intervention</p> <p><u>Criteria:</u></p> <p>6.1.1 Significant features of the assessment findings are identified and implications for physiotherapy intervention and the client are determined</p> <p>6.1.2 The potential impact of lifestyle, culture, values and attitudes and environment on a plan of intervention are identified</p> <p>6.1.3 Rationale is developed for physiotherapy intervention</p> <p>6.1.4 Opportunities are taken to promote a primary health care approach</p>   |

| Performance indicators  | Standards   |
|---|---|
| <ul style="list-style-type: none"> <li>• demonstrates a suitable range of skills and approaches to intervention</li> <li>• describes acceptable rationale (eg likely effectiveness) for treatment choices</li> <li>• options for physiotherapy intervention are identified and justified, based on the needs identified, and on best evidence and available resources</li> <li>• engages with patient/client to explain assessment findings, discuss intervention strategies and develop an acceptable plan</li> <li>• balances needs of patients/clients and care givers with the need for efficient and effective intervention</li> <li>• demonstrates understanding of contraindications and precautions in selection of intervention strategies</li> <li>• advises patient/client about the effects of treatment or no treatment</li> </ul> | <p><u>Element:</u><br/>6.2 Set realistic short and long term goals with the client</p> <p><u>Criteria:</u></p> <p>6.2.1 Appropriate education is provided to the client regarding the nature of the client's presenting symptoms and needs</p> <p>6.2.2 The client's expectations of the physiotherapy intervention are determined through consultation</p> <p>6.2.3 The goals of a referring colleague are acknowledge to ensure continuity of care</p> <p>6.2.4 Short and long term consequences of not providing physiotherapy are discussed with the client where appropriate</p> <p>6.2.5 Realistic, shared goals that address the client's problems, needs, expectations, potential for change and lifestyle modifications are developed and prioritised in consultation with the client</p> <p>6.2.6 Strategies for modifying the implementation of the goals are developed with the client</p> <p><u>Element:</u><br/>6.3 Select appropriate intervention</p> <p><u>Criteria:</u></p> <p>6.3.1 Options for physiotherapy intervention are identified and justified, based on the needs identified and best practice evidence</p> <p>6.3.2 Indicators, contraindications and risks associated with intervention are identified and appropriate action is taken</p> <p>6.3.3 Interventions are selected with consideration to assessment findings from other health service providers, pathology, cost, client profile, needs and choices</p> <p>6.3.4 Intervention selected is up to date, reflects best evidence and follows best practice</p> <p><u>Element:</u><br/>6.4 Plan for possible contingencies that may affect intervention plan</p> |

| Performance indicators | Standards  |
|------------------------|--|
|                        | <p>Criteria:</p> <p>6.4.1 Factors influencing the progression and effectiveness of the intervention plan are identified</p> <p>6.4.2 Appropriate precautionary actions are taken in relation to physiotherapy interventions for all clients</p> <p>6.4.3 Contingency plan is developed to address potential risks</p> <p>6.4.4 Appropriate warnings are given to clients about dangers and risks of unwanted and adverse events</p> <p>6.4.5 The intervention plan considers the availability of resources and recognises any limitations imposed</p> <p>6.4.6 The client is referred to other relevant colleagues when the issues or problems identified are not appropriate for physiotherapy or require a multidisciplinary approach</p> <p>6.4.7 The environment is evaluated to determine impediments to and risk factors for intervention</p> <p>Element:</p> <p>6.5 Prioritise intervention plan in collaboration with client</p> <p>Criteria:</p> <p>6.5.1 Priorities for physiotherapy intervention are established in consultation with client</p> <p>6.5.2 A realistic timeframe for goal attainment is developed with client</p> <p>Element:</p> <p>6.6 Determine plan of evaluation that uses valid and reliable outcomes measures</p> <p>Criteria:</p> <p>6.6.1 Relevant evaluation procedures are specified</p> <p>6.6.2 Suitable functional outcome measures are selected</p> <p>6.6.3 Appropriate documentation is maintained</p> |

| Performance indicators   | Standards   |
|--|---|
| <p><b>Intervention</b></p> <p><b>34. Performs interventions appropriately</b></p> <ul style="list-style-type: none"> <li>• considers the scheduling of treatment in relation to other procedures eg medication for pain, wound care.</li> <li>• demonstrates appropriate patient/client handling skills in performance of interventions</li> <li>• performs techniques at appropriate standard</li> <li>• minimizes risk of adverse events to patient/client and self in performance of intervention (including observance of infection control procedures and manual handling standards)</li> <li>• prepares environment for patient/client including necessary equipment for treatment</li> <li>• identifies when group activity might be an appropriate intervention</li> <li>• completes intervention in acceptable time</li> <li>• demonstrates skill in case management</li> <li>• recognises when to enlist assistance of others to complete workload</li> <li>• refers patient/client on to other professional s when physiotherapy intervention is not appropriate, or requires a multi-disciplinary approach</li> </ul> <p><b>35. Is an effective educator/health promoter</b></p> <ul style="list-style-type: none"> <li>• demonstrates skill in patient/client education eg understands the principles of adult learning</li> <li>• demonstrates skills in conducting group sessions</li> <li>• a realistic self-management program for prevention and management is developed with the patient/client</li> <li>• provides information using a range of strategies that demonstrate consideration of patient/client needs</li> <li>• confirms patient's/client's or caregivers understanding of given information</li> </ul> | <p><b>Standard 8: Evaluate the effectiveness and efficiency of physiotherapy intervention(s)</b></p> <p><u>Element:</u></p> <p>8.1 Monitor the outcomes of the intervention</p> <p><u>Criteria:</u></p> <p>8.1.1 Specific and relevant methods of evaluation are used to assess intervention outcomes</p> <p>8.1.2 Qualitative and quantitative changes are measured safely and accurately and recorded according to accepted protocols</p> <p><u>Element:</u></p> <p>8.2 Evaluate the outcomes of the intervention</p> <p><u>Criteria:</u></p> <p>8.2.1 Changes in function, health status, care arrangements and quality of life are evaluated</p> <p>8.2.2 Factors that may support or limit successful outcomes, or confound evaluation, are identified</p> <p>8.2.3 The effectiveness of the intervention is determined by relating client outcomes to the intervention</p> <p>8.2.4 The efficiency of the intervention and of further interventions is determined in consultation with the client in consideration of outcomes from the intervention, and by making comparisons with what is considered best practice</p> <p><u>Element:</u></p> <p>8.3 Determine modifications to the intervention</p> <p><u>Criteria:</u></p> <p>8.3.1 Modifications are based on outcomes from physiotherapy intervention</p> <p>8.3.2 Modifications are made to reflect changes in client status, knowledge, diagnosis and relative effectiveness of intervention</p> <p>8.3.3 Modifications, continuation or cessation of intervention are made in</p> |

| Performance indicators   | Standards  |
|--|--|
| <ul style="list-style-type: none"> <li>• uses appropriate strategies to motivate the patient/client and caregiver to participate and to take responsibility for achieving defined goals</li> <li>• discusses expectations of physiotherapy intervention and its outcomes</li> <li>• provides feedback to patient/client regarding health status</li> <li>• educates the patient/client in self evaluation</li> <li>• encourages and acknowledges achievement of short and long term goals</li> </ul> <p><b>36. Monitors the effects of intervention</b></p> <ul style="list-style-type: none"> <li>• incorporates relevant evaluation procedures within the physiotherapy plan</li> <li>• monitors patient/client throughout the intervention and makes modifications as appropriate</li> </ul> <ul style="list-style-type: none"> <li>• monitors and analyses relevant health indicators appropriately</li> </ul> <p><b>37. Progresses intervention appropriately</b></p> <ul style="list-style-type: none"> <li>• implements safe and sensible treatment progressions</li> <li>• modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence</li> <li>• discontinues treatment in the absence of measurable benefit</li> </ul> <p><b>38. Undertakes discharge planning</b></p> <ul style="list-style-type: none"> <li>• begins discharge planning in collaboration with the health care team at the time of the initial episode of care</li> <li>• describes strategies that may be useful for maintaining or improving health status following discharge</li> <li>• addresses patient/client and carer needs for ongoing care through the coordination of appropriate services</li> </ul> | <p>8.3.4 consultation with the client based on best available evidence<br/>The client is referred to relevant professionals, including other physiotherapists, based on outcomes from physiotherapy intervention</p> |

| Performance indicators   | Standards   |
|--|---|
| <p><b>Evidence Based Practice</b></p> <p><b>39. Applies evidence based practice in patient care</b></p> <ul style="list-style-type: none"> <li>• locates and applies current evidence based clinical practice guidelines and systematic review recommendations</li> <li>• assists patients/clients and carers to identify reliable and accurate health information</li> <li>• shares new evidence with colleagues</li> <li>• participates in quality assessment procedures when possible</li> <li>• options for physiotherapy intervention are identified and justified, based on the needs of patient/client, on best evidence and available resources</li> </ul> | <p><b>Standard 3: Access, interpret and apply information to continuously improve practice</b></p> <p>Element:</p> <p>3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice</p> <p>Criteria:</p> <p>3.1.1 Relevant knowledge of theoretical concepts and principles of biomedical and behavioural sciences is applied to physiotherapy practice</p> <p>3.1.2 Principles of the physiotherapy assessment process, its basis and use of relevant outcome measures are applied to physiotherapy practice</p> <p>3.1.3 Knowledge of common clinical presentations, interventions and management approaches is applied to physiotherapy practice</p> <p>Element:</p> <p>3.2 Apply contemporary forms of information management to relevant areas of practice</p> <p>Criteria:</p> <p>3.2.1 Relevant information and communication technology is used efficiently to record, store, convey and retrieve client information</p> <p>3.2.2 A range of information relevant to physiotherapy practice is accessed</p> <p>Element:</p> <p>3.3 Apply an evidence-based approach to own practice</p> <p>Criteria:</p> <p>3.3.1 A working knowledge of commonly used research methodologies is demonstrated</p> <p>3.3.2 Information from a range of sources is critically evaluated for the impact on own work</p> <p>3.3.3 Issues relevant to evidence-based practice are discussed with colleagues, supervisors and other health professionals</p> <p>3.3.4 Practices are critically evaluated in the light of available evidence to</p> |

| Performance indicators  | Standards  |
|---|--|
|   | <p>determine efficiency</p> <p>3.3.5 A systematic format is applied to measuring and recording client data to ensure the effectiveness of the intervention is evaluated</p> <p><u>Element:</u></p> <p>3.4 Acquire and apply new knowledge to continuously improve own practice</p> <p><u>Criteria:</u></p> <p>3.4.1 Knowledge and information needs are identified</p> <p>3.4.2 A range of activities is undertaken that support and promote quality of physiotherapy care, including evidence-based practice</p> <p>3.4.3 Advances in knowledge and recent developments in physiotherapy practice are researched and incorporated into own work as appropriate</p>  |
| <p><b>Risk Management</b></p> <p><b>40. Identifies adverse events and near misses and minimises risk associated with assessment and interventions</b></p> <ul style="list-style-type: none"> <li>• monitors patient/client safety during assessment and treatment.</li> <li>• complies with workplace guidelines on patient/client handling</li> <li>• complies with organizational health and safety requirements</li> <li>• describes relevant contraindications and precautions associated with assessment and treatment</li> <li>• reports adverse events and near misses to appropriate members of the team</li> <li>• implements appropriate measures in case of emergency</li> </ul> | <p><b>Standard 7: Implement safe and effective physiotherapy intervention(s)</b></p> <p><u>Element:</u></p> <p>7.1 Obtain informed consent for the intervention</p> <p><u>Criteria:</u></p> <p>7.1.1 The appropriate consent giver is identified</p> <p>7.1.2 Strategies are engaged to ensure that the implications of intervention processes and responsibilities are understood by the consent giver</p> <p>7.1.3 The relative benefits of each form of intervention and the implications of no intervention are explained</p> <p>7.1.4 Realistic expectations of the outcome, the limitations to achieving that outcome and, where appropriate, costs of the intervention are discussed</p> <p>7.1.5 The client is made aware of potential risks or side-effects of intervention</p> <p>7.1.6 Informed consent is obtained and recorded according to protocols</p> <p><u>Element:</u></p> <p>7.2 Prepare equipment and treatment area appropriate to the intervention</p> <p><u>Criteria:</u></p> <p>7.2.1 Equipment is selected appropriate to the physiotherapy intervention</p> |

| Performance indicators | Standards  |
|------------------------|--|
|                        | <p>7.2.2 Equipment is checked to ensure readiness for safe operation and use</p> <p>7.2.3 The treatment area, including equipment, is prepared for intervention to maximise effectiveness, efficiency, safety and privacy for the client</p> <p><u>Element:</u></p> <p>7.3 Implement intervention effectively and safely</p> <p><u>Criteria:</u></p> <p>7.3.1 Interventions are conducted safely and effectively</p> <p>7.3.2 Risks to the client and physiotherapist are identified and managed</p> <p>7.3.3 Appropriate precautions are applied</p> <p>7.3.4 Appropriate mechanical equipment is used to assist in client transfer and handling</p> <p>7.3.5 Infection control procedures are implemented</p> <p>7.3.6 Intervention is implemented sensitively to minimise distress</p> <p>7.3.7 Intervention implemented is consistent with the agreed intervention program</p> <p>7.3.8 Strategies are used to motivate the client to participate in the intervention program</p> <p>7.3.9 Quality interventions are provided that best meet the needs of the client, within the resource constraints of the organization</p> <p>7.3.10 The client is monitored throughout the intervention and appropriate modifications are made for the client's comfort and according to the client's condition</p> <p><u>Element:</u></p> <p>7.4 Manage adverse events</p> <p><u>Criteria:</u></p> <p>7.4.1 Potential adverse events are identified, and relevant precautionary measures are taken, including strategies to manage personal safety</p> <p>7.4.2 Adverse events are recognised, managed appropriately, reported and clearly documented</p> <p>7.4.3 Emergency procedures for the workplace are identified and are able to be carried out as required</p> |

| Performance indicators | Standards   |
|------------------------|---|
|                        | <p><u>Element:</u><br/>7.5 Provide strategies for client self-management</p> <p><u>Criteria:</u><br/>7.5.1 Clear instructions, and where appropriate, demonstrations are provided to the client prior to the intervention to ensure understanding of the intervention<br/>7.5.2 Regular feedback on performance and progress is provided to the client in terms of the defined goals, incorporating motivation strategies where appropriate<br/>7.5.3 A realistic self management program for prevention and management is developed with the client<br/>7.5.4 Active client participation in the management strategy is encouraged, using effective motivation techniques<br/>7.5.5 Client responsibility for self assessment is encouraged, and appropriate tools, timeframes and outcome measures are identified</p> <p><u>Element:</u><br/>7.6 Implement health promotion activities</p> <p><u>Criteria:</u><br/>7.6.1 The need for physiotherapy involvement in prevention and education programs on specific issues is identified and advocated<br/>7.6.2 Self management of health and well being is advocated to the client<br/>7.6.3 Where appropriate, the client is provided with links to the network of existing health resources<br/>7.6.4 Strategies for early identification of disorders or disease and for early intervention for health management are proposed and promoted<br/>7.6.5 Contributions are made to the development and implementation of health education and risk reduction programs to meet identified needs within the community where relevant</p> |

## Appendix 4.1: Pilot trial consent and participant information forms



### Participant Consent Form

**Project Title: Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy**

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#### **Background**

The development of the APP is supported by a grant from the Carrick Institute. Griffith University is the lead institution with academics/investigators from Monash, La Trobe, Sydney and Curtin Universities making up the APP research consortium. Additionally, the clinical coordinators of all physiotherapy programs in Australia are part of the reference group for this project.

At present, the APP represents the first version of a standardised assessment form being developed in Australian entry-level physiotherapy programs. Despite each physiotherapy program having curriculum designed to meet the same set of competencies, as defined by The Australian Physiotherapy Council, each

physiotherapy program in Australia uses its own clinical assessment form and assessment criteria. None of these assessment methods have been subjected to any rigorous validation.

The advantages of a standardized national form are that clinical educators/supervisors who have students from more than one physiotherapy program will not have to deal with multiple assessment forms. Other advantages of a standardised form will be the documented evidence of test validity and reliability, and the ability to meaningfully compare scores between students, raters, sites and programs for benchmarking purposes.

The test developers will be guided by the Standards for Educational and Psychological Testing (American Educational Research Association, 1999). In addition, an action research approach will be utilised that involves stakeholder participation in each phase of the Project including preliminary information gathering, instrument development, trial/field test stages and refinement of the APP instrument.

**What your participation in this Project involves:**

Participation by physiotherapy clinical educators/supervisors and physiotherapy students is required for field-testing the APP. That is, a student's clinical educator/supervisor will use the APP format for grading students' clinical performance during clinical placements in addition to existing clinical assessment formats. Feedback will be sought from clinical educators/supervisors and the students in order to inform, evaluate and modify the developing APP instrument..

As the APP is being trialled in addition to existing university clinical assessment form, the APP will not contribute in any way to the student's marks/grading.

In addition demographic information will be collected to enable effective analysis of the APP. This demographic data will be de-identified and remain confidential.

**Participation in this study is voluntary.**

If you do not wish to be a participant in this Project, there will be no disadvantage or penalty to you in any way from any University involved in this project.

You may withdraw from the study at any time, without explanation or penalty.

Your contribution will be de-identified, and remain confidential (See confidentiality statement on information sheet)

**I have read the attached Information Sheet and understand that:**

I am being asked to participate in field-testing the APP and to provide feedback to the investigators in order to inform, evaluate and modify the developing APP instrument.

The APP will not contribute in any way to the student's marks/grading.

Any reports or publications from this study will be reported in general terms and will not involve identifying features.

The data will be kept confidential at all times and all data collection materials and results will be stored at locked facilities at Griffith University and will not be disclosed to parties outside the research team. Data collection materials are retained for a period of 5 years before being destroyed.

I understand that the investigators may audio-tape the interview and will immediately erase the tapes once they have been transcribed.

A report about the study findings will be made available to me. I can contact the researchers at any time at Griffith University on telephone: 07 5552 8388; Fax 07 5552 8674

Yes, I agree to be a participant in this Project (please sign below)

\_\_\_\_\_  
YOUR NAME (please print)

DATE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
YOUR SIGNATURE



## Participant Information Sheet

**Project Title: Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy**

Project Manager: Ms Megan Dalton (Email [Megan.Dalton@griffith.edu.au](mailto:Megan.Dalton@griffith.edu.au))  
Chief Investigator: Ms Megan Dalton  
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This Information Sheet is to tell you about the Assessment of Physiotherapy Practice (APP) and is for you to retain.

The APP is a research project being conducted by Griffith University in conjunction with Monash, La Trobe, Sydney and Curtin Universities and is supported by a grant from the Carrick Institute. Additionally, the clinical coordinators of all physiotherapy programs in Australia form part of the reference group for this Project.

### Project Aims

To develop a practical, standardized, valid and reliable assessment tool to measure clinical competency that meets the needs of students and clinical educators/supervisors.

To remove the burden on clinical educators/supervisors in relation to assessing students that has come about largely as a result of the variety of clinical assessment tools currently in use.

We would like to invite you to participate in this study.  
Your contribution is vital to the development of the APP.

As a part of the action research methodology employed by this Project, participation and input is sought from clinical educators/supervisors and students for field-testing of the APP. Your input is sought by way of completion of the APP in addition to the usual University specific assessment form, provision of demographic data (de-identified) and an interview and/or survey.

The purpose of field-testing the APP is to involve all relevant stakeholders, including clinical educators/supervisors and students and to allow for their feedback in order to inform, evaluate and modify the developing APP instrument. This will be a valuable opportunity for stakeholders in the field of clinical education to contribute to the development of a practical, standardised, valid and reliable clinical assessment tool.

If you wish to take part in this Project, please read and sign the attached consent form.

#### **CONFIDENTIALITY STATEMENT**

**Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. Audio-tapes will be wiped following analysis and all data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.**

Please note:

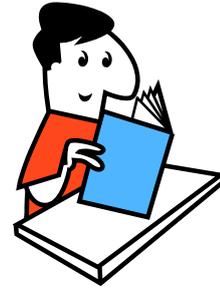
- Your participation is voluntary and you can withdraw from the project at any time without explanation or penalty.
- All other information will remain confidential and no personal or identifiable information will appear on that information.
- Partners and the funding organisation will only have access to de-identified information.
- At the completion of the study, you will receive summary feedback about the findings of the research.
- You can contact the researchers at any time.



**Development of the  
Assessment of Physiotherapy Practice (APP)  
Instrument**

**Clinical Educator  
Resource Manual**

## **What this package contains**



- 1. Background – why develop a standardised and valid physiotherapy clinical assessment tool?**
- 2. Assessment of Clinical Units**
- 3. Components of the APP**
- 4. APP Trial - Protocol for Physiotherapy Clinical Educators**
- 5. Using the APP Form**
- 6. Procedure for Completion and Return of APP instrument**

## **1. Background – why are we developing a standardised and valid physiotherapy clinical assessment tool?**

The Assessment of Physiotherapy Practice (APP) is the first attempt in Australia to develop, test and refine a standardized instrument for assessing competency of physiotherapy practice suitable for national use. The Carrick Institute for Learning and Teaching in Higher Education have funded this project as a priority and the initial consultation phase is almost completed. Use of the APP has already begun in a number of physiotherapy courses in Australia.

Advancement of the APP Project led by a consortium of Griffith University (Qld), La Trobe University (Vic), Monash University (Vic), Curtin University (WA) and The University of Sydney (NSW) coincided with the release of the 2006 Physiotherapy Competency Standards by the Australian Physiotherapy Council (APC). The APP Project has received unprecedented support from co-ordinators of all physiotherapy courses in Australia and New Zealand. The clinical co-ordinators of Australian and New Zealand physiotherapy programs form the reference group for this project.

Clinical education of physiotherapy students is essential. However, student numbers are increasing while clinical (or professional practice) placements are declining. A primary concern of physiotherapy clinical educators and supervisors is the burden of assessment brought about by the variability of assessment procedures and instruments. Despite each physiotherapy program in Australia having curriculum designed to meet the competencies defined by the APC, each program has to date used its own clinical assessment form and assessment criteria. An important advantage of a standardized clinical assessment instrument, such as the APP, is that evidence about its utility can be systematically gathered and assessed, and the instrument can be refined across time so that it serves the key stakeholders: the assessors, the assessed and the profession. Other advantages include the opportunities that standardisation brings such as benchmarking and meaningful comparison of scores between students, raters, sites and programs.

In its draft form, the APP consists of a practical, one-page test layout that reflects the APC Competency Standards and all current assessment forms in use in Australia.

Development of the APP has been reliant upon the input of academics, clinical educators, clinical managers, students and other stakeholders. All relevant publications and existing clinical assessment instruments have also been sourced. The method for development of the APP has been guided by the Standards for Educational and Psychological Testing (American Educational Research Association, et al. 1999) and the Project utilizes an action research cycle that includes preliminary information gathering, instrument development, trial/field test stages, and continuous refinement of the instrument based on evaluation throughout the different phases.

Feedback from stakeholders to this point has been very positive. Interest and support for the APP Project has grown and gathered momentum. Reinforcement of support and commitment to the Project was given by the Heads of Physiotherapy Programs and Clinical Education Managers throughout Australia and New Zealand. Inter-university working

relationships are developing and gaining strength and it is envisaged that these outcomes will facilitate dissemination, acceptance and widespread use of the APP tool

#### References

American Educational Research Association, American Psychological Association, National Council on Measurement in Education (1999). *Standards for educational and psychological testing*. Washington, American Educational Research Association.

If you have any further questions, please contact any member of the project research team:

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This research has been approved by the Human Research Ethics Committees of the following Universities:

Griffith University, GU Protocol Number: PES/09/06/HREC;

Auckland University of Technology - Application Number 07/139

Curtin University, Protocol Approval: HR 39/2007;

The University of Otago - project No 07/152;

Monash University - 2007/0599MC;

James Cook University - H2737

La Trobe University – approval 07-115

The University of Sydney – ref no: 08-2007/10243

Charles Sturt University – protocol no: 2007/268

If you have any concerns or complaints regarding the ethical conduct of this research project, you may discuss this issue with an independent person: Manager, Research Ethics, Office for Research Bray Centre, Nathan Campus, Griffith University (07) 3875 5585 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au)

### **Research Funding**

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The views expressed in this publication do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education.

## Assessment of Clinical Units

Assessment of student performance during clinical units is used for several different purposes and involves the learner, the university and the clinical educator who is a representative of the profession. Ideally assessment and learning are closely bound together. The style of assessment should reflect the learning experience.

Assessment of student learning serves to maintain standards, to demonstrate achievement, to guide and motivate learning, and to provide a basis for feedback to the student.

Assessment should be fair, valid, reliable, practical and sufficient.

Some of the reasons why assessment is used during clinical placements are:

- To give students feedback on student's strengths and areas requiring improvement in each particular area of physiotherapy clinical practice and provide specific strategies to improve their performance
- To provide a base for discussion in relation to student's performance
- To provide a record of student progress
- To act as a "gatekeeper" in regulating admission to the profession
- To monitor the performance of individual students as well as monitoring the overall success of a program of study.
- Focuses and motivates student learning in specific areas and guides and corrects learning.
- Defines what is important to learn

There are 2 key areas of assessment during a clinical unit: *formative and summative*.

### **Formative Assessment**

Formative assessment is designed to help students understand how they are progressing. It happens during a clinical unit and doesn't count toward the final grade or unit mark. The student is able to benefit from feedback on their performance. The purpose of formative assessment is to improve the quality of student learning by providing information on strengths and weaknesses and to identify strategies for improvement. Formative assessments are relatively informal compared to summative assessments.

In the APP refer to the Examples of Performance Indicators for example behaviours that the student may demonstrate to indicate competency in a particular item. These sample behaviours are a very useful guide for students when providing formative feedback during the unit especially when outlining aspects of practice requiring improvement.

### **Summative Assessment**

This type of assessment takes place at the end of the unit when the student is given their final (provisional) grade. It quantifies the level of competency achieved and contributes to a grade for the unit.

Its purpose is to act as an indicator of achievement. In completing the assessment form the educator draws on experience over the final phase (last 1-2 weeks) of the placement and may also draw on the experience of colleagues who have also supervised the student.

## **APP Trial - Protocol for Physiotherapy Clinical Educators**

### **Before the clinical placement commences:**

- If you have not already done so, please complete the clinical educator consent form
- Familiarise yourself with the process of the field test, in particular, the APP instrument and the performance indicators

### **During the clinical placement**

- Observe and provide feedback on student performance as per usual
- Provide written mid unit feedback using the regular La Trobe University forms

### **At the end of the clinical placement:**

- Complete the APP instrument **first prior to** completing the regular University clinical assessment forms.
- Do not show the end of unit completed APP to the student.
- Complete the usual University clinical assessment forms and provide end of unit summative feedback and get signoff from the student.
- Place APP field trial forms in the reply paid envelope provided.

**On behalf of the research team thank you for your assistance**

***Megan Dalton and Megan Davidson***



## Components of the APP

# Assessment of Physiotherapy Practice (APP)

Circle one number

|                                |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|
| <b>Professional Behaviour</b>  |   |   |   |   |   |   |
| 1.                             | Demonstrates an understanding of patient/client rights and consent                                      | 0 | 1 | 2 | 3 | 4 |
| 2.                             | Demonstrates commitment to learning   | 0 | 1 | 2 | 3 | 4 |
| 3.                             | Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements | 0 | 1 | 2 | 3 | 4 |
| 4.                             | Demonstrates teamwork   | 0 | 1 | 2 | 3 | 4 |
| <b>Communication</b>           |   |   |   |   |   |   |
| 5.                             | Communicates effectively and appropriately - <u>Verbal/non-verbal</u>                                   | 0 | 1 | 2 | 3 | 4 |
| 6.                             | Communicates effectively and appropriately – <u>Written</u>   | 0 | 1 | 2 | 3 | 4 |
| <b>Assessment</b>              |   |   |   |   |   |   |
| 7.                             | Conducts an appropriate patient/client interview (subjective assessment)                                | 0 | 1 | 2 | 3 | 4 |
| 8.                             | Selects appropriate methods for measurement of relevant health indicators                               | 0 | 1 | 2 | 3 | 4 |
| 9.                             | Performs appropriate assessment procedures (objective assessment)                                       | 0 | 1 | 2 | 3 | 4 |
| <b>Analysis</b>                |   |   |   |   |   |   |
| 10.                            | Appropriately interprets assessment findings  | 0 | 1 | 2 | 3 | 4 |
| 11.                            | Identifies and prioritises patient's/client's problems  | 0 | 1 | 2 | 3 | 4 |
| <b>Planning</b>                |   |   |   |   |   |   |
| 12.                            | Sets realistic short and long term goals with the patient/client  | 0 | 1 | 2 | 3 | 4 |
| 13.                            | Collaborates with patient/client to select appropriate intervention                                     | 0 | 1 | 2 | 3 | 4 |
| <b>Intervention</b>            |   |   |   |   |   |   |
| 14.                            | Performs interventions appropriately  | 0 | 1 | 2 | 3 | 4 |
| 15.                            | Is an effective educator  | 0 | 1 | 2 | 3 | 4 |
| 16.                            | Monitors the effect of intervention   | 0 | 1 | 2 | 3 | 4 |
| 17.                            | Progresses intervention appropriately   | 0 | 1 | 2 | 3 | 4 |
| 18.                            | Undertakes discharge planning   | 0 | 1 | 2 | 3 | 4 |
| <b>Evidence-based Practice</b> |   |   |   |   |   |   |
| 19.                            | Applies evidence based practice in patient care   | 0 | 1 | 2 | 3 | 4 |
| <b>Risk Management</b>         |   |   |   |   |   |   |
| 20.                            | Identifies adverse events/near misses and minimises risk associated with assessment and interventions   | 0 | 1 | 2 | 3 | 4 |

**\*\* When scoring this form ensure you refer to the relevant performance indicators\*\***

- 0 = Infrequently demonstrates performance indicators, requires constant prompting with usual/typical (non-complex) patient presentations
- 1 = Demonstrates some performance indicators to an adequate standard, requires frequent prompting with usual/typical (non-complex) patient presentations
- 2 = Demonstrates most performance indicators to an adequate standard, requires prompting in atypical or complex patient presentations
- 3 = Demonstrates most performance indicators to a high standard, requires occasional prompting
- 4 = Demonstrates most performance indicators to an excellent standard, rarely requires prompting

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

# Assessment of Physiotherapy Practice (APP)

## Performance Indicators

### Professional Behaviour

- understands when formal patient/client consent is required
- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- engages patients/clients in discussion of the effects of treatments or no treatment
- records patient's/client's refusal of treatment and advises supervisor
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- manages time and resources effectively
- works collaboratively and respectfully with support staff

### Demonstrates commitment to learning

- responds in a positive manner to questions, suggestions &/or constructive feedback
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- reviews and prepares appropriate material before and during the placement
- takes responsibility for learning and seeks opportunities to meet learning needs

### Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control and workplace health and safety policies
- maintains patient/client confidentiality
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and tells patients/clients, carers and other workers who they are
- treats patients/clients within scope of expertise
- observes dress code
- completes projects/tasks within designated time frame
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- applies ethical principles to the collection, maintenance, use and dissemination of data and information
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

### **Demonstrates teamwork**

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and understands the role of other team members and refers/liases as appropriate to access relevant services
- advocates for the patient/client when dealing with other services
- collaborates with the patient/client and the health care team to achieve optimal patient/client outcomes
- cooperates with other workers who are treating and caring for patients/clients

## **Communication**

### **Communicates effectively and appropriately - Verbal/non-verbal**

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

### **Communicates effectively and appropriately - Written**

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently
- maintains records compliant with legislative 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)

## **Assessment**

### **Conducts an appropriate patient/client interview (subjective assessment)**

- positions person safely and comfortably for interview

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

#### **Selects appropriate methods for measurement of relevant health indicators**

- selects important, functional and meaningful outcomes relevant to treatment goals, including those to identify potential problems
- chooses appropriate methods/instruments to measure identified outcomes across relevant assessment domains e.g. impairment, activity limitations, participation restriction, well-being and satisfaction with care

#### **Performs appropriate assessment procedures (objective assessment)**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- Plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- completes assessment in acceptable time
- assesses/appraises work, home or other relevant environments as required

## **Analysis**

#### **Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on scientific knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

### **Identifies and prioritises patient's/client's problems**

- generates a list of problems from the assessment
- collaborates with the patient/client to prioritise their problems
- considers patient's/clients values, priorities and needs

## **Planning**

### **Sets realistic short and long term goals with the patient/client**

- negotiates realistic short and long term treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable, relevant and timely
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

### **Collaborates with patient/client to select appropriate intervention**

- considers whether physiotherapy treatment is indicated
- demonstrates a suitable range of skills and approaches to intervention
- describes acceptable rationale (eg likely effectiveness) for treatment choices
- options for physiotherapy intervention are identified and justified, based on the needs identified, and on best evidence and available resources
- engages with patient/client to explain assessment findings, discuss intervention strategies and develop an acceptable plan
- balances needs of patients/clients and care givers with the need for efficient and effective intervention
- demonstrates understanding of contraindications and precautions in selection of intervention strategies
- advises patient/client about the effects of treatment or no treatment

## **Intervention**

### **Performs interventions appropriately**

- considers the scheduling of treatment in relation to other procedures eg medication for pain, wound care.
- demonstrates appropriate patient/client handling skills in performance of interventions
- performs techniques at appropriate standard
- minimizes risk of adverse events to patient/client and self in performance of intervention (including observance of infection control procedures and manual handling standards)
- prepares environment for patient/client including necessary equipment for treatment
- identifies when group activity might be an appropriate intervention
- completes intervention in acceptable time
- demonstrates skill in case management
- recognises when to enlist assistance of others to complete workload
- refers patient/client on to other professional s when physiotherapy intervention is not appropriate, or requires a multi-disciplinary approach

### **Is an effective educator/health promoter**

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

### **Monitors the effects of intervention**

- incorporates relevant evaluation procedures within the physiotherapy plan
- monitors patient/client throughout the intervention and makes modifications as appropriate
- monitors and analyses relevant health indicators appropriately

### **Progresses intervention appropriately**

- implements safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

### **Undertakes discharge planning**

- begins discharge planning in collaboration with the health care team at the time of the initial episode of care
- describes strategies that may be useful for maintaining or improving health status following discharge
- addresses patient/client and carer needs for ongoing care through the coordination of appropriate services

## **Evidence Based Practice**

### **Applies evidence based practice in patient care**

- locates and applies current evidence based clinical practice guidelines and systematic review recommendations
- assists patients/clients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible
- options for physiotherapy intervention are identified and justified, based on the needs of patient/client, on best evidence and available resources

## Risk Management

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

### Aspects of Physiotherapy Practice and related Items

There are **8** aspects of physiotherapy practice covering **20** items. **Examples of Performance Indicators** are provided as example behaviours that the student may demonstrate to indicate competency in a particular item.

### Scoring Scale Descriptors

These descriptors are to assist your judgment when rating a student's performance on each item at the end of the clinical unit.

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

## Components of the APP

### Performance Indicators – Behaviour Examples of Performance Indicators

#### Professional Behaviour

##### 1. Demonstrates an understanding of patient/client rights and consent

- understands when formal patient/client consent is required
- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- engages patients/clients in discussion of the effects of treatments or no treatment
- records patient's/client's refusal of treatment and advises supervisor
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- manages time and resources effectively
- works collaboratively and respectfully with support staff

These performance indicators are provided as example behaviours that the student may demonstrate to indicate competency in a particular item. The Examples of Performance Indicators are not an exhaustive list of possible behaviours nor are they to be used as a checklist when assessing a student's performance.

However, when deciding on a student's score (0 – 4) for each of the 20 items, clinical educators are advised to refer to this list of examples of behaviours as indicators of competent performance for each item.

## 2. Using the APP Form

### Scoring:

- You are required to circle the rating from 0 – 4 that best represents your judgement of the student’s level of performance.
- All items should be scored and scoring is based on direct observation and interpretation of student performance.
- ***Evaluate the student’s performance against the competency level (common skill set) expected for a Entry level / Beginning physiotherapist. A rating of 2 indicates for this item, the student has met this standard regardless of their experience, place in the course or length of the placement.***
- Refer to the Examples of Performance Indicators for example behaviours that the student may demonstrate to indicate competency in a particular item.
- A genuine difficulty that will be encountered is the ability of clinicians to recall beginner attributes. While experienced educators may have a well developed concept of Entry Level attributes, inexperienced educators may be unsure and are encouraged to discuss uncertainties with experienced clinicians.
- The clinical educator/supervisor is not required to collate the final score.

### Definition of entry level/beginning physiotherapist (rating 2):

A student is performing at the entry level standard when they are able to:

A student is performing at the entry level standard when they are able to manage a variety of non-complex patients such that the patient/client’s major problems are identified, major goals established and treatment is completed safely and effectively within a reasonable time frame. While achieving this, the student is aware of their limitations and where to seek assistance.

**Ratings 3 and 4** provide the clinical educator with 2 scoring categories indicating the student’s performance is above entry level/beginning physiotherapist standard (either good or excellent).

### 3. **Procedure for Completion and Return of APP**

- Return completed APP instrument in the reply paid envelope to:  
Libby Henderson  
Research Assistant  
School of Physiotherapy and Exercise Science  
Gold Coast campus  
GRIFFITH UNIVERSITY QLD 4222
  
- **Return the La Trobe University specific assessment forms to the University as per the usual procedure.**

## Appendix 5.1: Update on APP research

### Assessment of Performance on Clinical Placements

#### Developing the APP (Assessment of Physiotherapy Practice) - A standardized and validated approach to assessment of clinical competence in physiotherapy.

#### ***What's happening with the APP research?***

Through your colleagues, networks or publications such as *In Motion* (June 2007), you may have heard or read about the development of the APP.

The Assessment of Physiotherapy Practice (APP) is the first attempt in Australia to develop, test and refine a standardized instrument for assessing competency of physiotherapy practice suitable for national use. The Carrick Institute for Learning and Teaching in Higher Education have funded this project as a priority and the initial consultation phase is almost completed. Use of the APP has already begun in a number of physiotherapy courses in Australia.

Advancement of the APP Project led by a consortium of Universities including Griffith University (Qld), La Trobe University (Vic), Monash University (Vic), Curtin University (WA) and The University of Sydney (NSW). The APP Project has received unprecedented support from co-ordinators of all physiotherapy courses in Australia and New Zealand. The clinical co-ordinators of every Australian physiotherapy program form the reference group for this project.

In its current form, the APP draft format consists of a practical, one-page test layout that reflects the APC Competency Standards and all current assessment forms in use in Australia. Development of the APP has drawn on knowledge of academics, clinical supervisors, clinical managers, students and other stakeholders. All relevant publications and existing clinical assessment instruments have also been sourced. The method for development of the APP has been guided by the Standards for Educational and Psychological Testing (American Educational Research Association, et al. 1999) and the instrument development project utilizes an action research cycle that includes preliminary information gathering, instrument development, trial/field test stages, and refinement of the instrument based on evaluation of each phase.

#### Pilot Testing

Pilot Testing of the APP was completed at La Trobe University with 295 responses collected and analysed via Rasch analysis. Analysis showed a good overall fit of the data to the Rasch model. The difficulty of the items was well matched to the abilities of the persons being assessed, and the 5-level rating scale performed as expected. The results of the pilot testing allows the first field test of the APP to proceed with confidence.

#### Summary – where we are currently:

In the field testing that will commence in the second half of 2007, physiotherapy programs throughout Australia will be using the APP either as the primary assessment form, or in parallel with current clinical assessment formats. This nation-wide field-testing of the APP will allow for its psychometric properties to be fully tested and for progressive refinement of the instrument.

Your participation is vital to the success of this Project. Participation will require Clinical educators to complete the APP assessment form for each student under your supervision and also to complete an Educator Demographic form, a Consent form and a Clinical Educator Feedback form. Completion of

these forms will require approximately 20 minutes additional time for each clinical educator. The research team appreciates this time commitment may be difficult but is very grateful for the support offered by the profession.

For further information please contact either:

**Libby Henderson**

Research Asst

Griffith University

PH: (07) 3398-9317

MB: [REDACTED]

Email: [REDACTED]

**Megan Dalton**

School of Physiotherapy and Exercise  
Science

Griffith University, Gold Coast Campus

Mobile: (For 2007: [REDACTED])

Ph: 61 7 5552 8388

Fx: 61 7 5552 8674

Email: [Megan.Dalton@griffith.edu.au](mailto:Megan.Dalton@griffith.edu.au)

**Appendix 5.2: APP instrument (version 3) for use in field test one.**

# Assessment of Physiotherapy Practice (APP)

0 = Infrequently/rarely demonstrates performance indicators

1 = Demonstrates few performance indicators to an adequate standard

2 = Demonstrates most performance indicators to an adequate standard

3 = Demonstrates most performance indicators to a good standard

4 = Demonstrates most performance indicators to an excellent standard

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

| Professional Behaviour   | Circle one number |   |   |   |   |     |
|--|-------------------|---|---|---|---|-----|
| 1. Demonstrates an understanding of patient/client rights and consent                                      | 0                 | 1 | 2 | 3 | 4 | n/a |
| 2. Demonstrates commitment to learning   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 3. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements | 0                 | 1 | 2 | 3 | 4 | n/a |
| 4. Demonstrates teamwork   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Communication  |                   |   |   |   |   |     |
| 5. Communicates effectively and appropriately- Verbal/non-verbal   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 6. Communicates effectively and appropriately- Written   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Assessment   |                   |   |   |   |   |     |
| 7. Conducts an appropriate patient/client interview  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 8. Selects appropriate methods for measurement of relevant health indicators                               | 0                 | 1 | 2 | 3 | 4 | n/a |
| 9. Performs appropriate physical assessment procedures   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Analysis   |                   |   |   |   |   |     |
| 10. Appropriately interprets assessment findings   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 11. Identifies and prioritises patient's/client's problems   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Planning   |                   |   |   |   |   |     |
| 12. Sets realistic short and long term goals with the patient/client                                       | 0                 | 1 | 2 | 3 | 4 | n/a |
| 13. Collaborates with patient/client to select appropriate intervention                                    | 0                 | 1 | 2 | 3 | 4 | n/a |
| Intervention   |                   |   |   |   |   |     |
| 14. Performs interventions appropriately   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 15. Is an effective educator   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 16. Monitors the effect of intervention  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 17. Progresses intervention appropriately  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 18. Undertakes discharge planning  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Evidence-based Practice  |                   |   |   |   |   |     |
| 19. Applies evidence based practice in patient care  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Risk Management  |                   |   |   |   |   |     |
| 20. Identifies adverse events/near misses and minimises risk associated with assessment and interventions  | 0                 | 1 | 2 | 3 | 4 | n/a |

Student No:

Date:

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

Poor       Satisfactory       Good       Excellent

### Scoring rules:

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

Clinical Educator Code: First Name Initial  First 3 Letters of Surname

## **Professional Behaviour**

### **1. Demonstrates an understanding of patient/client rights and consent**

- understands when formal client consent is required
- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- engages patients/clients in discussion of the effects of treatments or no treatment
- records patient's/client's refusal of treatment and advises supervisor
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- works collaboratively and respectfully with support staff

### **2. Demonstrates commitment to learning**

- responds in a positive manner to questions, suggestions &/or constructive feedback
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- reviews and prepares appropriate material before and during the placement
- takes responsibility for learning and seeks opportunities to meet learning needs

### **3. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements**

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- maintains patient/client confidentiality
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and identifies self
- understands scope of expertise
- observes dress code
- completes projects/tasks within designated time frame
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- applies ethical principles to the collection, maintenance, use and dissemination of data and information
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

### **4. Demonstrates teamwork**

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other team members and refers/liases as appropriate to access relevant services

- advocates for the patient/client when dealing with other services
- collaborates with the patient/client and the health care team to achieve optimal patient/client outcomes
- cooperates with other workers who are treating and caring for patients/clients

## Communication

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

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

### 6. Communicates effectively and appropriately - Written

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently
- maintains records compliant with legislative 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)

## Assessment

### 7. Conducts an appropriate patient/client interview (subjective assessment)

- positions person safely and comfortably for interview
- structures a systematic, purposeful interview seeking qualitative and quantitative details
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues

- identifies patient's/clients goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent
- generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention
- completes assessment in acceptable time

#### **8. Selects appropriate methods for measurement of relevant health indicators**

- selects important, functional and meaningful outcomes relevant to treatment goals, including those to identify potential problems
- chooses appropriate methods/instruments to measure identified outcomes across relevant assessment domains e.g. impairment, activity limitations, participation restriction, well-being and satisfaction with care

#### **9. Performs appropriate assessment procedures (physical assessment)**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- Plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- completes assessment in acceptable time
- assesses/appraises work, home or other relevant environments as required

### **Analysis**

#### **10. Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on scientific knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

#### **11. Identifies and prioritises patient's/client's problems**

- generates a list of problems from the assessment
- collaborates with the patient/client to prioritise the problems
- considers patient's/clients values, priorities and needs

## Planning

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

- negotiates realistic short and long term treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable, relevant and timely
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

### 13. Collaborates with patient/client to select appropriate intervention

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

### 15. Is an effective educator/health promoter

- demonstrates skill in patient/client education eg understands the principles of adult learning
- demonstrates skills in conducting group sessions
- a realistic self-management program for prevention and management is developed with the patient/client
- provides information using a range of strategies that demonstrate consideration of patient/client needs
- confirms patient's/client's or caregivers understanding of given information
- uses appropriate strategies to motivate the patient/client and caregiver to participate and to take responsibility for achieving defined goals
- discusses expectations of physiotherapy intervention and its outcomes
- provides feedback to patient/client regarding health status
- educates the patient/client in self evaluation

- encourages and acknowledges achievement of short and long term goals

#### **16. Monitors the effects of intervention**

- incorporates relevant evaluation procedures within the physiotherapy plan
- monitors patient/client throughout the intervention and makes modifications as appropriate
- monitors and analyses relevant health indicators appropriately

#### **17. Progresses intervention appropriately**

- demonstrates or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

#### **18. Undertakes discharge planning**

- begins discharge planning in collaboration with the health care team at the time of the initial episode of care
- describes strategies that may be useful for maintaining or improving health status following discharge
- addresses patient/client and carer needs for ongoing care through the coordination of appropriate services

### **Evidence Based Practice**

#### **19. Applies evidence based practice in patient care**

- locates and applies current evidence based clinical practice guidelines and systematic review recommendations
- assists patients/clients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible
- options for physiotherapy intervention are identified and justified, based on the needs of patient/client, and on best evidence and available resources

### **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

## Appendix 6.1: Student explanatory statement and consent form



### Student Explanatory Statement – APP Field Test #1

**Project Title: Development of the Assessment of Physiotherapy Practice (APP) Instrument**

**Project Manager:** Ms Megan Dalton  
**Chief Investigator:** Ms Megan Dalton (PhD candidate School of Primary Health Care, Monash University, Peninsula Campus, Victoria)  
Senior Lecturer, Clinical Education  
School of Physiotherapy  
Griffith University, Gold Coast Campus  
PMB 50 Gold Coast Mail Centre Qld 9726  
Telephone: 61 7 5552 8388  
Email: [Megan.Dalton@griffith.edu.au](mailto:Megan.Dalton@griffith.edu.au)

**Investigators:** Professor Jennifer Keating  
School of Primary Health Care  
Monash University  
Victoria  
Phone: 9904 4817  
Email: [Jenny.Keating@med.monash.edu.au](mailto:Jenny.Keating@med.monash.edu.au)

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Dr Heather Alexander  
School of Medicine  
Health Group  
Griffith University  
Queensland  
Phone: (07) 56780319  
Email: [H.Alexander@griffith.edu.au](mailto:H.Alexander@griffith.edu.au)

This Explanatory Statement is to tell you about the Assessment of Physiotherapy Practice (APP) Project and is for you to retain.

The APP study is a research project being conducted by Griffith University in conjunction with Monash, La Trobe, Sydney and Curtin Universities. This work is supported by a grant from the Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. Additionally, the clinical coordinators of all physiotherapy programs in Australia form part of the reference group for this Project. This research also forms part of Megan Dalton's PhD research program within the School of Primary Health Care at Monash University, Victoria.

#### **Project Aims**

To develop a practical, standardized, valid and reliable assessment tool to measure clinical competency that meets the needs of physiotherapy students and their clinical educators/supervisors.

***As a physiotherapy student, we would like to invite you to participate in this study.***

**What your participation in this Project involves:**

- Participation by physiotherapy students is required for field-testing of the APP. Participation involves completing a feedback survey (without including any details that identify a student) and a student demographic form that has the student number as identification, rather than individual student names. These forms will take approximately 5-10 minutes to complete. The data will be collected to enable analysis of APP scores with consideration of student clinical experience and area of practice. Once demographic data has been linked to your APP assessment data, all data will be permanently de-identified. No-one other than Megan Dalton and the research assistant will have access to the original data sheets.
- The APP may be used to grade your clinical performance during clinical placements either in (i) place of, or (ii) in addition to, existing clinical assessment formats.
- APP used as the sole clinical assessment instrument.
- In this situation the completed APP and student demographic and feedback forms will be returned to the University convenor and the APP results will be entered into the university database that contains student grades. Once this has occurred, copies of the APP documents with student identification numbers, original survey responses and original demographic data collection forms will be sent via express post to the research assistant for the Project. All data will be de-identified once it has been entered into spread sheets for statistical analysis and identification numbers of students and names of physiotherapy programs will be permanently replaced by codes. Once data are checked for accuracy, the code list linking identification numbers to codes will be permanently destroyed.
- APP used in addition to existing University clinical assessment instruments
- In this situation, the completed APP and student demographic and feedback forms will be returned to the research assistant via reply paid envelopes. All data will be de-identified once it has been entered into spread sheets for statistical analysis and identification numbers of students and names of physiotherapy programs will be replaced by codes. Once data are checked for accuracy, the code list linking identification numbers and program names to codes will be permanently destroyed.
- If the APP is trialled in addition to an existing university clinical assessment form, the APP will not contribute in any way to your marks/grading.
- Feedback will be sought from students to inform, evaluate and modify the APP. In addition to the feedback survey, feedback will be sought by way of focus groups. We would like your permission to email you and invite you to participate in these focus groups. A subset of 6 students will be required for interviews. If you wish to participate you can volunteer by following the steps in the email. If you do not wish to participate you may disregard the email without consequence. A full description of the procedures involved with the focus groups will be provided to you with this email approach to enable you to make a decision about whether or not you wish to volunteer. Participation in the focus groups is voluntary. You do not have to participate in a focus group if you choose not to do so and there is no penalty for choosing not to participate.
- There is little additional burden to students who agree to take part in this research as the APP data that is being collected would be collected as part of usual assessment during a clinical unit. It will take you approximately 10 minutes to complete the survey and demographic data forms. There is no discomfort to those who agree to allow analysis of their de-identified data. There are no risks for participants who agree to allow their data to be utilised as the research does not influence the clinical placement in any way. No individual data will be recognisable in the de-identified group data.

If you wish to take part in this Project, please read and sign the attached separate student consent form. After consenting, please complete the feedback survey and the demographic data form. Make sure that your student ID is on every page. This ID number will be permanently replaced by a Project code and all links to your ID destroyed after your APP results, demographic data and clinical educator details have been assembled in a relational database. Place all forms in the envelope provided, seal the envelope and give to your clinical educator for forwarding to the university. If you do not wish to participate, place blank forms in the envelope, seal and give to your clinical educator.

### CONFIDENTIALITY STATEMENT

The confidentiality of your data is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. All data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

#### Please note:

- Your participation is voluntary and you can withdraw from the project at any time without explanation or penalty up until the point where data are fully de-identified. It is envisaged that this will occur within 2 weeks of the submission of your assessment using the APP.
- All information will remain confidential and no personal or identifiable information will appear on reports arising from this work
- Partners and the funding organisation will only have access to de-identified information.
- At the completion of the study, you will receive summary feedback about the findings of the research via numerous media, eg Physiotherapy publications, PhD thesis, journal articles, conference proceedings or personally if you request such information from the chief investigator. No personal or identifiable information will appear in any of these publications.
- You can contact the researchers at any time (refer to the contact details listed at the start of this form).

|   |  |
|---|--|
| If you would like to contact the <b>researchers</b> about any aspect of this study, please contact the Chief Investigator Megan Dalton or Jenny Keating :   | If you have a <b>complaint</b> concerning the manner in which this research is being conducted, please contact:  |
| <b>Megan Dalton</b><br><a href="mailto:Megan.Dalton@griffith.edu.au">Megan.Dalton@griffith.edu.au</a><br>Tel: +61 7 5552 8388 Fax: +61 7 5552 8674<br><br><b>Jenny Keating</b><br><a href="mailto:Jenny.keating@med.monash.edu.au">Jenny.keating@med.monash.edu.au</a><br>Tel: +61 3 9904 4817 Fax: +61 3 9904 4812 | Human Ethics Officer<br>Standing Committee on Ethics in Research Involving Humans (SCERH)<br>Building 3e Room 111<br>Research Office<br>Monash University VIC 3800<br>Tel: +61 3 9905 2052 Fax: +61 3 9905 1420<br>Email: <a href="mailto:scerh@adm.monash.edu.au">scerh@adm.monash.edu.au</a> |

## Student Consent Form – Field Test #1

### Project Title: Development of the Assessment of Physiotherapy Practice (APP) Instrument

**Project Manager:** Ms Megan Dalton

**Chief Investigator:** Ms Megan Dalton (PhD candidate School of Primary Health Care, Monash University, Peninsula Campus, Victoria)

Senior Lecturer, Clinical Education  
School of Physiotherapy  
Griffith University, Gold Coast Campus  
PMB 50 Gold Coast Mail Centre Qld 9726  
Phone: 61 7 5552 8388  
Email: [Megan.Dalton@griffith.edu.au](mailto:Megan.Dalton@griffith.edu.au)

**Investigators:**

**Professor Jennifer Keating**  
School of Primary Health Care  
Monash University  
Victoria  
Phone: 9904 4817  
Email: [Jenny.Keating@med.monash.edu.au](mailto:Jenny.Keating@med.monash.edu.au)

**Dr Megan Davidson**  
School of Physiotherapy  
La Trobe University  
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Phone: 03 9479 5798  
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**Dr Heather Alexander**  
School of Medicine  
Health Group  
Griffith University  
Queensland  
Phone: (07) 56780319  
Email: [H.Alexander@griffith.edu.au](mailto:H.Alexander@griffith.edu.au)

### Consent Form

This is a consent form for physiotherapy students who agree to participate in the data collection phase of the APP field test #1 for the purposes of research.

### Background

The APP study is a research project being conducted by Griffith University in conjunction with Monash, La Trobe, Sydney and Curtin Universities. This work is supported by a grant from the Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government

Department of Education, Science and Training. Additionally, the clinical coordinators of all physiotherapy programs in Australia form part of the reference group for this Project. This research also forms part of Megan Dalton's PhD research program within the School of Primary Health Care at Monash University, Victoria.

The test developers will be guided by the Standards for Educational and Psychological Testing (American Educational Research Association, 1999). In addition, an action research approach will be utilised that involves stakeholder participation in each phase of the Project including preliminary information gathering, instrument development, trial/field test stages and refinement of the APP instrument.

**What your participation in this Project involves:**

- Participation by physiotherapy students is required for field-testing of the APP. Participation involves completing a feedback survey (without including any details that identify a student) and a student demographic form that has the student number as identification, rather than individual student names. These forms will take approximately 5-10 minutes to complete. The data will be collected to enable analysis of APP scores with consideration of student clinical experience and area of practice. Once demographic data has been linked to your APP assessment data, all data will be permanently de-identified. No-one other than Megan Dalton and the research assistant will have access to the original data sheets.
- The APP may be used to grade your clinical performance during clinical placements either in (i) place of, or (ii) in addition to, existing clinical assessment formats.
  - (i) APP used as the sole clinical assessment instrument.

In this situation the completed APP and student demographic and feedback forms will be returned to the University convenor and the APP results will be entered into the university database that contains student grades. Once this has occurred, copies of the APP documents with student identification numbers, original survey responses and original demographic data collection forms will be sent via express post to the research assistant for the Project. All data will be de-identified once it has been entered into spread sheets for statistical analysis and identification numbers of students and names of physiotherapy programs will be permanently replaced by codes. Once data are checked for accuracy, the code list linking identification numbers to codes will be permanently destroyed.
  - (ii) APP used in addition to existing University clinical assessment instruments  

In this situation, the completed APP and student demographic and feedback forms will be returned to the research assistant via reply paid envelopes. All data will be de-identified once it has been entered into spread sheets for statistical analysis and identification numbers of students and names of physiotherapy programs will be replaced by codes. Once data are checked for accuracy, the code list linking identification numbers and program names to codes will be permanently destroyed.

If the APP is trialled in addition to an existing university clinical assessment form, the APP will not contribute in any way to your marks/grading.
- Feedback will be sought from students to inform, evaluate and modify the APP. In addition to the feedback survey, feedback will be sought by way of focus groups. We would like your permission to email you and invite you to participate in these focus groups. A subset of 6 students will be required for interviews. If you wish to participate you can volunteer by following the steps in the email. If you do not wish to participate you may disregard the email without consequence. A full description of the procedures involved with the focus groups will be provided to you with this email approach to enable you to make a decision about whether or not you wish to volunteer. Participation in the focus groups is voluntary. You do not have to participate in a focus group if you choose not to do so and there is no penalty for choosing not to participate.

- There is little additional burden to students who agree to take part in this research as the APP data that is being collected would be collected as part of usual assessment during a clinical unit. It will take you approximately 10 minutes to complete the survey and demographic data forms. There is no discomfort to those who agree to allow analysis of their de-identified data. There are no risks for participants who agree to allow their data to be utilised as the research does not influence the clinical placement in any way. No individual data will be recognisable in the de-identified group data.

**Participation in this study is voluntary.**

- **If you do not wish to be a participant in this Project, there will be no disadvantage or penalty to you in any way from any University involved in this project.**
- Your participation is voluntary and you can withdraw from the project at any time without explanation or penalty up until the point where data are fully de-identified. It is envisaged that this will occur within 2 weeks of the submission of your assessment using the APP.
- All information will remain confidential and no personal or identifiable information will appear on reports arising from this work
- Partners and the funding organisation will only have access to de-identified information.
- At the completion of the study, you will receive summary feedback about the findings of the research via numerous media, eg Physiotherapy publications, PhD thesis, journal articles, conference proceedings or personally if you request such information from the chief investigator. No personal or identifiable information will appear in any of these publications.
- You can contact the researchers at any time

**CONFIDENTIALITY STATEMENT**

Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. All data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

**I have read the attached Explanatory Statement and understand that:**

- I am being asked to participate in field-testing the APP. This includes consenting to allowing data collected using the APP to be analysed to inform, evaluate and modify the developing APP instrument.
- Since the APP is trialled in addition to an existing university clinical assessment form, the APP will not contribute in any way to my marks/grading.
- Any reports or publications from this study will be reported in general terms and will not involve identifying features.
- The data will be kept confidential at all times and all data collection materials and results will be stored at locked facilities at Griffith University and will not be disclosed to parties outside the research team. Data collection materials will be retained for a period of 5 years before being destroyed.
- At no time after data entry and de-identification will any of the APP, demographic or feedback data be able to be traced to any individual clinical educator, student or University.
- A report about the study findings will be made available to me if I request this from the research team. I can contact the researchers at Griffith University at any time on telephone: 07 5552 8388; Fax 07 5552 8674.
- My participation in this data collection phase implies consent for the data to be used in research.

**Yes, I agree to be a participant in this Project (please sign below)**

\_\_\_\_\_  
YOUR NAME (please print)

\_\_\_\_\_  
YOUR SIGNATURE

DATE: \_\_\_\_\_

Thank you for your interest in this study.

**If you have any concerns or complaints regarding the ethical conduct of this research project, you may discuss this issue with an independent person:**

Human Ethics Officer, Standing Committee on Ethics in Research Involving Humans (SCERH)  
Building 3e Room 111  
Research Office  
Monash University VIC 3800  
Tel: +61 3 9905 2052 Fax: +61 3 9905 1420  
Email: [scerh@adm.monash.edu.au](mailto:scerh@adm.monash.edu.au)

## Appendix 6.2: Clinical educator explanatory statement and consent form Field Test One



### Clinical Educator Explanatory Statement – APP Field Test #1

**Project Title:** Development of the Assessment of Physiotherapy Practice (APP) Instrument

**Project Manager:** Ms Megan Dalton

**Chief Investigator:** Ms Megan Dalton (PhD candidate School of Primary Health Care, Monash University, Peninsula Campus, Victoria)  
Senior Lecturer, Clinical Education  
School of Physiotherapy  
Griffith University, Gold Coast Campus  
PMB 50 Gold Coast Mail Centre Qld 9726  
Telephone: 61 7 5552 8388  
Email: [Megan.Dalton@griffith.edu.au](mailto:Megan.Dalton@griffith.edu.au)

**Investigators:**

Professor Jennifer Keating  
School of Primary Health Care  
Monash University  
Victoria  
Phone: 9904 4817  
Email: [Jenny.Keating@med.monash.edu.au](mailto:Jenny.Keating@med.monash.edu.au)

Dr Megan Davidson  
School of Physiotherapy  
La Trobe University  
Victoria 3086  
Phone: 03 9479 5798  
Email: [m.davidson@latrobe.edu.au](mailto:m.davidson@latrobe.edu.au)

Dr Heather Alexander  
School of Medicine  
Health Group  
Griffith University  
Queensland  
Phone: (07) 56780319  
Email: [H.Alexander@griffith.edu.au](mailto:H.Alexander@griffith.edu.au)

This Explanatory Statement is to tell you about the Assessment of Physiotherapy Practice (APP) Project and is for you to retain.

The APP is a research project being conducted by Griffith University in conjunction with Monash, La Trobe, Sydney and Curtin Universities. This work is supported by a grant from the Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. Additionally, the clinical coordinators of all physiotherapy programs in Australia form part of the reference group for this Project. This research also forms part of Megan Dalton's PhD research program within the School of Primary Health Care at Monash University, Victoria.

#### **Project Aims**

To develop a practical, standardized, valid and reliable assessment tool to measure clinical competency that meets the needs of students and clinical educators/supervisors.

**As a clinical educator of physiotherapy students, we would like to invite you to participate in this study.**

- What your participation in this Project involves:
- Participation by physiotherapy clinical educators/supervisors is required for field-testing the APP. Participation involves a clinical educator/supervisor using the APP format to grade students' clinical performance during clinical placements either in place of, or in addition to, existing clinical assessment formats. Completed forms are returned to the researcher. All data will be de-identified once it has been entered into spread sheets for statistical analysis and names of educators, students and physiotherapy programs will be replaced by codes. Once data are checked for accuracy, the code list linking names to codes will be permanently destroyed.
- Feedback will be sought from clinical educators/supervisors in order to inform, evaluate and modify the developing APP instrument. Feedback will be sought by way of interview and/or survey. Surveys will be anonymous (no identifying data). Interviews will be audio taped and the tapes will immediately be erased once they have been transcribed. You may listen to the audio-tapes and /or view a copy of the transcription if you make a request to do so at the time of the interview.
- If the APP is trialled in addition to an existing university clinical assessment form, the APP will not contribute in any way to the student's marks/grading.
- Demographic information on the clinical educator will be collected to enable analysis of APP scores with consideration of educator experience and area of practice. Once demographic data have been linked to APP data, all data will be permanently de-identified. No-one other than Megan Dalton will have access to the original data sheets and the code linking the data to the demographic information sheets will be destroyed.
- It is envisaged that the time required for completion of the above documents will be approximately 20 minutes and forms part of the usual workload required of clinical educators when assessing students. This minimises inconvenience to you as a participant in this research project. A subset of 6 clinical educators will be required for interviews. The interviews are voluntary. If you are involved in an interview regarding the APP this will take approximately one hour and will be conducted within your normal working hours. You do not have to participate in an interview if you choose not to do so and there is no penalty for choosing not to participate.
- If you wish to take part in this Project, please read and sign the attached separate clinical educator consent form.

**CONFIDENTIALITY STATEMENT**

Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. Audio-tapes will be wiped following analysis and all data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

**Please note:**

- Your participation is voluntary and you can withdraw from the project at any time without explanation or penalty up until the point where data are fully deidentified. It is envisaged that this will occur within 2 weeks of the submission of your final set of reports.
- All other information will remain confidential and no personal or identifiable information will appear on that information.
- Partners and the funding organisation will only have access to de-identified information.
- At the completion of the study, you will receive summary feedback about the findings of the research via numerous media, eg Physiotherapy publications, PhD thesis, journal articles, conference proceedings or personally if you request such information from the chief investigator. No personal or identifiable information will appear in any of these publications.
- You can contact the researchers at any time (refer to the contact details listed at the start of this form).

## Clinical Educator Consent Form – Field Test #1

**Project Title:** Development of the Assessment of Physiotherapy Practice (APP) Instrument

**Project Manager:** Ms Megan Dalton  
**Chief Investigator:** Ms Megan Dalton  
Senior Lecturer, Clinical Education  
School of Physiotherapy  
Griffith University, Gold Coast Campus  
PMB 50 Gold Coast Mail Centre Qld 9726  
Telephone: 61 7 5552 8388  
Email: [Megan.Dalton@griffith.edu.au](mailto:Megan.Dalton@griffith.edu.au)

**Investigators:** Professor Jennifer Keating  
School of Primary Health Care  
Monash University  
Victoria  
Phone: 9904 4817  
Email: [Jenny.Keating@med.monash.edu.au](mailto:Jenny.Keating@med.monash.edu.au)

Dr Megan Davidson  
School of Physiotherapy  
La Trobe University  
Victoria 3086  
Phone: 03 9479 5798  
Email: [m.davidson@latrobe.edu.au](mailto:m.davidson@latrobe.edu.au)

Dr Heather Alexander  
School of Medicine  
Health Group  
Griffith University  
Queensland  
Phone: (07) 56780319  
Email: [H.Alexander@griffith.edu.au](mailto:H.Alexander@griffith.edu.au)

### Consent Form

This is a consent form for clinical educators/supervisors who agree to participate in the data collection phase of the APP field test #1 for the purposes of research.

In this field test data collection for clinical educators refers to completion of the APP form, a clinical educator demographic form and feedback form. These documents will be returned to the project's research assistant to be de-identified and collated for statistical analysis.

### Background

The development of the APP is supported by a grant from the Carrick Institute. Griffith, Monash and La Trobe Universities are the lead institutions with academics/investigators from Sydney and Curtin Universities making up the APP research consortium. Additionally, the clinical coordinators of all physiotherapy programs in Australia are part of the reference group for this project.

At present, the APP represents the first version of a standardised assessment form being developed in Australian entry-level physiotherapy programs. Despite each physiotherapy program having curriculum designed to meet the same set of competencies, as defined by The Australian Physiotherapy Council, each physiotherapy program in Australia uses its own clinical assessment form and assessment criteria. None of these assessment methods have been subjected to rigorous validation.

The advantages of a standardised national form are that clinical educators/supervisors who have students from more than one physiotherapy program will not have to deal with multiple assessment forms. Other advantages of a standardised form will be a means to analyse and document evidence of test validity and reliability, and the ability to meaningfully compare scores between students, raters, sites and programs for benchmarking purposes.

The test developers will be guided by the Standards for Educational and Psychological Testing (American Educational Research Association, 1999). In addition, an action research approach will be utilised that involves stakeholder participation in each phase of the Project including preliminary information gathering, instrument development, trial/field test stages and refinement of the APP instrument.

What your participation in this Project involves:

Participation by physiotherapy clinical educators/supervisors is required for field-testing the APP. Participation involves a clinical educator/supervisor using the APP format to grade students' clinical performance during clinical placements either in place of, or in addition to, existing clinical assessment formats. Completed forms are returned to the researcher. All data will be de-identified once it has been entered into spread sheets for statistical analysis and names of students and Physiotherapy programs will be replaced by codes. Once data are checked for accuracy, the code list linking names to codes will be permanently destroyed.

Feedback will be sought from clinical educators/supervisors in order to inform, evaluate and modify the developing APP instrument. Feedback will be sought either by way of interview and/or survey. How will survey data be deidentified?

If the APP is trialled in addition to an existing university clinical assessment form, the APP will not contribute in any way to the student's marks/grading.

Demographic information on the clinical educator will be collected to enable analysis of APP scores with consideration of educator experience and area of practice. Once demographic data has been linked to APP data, all data will be permanently de-identified. No-one other than Megan Dalton will have access to the original data sheets.

Participation in this study is voluntary.

If you do not wish to be a participant in this Project, there will be no disadvantage or penalty to you in any way from any University involved in this project.

You may withdraw from the study at any time, they can't withdraw once the data has been de-identified. Provide them with a time limit after which their data will not be able to be withdrawn without explanation or penalty.

Your contribution will be de-identified, and remain confidential (See confidentiality statement)

#### CONFIDENTIALITY STATEMENT

Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. Where applicable eg., interviews, audio-tapes will be wiped following analysis. All data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

#### **I have read the attached Explanatory Statement and understand that:**

I am being asked to participate in field-testing the APP. This includes completion of one APP form per student and provision of feedback to the investigators in order to inform, evaluate and modify the developing APP instrument. I may also be asked to provide feedback by way of interview and/or survey and my participation is voluntary.

If the APP is trialled in addition to an existing university clinical assessment form, the APP will not contribute in any way to the student's marks/grading.

Any reports or publications from this study will be reported in general terms and will not involve identifying features.

The data will be kept confidential at all times and all data collection materials and results will be stored at locked facilities at Griffith University and will not be disclosed to parties outside the research team.

Data collection materials are retained for a period of 5 years before being destroyed.

At no time will any of the completed APP, demographic and feedback data be able to be identified as coming from any individual clinical educator, student or University.

I understand that the investigators may audio-tape the interview and will immediately erase the tapes once they have been transcribed. I understand that I may listen to the audio-tapes and/or view a copy of the transcribed interview if I request to do so.

A report about the study findings will be made available to me if I request this from the research team.

I can contact the researchers at any time at Griffith University on telephone: 07 5552 8388; Fax 07 5552 8674.

My participation in this data collection phase implies consent for the data to be used in research.

Yes, I agree to be a participant in this Project (please sign below)

\_\_\_\_\_  
YOUR NAME (please print)

\_\_\_\_\_  
YOUR SIGNATURE

DATE: \_\_\_\_\_

## **Appendix 6.3: Field test one clinical educator training manual**



# Development of the Assessment of Physiotherapy Practice (APP) Instrument

## Clinical Educator Resource Manual 2007

This package is for clinical educators using the APP form in parallel with a current participating University assessment form.

## What this package contains



### **Section A:**

#### **The Resource Manual – for the Clinical Educator to keep**

1. Background – why develop a standardised and valid physiotherapy clinical assessment tool?
2. Assessment of Clinical Units
3. PP Trial - Protocol for Physiotherapy Clinical Educators
4. Components of the APP
5. Completing the APP Form – helpful guidelines
6. FAQs
7. Procedure for Completion and Return of Section B
8. Clinical Educator Explanatory Statement
9. The APP instrument

### **Section B: Forms to be returned**

**The 5 documents in section B are to be returned to the APP research team in the Reply paid envelope**

1. 1 x clinical educator demographic form
2. 1 x clinical educator consent form
3. 1 x clinical educator feedback form
4. 1 x student demographic form (for each participating student)
5. 1 x APP assessment form (for each participating student)

## **Background – why develop a standardised and valid physiotherapy clinical assessment tool?**

The Assessment of Physiotherapy Practice (APP) is the first attempt in Australia to develop, test and refine a standardized instrument for assessing competency of physiotherapy practice suitable for use across Australia and New Zealand. The Carrick Institute for Learning and Teaching in Higher Education have funded this project as a priority and the initial consultation phase and pilot testing is completed. Use of the APP has already begun in a number of physiotherapy courses in Australia and the first field trials are taking place.

Advancement of the APP Project, led by a consortium of Griffith University (Qld), La Trobe University (Vic), Monash University (Vic), Curtin University (WA) and The University of Sydney (NSW), coincided with the release of the 2006 Australian Standards for Physiotherapy by the Australian Physiotherapy Council (APC). The APP Project has received unprecedented support from co-ordinators of all physiotherapy courses in Australia and New Zealand. The clinical co-ordinators of Australian and New Zealand physiotherapy programs form the reference group for this project.

Clinical education of physiotherapy students is essential. However, student numbers are increasing while clinical (or professional practice) placements are declining. A primary concern of physiotherapy clinical educators and supervisors is the burden of assessment brought about by the variability of assessment procedures and instruments. Despite each physiotherapy program in Australia having curriculum designed to meet the competencies defined by the APC, each program has to date used its own clinical assessment form and assessment criteria. An important advantage of a standardized clinical assessment instrument, such as the APP, is that evidence about its utility can be systematically gathered and assessed, and the instrument can be refined across time so that it serves the key stakeholders: the assessors, the assessed and the profession. Other advantages include the opportunities that standardisation brings such as benchmarking and meaningful comparison of scores between students, raters, sites and programs.

In its current form, the APP consists of a practical, one-page test layout that reflects the APC Standards for Physiotherapy and all current assessment forms in use in Australia. As the training provided to clinical educators from all universities follows a similar process, training for the APP aims to mirror this process. By doing so, training in the use of the APP will capitalize on existing training processes. The development of the APP training manual detailing test development, testing protocols and interpretation of test scores as well as the development of a training package and on-line assessment process is also underway.

Development of the APP has been reliant upon the input of academics, clinical educators, clinical managers, students and other stakeholders. All relevant publications and existing clinical assessment instruments have also been sourced. The method for development of the APP has been guided by the Standards for Educational and Psychological Testing (American Educational Research Association, et al. 1999) and the Project utilizes an action research cycle that includes preliminary information gathering, instrument development, trial/field test stages, and continuous refinement of the instrument based on evaluation throughout the different phases.

The embedding of the APP within Physiotherapy curricula nationally is progressing and has been facilitated by national meetings of clinical managers, site visits, focus group discussions throughout Australia and open communication and feedback lines between the Research Team and all physiotherapy programs throughout Australia. For example, a pilot trial of the APP began in semester two 2006 at La Trobe University. The data collected from this trial provided preliminary evidence that the APP is acceptable to students and educators and that the items and ratings perform as expected. Feedback from clinical educators involved in this trial led to modifications and refinements of the APP.

In the field testing that commenced in the second half of 2007, physiotherapy programs throughout Australia and New Zealand have used the APP either as the primary assessment form, or in parallel with current clinical assessment formats. This field-testing of the APP will allow for its psychometric properties to be fully tested and for progressive refinement of the instrument.

Feedback from stakeholders to this point has been very positive. Interest and support for the APP Project has grown and gathered momentum. For example, the meeting of Clinical Managers from all Schools of Physiotherapy in Australia and New Zealand that was held in Dunedin on 17th April, 2007, and sponsored by Otago University, allowed for progress reporting about APP development and testing. This meeting also provided a forum for discussion of the content and scaling of the current test version of the APP. Outcomes from this gathering included further quality input and feedback on the APP. In addition, reinforcement of support and commitment to the Project was given by the Heads of Physiotherapy Programs throughout Australia and New Zealand. Inter-university working relationships are developing and gaining strength and it is envisaged that these outcomes will facilitate dissemination, acceptance and widespread use of the APP tool.

## References

American Educational Research Association, American Psychological Association, National Council on Measurement in Education (1999). Standards for educational and psychological testing. Washington, American Educational Research Association.

Australian Physiotherapy Council (2006). Australian Standards for Physiotherapy. Canberra: APC

If you have any further questions, please contact any member of the project research team:

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**This research has been approved by the Human Research Ethics Committees of the following Universities:**

Griffith University, GU Protocol Number: PES/09/06/HREC;  
Auckland University of Technology - Application Number 07/139  
Curtin University, Protocol Approval: HR 39/2007;  
The University of Otago - project No 07/152;  
Monash University - 2007/0599MC;  
James Cook University - H2737  
La Trobe University – approval 07-115  
The University of Sydney – ref no: 08-2007/10243  
Charles Sturt University – protocol no: 2007/268  
(Ethical clearance is pending for the University of Queensland and Newcastle University).

If you have any concerns or complaints regarding the ethical conduct of this research project, you may discuss this issue with an independent person: Manager, Research Ethics, Office for Research Bray Centre, Nathan Campus, Griffith University (07) 3875 5585 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au)

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The views expressed in this publication do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education

## **Assessment of Clinical Units**

Assessment of student performance during clinical units is used for several different purposes and involves the learner, the university and the clinical educator who is a representative of the profession. Ideally assessment and learning are closely bound together. The style of assessment should reflect the learning experience.

Assessment of student learning serves to maintain standards, to demonstrate achievement, to guide and motivate learning, and to provide a basis for feedback to the student. Assessment should be fair, valid, reliable, practical and sufficient.

Some of the reasons why assessment is used during clinical placements are:

To give students feedback on their strengths and areas requiring improvement in each particular area of physiotherapy clinical practice and provide specific strategies to improve performance

To provide a basis for discussion in relation to student's performance

To provide a record of student progress

To act as a "gatekeeper" in regulating admission to the profession

To monitor the performance of individual students as well as monitoring the overall success of a program of study.

To Focus and motivate student learning in specific areas and guides and correct learning.

To define what is important to learn

**There are 2 key areas of assessment during a clinical unit: formative and summative.**

### **Formative Assessment**

Formative assessment is designed to help students understand how they are progressing. It happens during a clinical unit and does not count toward the final grade or unit mark. The student is able to benefit from feedback on their performance. The purpose of formative assessment is to improve the quality of student learning by providing information on strengths and weaknesses and to identify strategies for improvement. Formative assessments are relatively informal compared to summative assessments.

In the APP refer to the Examples of Performance Indicators for example behaviours that the student may demonstrate to indicate competency in a particular item. These sample behaviours are a very useful guide for students when providing formative feedback during the unit especially when outlining aspects of practice requiring improvement.

Encourage students to record key points from the feedback session to check for shared meaning.

### **Summative Assessment**

This type of assessment takes place at the end of the unit when the student is given their final (provisional) grade. It quantifies the level of competency achieved and contributes to a grade for the unit.

Its purpose is to act as an indicator of achievement. In completing the assessment form the educator draws on experience over the final phase (last 1-2 weeks) of the placement and may also draw on the experience of colleagues who have also supervised the student.

## **APP Trial - Protocol for Physiotherapy Clinical Educators**

### **Before the clinical placement commences:**

- Complete the clinical educator consent form (if you have not previously done so)
- Familiarise yourself with the process of the field test, in particular, the APP instrument and the performance indicators

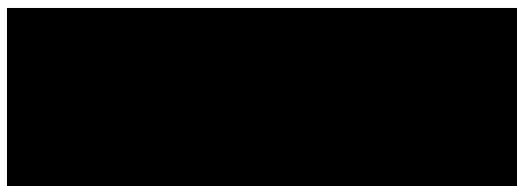
### **During the clinical placement**

- Observe and provide feedback on student performance as per usual
- Provide written mid unit feedback using the regular University forms

### **At the end of the clinical placement:**

- Complete the APP instrument first prior to completing the regular University clinical assessment forms.
- Do not show the end of unit completed APP to the student.
- Complete the usual University clinical assessment forms and provide end of unit summative feedback and get signoff from the student.
- Complete the APP clinical educator demographic and feedback forms
- Request that the students complete the APP student demographic form
- Place APP field trial forms in the reply paid Griffith University envelope provided.

On behalf of the research team thank you for your assistance



**Megan Dalton**



# 1. Components of the APP - Page 1

## Assessment of Physiotherapy Practice (APP)

| Professional Behaviour  |   | Circle one number |   |   |   |   |     |
|-------------------------|---|-------------------|---|---|---|---|-----|
| 1.                      | Demonstrates an understanding of patient/client rights and consent                                      | 0                 | 1 | 2 | 3 | 4 | n/a |
| 2.                      | Demonstrates commitment to learning   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 3.                      | Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements | 0                 | 1 | 2 | 3 | 4 | n/a |
| 4.                      | Demonstrates teamwork   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Communication           |   |                   |   |   |   |   |     |
| 5.                      | Communicates effectively and appropriately - <u>Verbal/non-verbal</u>                                   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 6.                      | Communicates effectively and appropriately – <u>Written</u>   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Assessment              |   |                   |   |   |   |   |     |
| 7.                      | Conducts an appropriate patient/client interview  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 8.                      | Selects appropriate methods for measurement of relevant health indicators                               | 0                 | 1 | 2 | 3 | 4 | n/a |
| 9.                      | Performs appropriate physical assessment procedures   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Analysis & Planning     |   |                   |   |   |   |   |     |
| 10.                     | Appropriately interprets assessment findings  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 11.                     | Identifies and prioritises patient's/client's problems  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 12.                     | Sets realistic short and long term goals with the patient/client  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 13.                     | Collaborates with patient/client to select appropriate intervention                                     | 0                 | 1 | 2 | 3 | 4 | n/a |
| Intervention            |   |                   |   |   |   |   |     |
| 14.                     | Performs interventions appropriately  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 15.                     | Is an effective educator  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 16.                     | Monitors the effect of intervention   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 17.                     | Progresses intervention appropriately   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 18.                     | Undertakes discharge planning   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Evidence-based Practice |   |                   |   |   |   |   |     |
| 19.                     | Applies evidence based practice in patient care   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Risk Management         |   |                   |   |   |   |   |     |
| 20.                     | Identifies adverse events/near misses and minimises risk associated with assessment and interventions   | 0                 | 1 | 2 | 3 | 4 | n/a |

0 1 2 3 4 n/a

**Aspects of Physiotherapy Practice and related Items**  
 There are 7 aspects of physiotherapy practice covering 20 items. **Examples of Performance Indicators** are provided as example behaviours that the student may demonstrate to indicate competency in a particular item. The Examples of Performance Indicators are not an exhaustive list of possible behaviours nor are they to be used as a checklist when assessing a student's performance.

**All items must be scored.**  
 n/a means not assessed and is **only** to be used when a student has not had an opportunity to demonstrate competency in a particular item. Ideally, the student will have opportunities to demonstrate competency on all

**(Section 9 contains a copy of the APP if photocopying is required)**

## **Global Rating Scale (GRS)**

The GRS is on the form to assist the APP researchers in evaluating the performance of the APP relative to your overall impression of student ability.

Please complete the GRS **after** you have completed scoring all 20 items and **ONLY** at the end of unit summative assessment.

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

Poor

Satisfactory

Good

Excellent

## **Scoring Scale Descriptors**

These descriptors are to assist your judgment when rating a student's performance on each item at the end of the clinical unit.

**0 = Infrequently/rarely demonstrates performance indicators**

**1 = Demonstrates few performance indicators to an adequate standard**

**2 = Demonstrates most performance indicators to an adequate standard**

**3 = Demonstrates most performance indicators to a good standard**

**4 = Demonstrates most performance indicators to an excellent standard**

**n/a = not assessed**

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

- Evaluate the student's performance against the minimum competency level (common skill set) expected for a Entry level / Beginning physiotherapist. A rating of 2 indicates for this item, the student has met this standard regardless of their experience, place in the course or length of the placement

## **Scoring Rules**

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

## **Components of the APP - Pages 2 & 3.**

### **Performance Indicators – Behavioural Examples of Performance Indicators**

The performance indicators are provided as example behaviours that the student may demonstrate to indicate competency in a particular item.

The Examples of Performance Indicators are not an exhaustive list of all possible behaviours nor are they to be used as a checklist when assessing a student's performance.

However, when deciding on a student's score (0 – 4) for each of the 20 items, clinical educators are advised to refer to this list of examples of behaviours as indicators of the minimum competent performance for each item.

#### **Professional Behaviour**

##### **1. Demonstrates an understanding of patient/client rights and consent**

- understands when formal client consent is required
- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- engages patients/clients in discussion of the effects of treatments or no treatment
- records patient's/client's refusal of treatment and advises supervisor
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- works collaboratively and respectfully with support staff

##### **2. Demonstrates commitment to learning**

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

##### **3. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements**

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- maintains patient/client confidentiality
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and identifies self\
- understands scope of expertise
- observes dress code
- completes projects/tasks within designated time frame
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)

- acts ethically and applies ethical reasoning in all health care activities
- applies ethical principles to the collection, maintenance, use and dissemination of data and information
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

#### **4. Demonstrates teamwork**

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liases as appropriate to access relevant services
- advocates for the patient/client when dealing with other services
- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

### **Communication**

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

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

#### **6. Communicates effectively and appropriately - Written**

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently
- maintains records compliant with legislative 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
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues
- identifies patient's/clients goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent
- generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention
- completes assessment in acceptable time

### 8. Selects appropriate methods for measurement of relevant health indicators

- Lists possible variables to be measured at baseline from WHO ICF domains of impairment, activity limitation and participation restriction.
- Select appropriate variable/s to be measured at baseline.
- Identifies and justifies variables to be measured to monitor treatment response and outcome.
- Selects appropriate tests/measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation.
- Links outcome variables with treatment goals

### 9. Performs appropriate physical assessment procedures

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

## Analysis & Planning

### 10. Appropriately interprets assessment findings

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

### **11. Identifies and prioritises patient's/client's problems**

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

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

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

### **13. Selects appropriate intervention in collaboration with the patient/client**

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

### **15. Is an effective educator/health promoter**

- demonstrates skill in patient/client education eg modifies approach to suit patient/client age group, uses principles of adult learning
- demonstrates skills in conducting group sessions
- a realistic self-management program for prevention and management is developed with the patient/client

- provides information using a range of strategies that demonstrate consideration of patient/client needs
- confirms patient's/client's or caregivers understanding of given information
- uses appropriate strategies to motivate the patient/client and caregiver to participate and to take responsibility for achieving defined goals
- discusses expectations of physiotherapy intervention and its outcomes
- provides feedback to patient/client regarding health status
- educates the patient/client in self evaluation
- encourages and acknowledges achievement of short and long term goals

#### **16. Monitors the effects of intervention**

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

#### **17. Progresses intervention appropriately**

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

#### **18. Undertakes discharge planning**

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

### **Evidence Based Practice**

#### **19. Applies evidence based practice in patient care**

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

### **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

## 5. Completing the APP Form – helpful guidelines

### Scoring:

- You are required to circle the rating from 0 – 4 that best represents your judgement of the student's level of performance.
- All items should be scored and scoring is based on direct observation and interpretation of student performance.
- ***Evaluate the student's performance against the minimum competency level (common skill set) expected for a Entry level / Beginning physiotherapist. A rating of 2 indicates for this item, the student has met this standard regardless of their experience, place in the course or length of the placement.***
- Refer to the Examples of Performance Indicators for example behaviours that the student may demonstrate to indicate minimum competency in a particular item.
- N/A means not assessed. This scoring option should only be used when the student has not had an opportunity to demonstrate competency in a particular Item. Ideally, a student would encounter opportunities to demonstrate their clinical competence on all 20 items.
- The clinical educator/supervisor is not required to collate the final score.

***So what is the minimum competency level expected for a beginning / entry level physiotherapist ?***

### Rating 2

#### **Demonstrates most performance indicators to an adequate standard**

A student is performing at the minimum entry level standard when they are able to: manage a variety of non-complex patients such that the patient/client's major problems are identified, major goals established and treatment is completed safely and effectively within a reasonable time frame. While achieving this, the student is aware of their limitations and where to seek assistance.

**Ratings 3 and 4** provide the clinical educator with 2 scoring categories indicating the student's performance is above minimum entry level/beginning physiotherapist standard (either good or excellent).

### Rating 4

#### **Demonstrates most performance indicators to an excellent standard**

A student is performing at an excellent entry-level standard when they are able to manage a variety of patients, including complex patients, meeting the minimum level standard, but at a superior level.

#### **The excellent student is characterized by:**

- an ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- an ability to be flexible and adaptable

- easily and consistently linking theory and practice
- a high level of self reflection and insight
- an ability to present cogent and concise arguments or rationale for clinical decisions.

## **Challenges in Scoring - pitfalls to be avoided**

### **Unrealistic expectations of students – too high or too low**

- A genuine difficulty that will be encountered is the ability of clinicians to recall beginner attributes. While experienced educators may have a well developed concept of Entry Level attributes, inexperienced educators may be unsure and are encouraged to discuss uncertainties with experienced clinicians.
- Experienced clinicians may suffer from “upward creep” of the passing standard for students. This means too high a passing standard is used to judge student performance

### **Rater bias**

- All people and rating scales are susceptible to biases, the key is to be aware of these and ensure their effect is minimised.
- **Halo effect** occurs when an overall impression (for example, a general liking) of the student influences ratings of specific items. This tends to artificially increase item scores because of this overall impression. T
- A corollary to the halo effect is the **devil effect**, or **horns effect**, where students judged to have a single undesirable trait are subsequently judged to have many poor traits, allowing a single weak point or negative trait to influence others' perception of the person in general. Halo and devil effects may be reduced by careful attention to the performance indicators/sample behaviours that are typical for each item and also by suppressing general impressions of the student. An example : a student's performance in the Professional Behaviour category (particularly if it is weak) may influence the educator's rating of other categories.
- **Leniency** is the tendency to avoid harsh assessment, usually in order to avoid discomfort in the student/educator relationship and to avoid negative effects on student morale. To avoid this bias, remember that students can only achieve entry-level competency when they are provided with constructive and accurate feedback relative to their performance throughout the placement.
- **Central Tendency:** The habit of assessing almost everyone as average. A person applying this bias will not use the full extent of the scoring scale
- **Anchoring:** the tendency to rely too heavily, or "anchor," on a past incident or on one trait or piece of information when making decisions. An example may be an incident or poor performance of a student in the first week of the placement that continues to influence the educator's rating of the student's performance 4 weeks later at the end of the unit.

### **Clinical Educator Information Overload**

- For busy clinical educators there is always a large amount of paperwork and information to read. With this in mind, the manual has been kept brief and provides the answers to most of your questions concerning the APP. Keep it handy!

## 6. APP FAQ's

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

### Question

When should I score an item using a '2'?

### Answer

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

### Question

When should I score an item using a '3'?

### Answer

When the student has demonstrated performance of the item in a way that leaves no doubt that they are at entry level standard i.e. **with respect to this competency**, you would have no reservations about working with this person as a new graduate.

### Question

When should I score an item using a '4' ?

### Answer

When the student has demonstrated very competent performance of an item ie **with respect to this competency**, you would be delighted to work with this person as a new graduate

### Question

How is the APP scored?

### Answer

The item scores are summed to a total, divided by the number of items completed, and multiplied by 100.

### Question

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

### Answer

The list of performance indicators are not meant to be exhaustive. They are meant to provide a representative range of examples and demonstrate the principle that feedback to students needs to be in the form of **what behaviour does the student need to demonstrate in order to achieve a higher grade**. If the student has not had a chance to demonstrate any behaviours in a particular area (e.g 17. Progresses intervention appropriately) then the N/A scoring option should be selected.

### Question

Should I rate the student on each performance indicator?

### Answer

No. The student is rated on each of the 20 items on the APP. The performance indicators provide examples of observable behaviours that indicate competency for particular items. The educator may

use these and other relevant examples to provide feedback to students on the behaviours they are looking for as evidence of competence on a particular item.

#### Question

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

#### Answer

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

#### Question

When a student first begins clinical practice experience, it can be very hard for them to demonstrate even minimally acceptable performance with respect to expected entry level standards. If they get 1's and 2's will they fail the unit?

#### Answer

Universities have the option to standardise grades and may exercise this option for the first clinical rotation(s). It is very important that students are given explicit advice regarding the behaviours that they would need to demonstrate to achieve a pass or better.

#### Question

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

#### Answer

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

#### Question

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

#### Answer

Some programs have traditionally used entry-level competencies as the benchmark against which to judge student performance, while others have used the performance that would be expected at the particular stage of the course. For consistent use of the APP across programs, the student should be judged on each item against the minimum target attributes required to achieve beginner's (entry-level) standard and register to practice.

#### Question

What do you mean by 1 = "Demonstrates few performance indicators to an adequate standard"?

#### Answer

A score of 1 indicates that the student has not reached the minimal acceptable standard for that item. It is very important that students who do not achieve the minimal acceptable standard are

provided with very clear examples of the behaviours that they need to demonstrate in order to achieve this. Some performance indicators are provided to assist educators to give appropriate feedback and direction.

Many relevant performance indicators have not been listed. For example, 'does not take calls on mobile phone while assessing a patient' is not listed as a performance indicator, but it could clearly be raised by an educator who chose to mark a student below 2 for professional behaviour. Educators and students should collaborate to ensure that performance targets and strategies to achieve the required improvement are clear.

#### Question

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

#### Answer

In overall terms a student who scores a 2 for most items is performing at the minimum entry level standard and they are likely to be able to:

- acceptably manage a variety of non-complex patients
- identify the patient/client's major problems
- establish major goals
- complete treatment safely and effectively within a reasonable time frame
- demonstrate an awareness of limitations and where to seek assistance.

#### Question

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

#### Answer

In overall terms a student who scores a 4 for most items is performing at an excellent entry level standard and is likely to demonstrate all performances expected for minimum entry level standard and also demonstrate:

- the ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- flexibility and adaptability
- competent linking of theory and practice
- appropriate reflection and insight
- cogent and concise arguments for clinical decisions

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

## 7. Procedure for Completion and Return of Section B

Place the following forms in the **Griffith University Envelope** – these documents all have this envelope symbol on them



| <b>FIRST TIME</b> you use the APP during the Field Trial  | <b>SUBSEQUENT TIMES</b> you use the APP during the Field Trial  |
|---|---|
| <ul style="list-style-type: none"><li>1. <input type="checkbox"/> Signed clinical educator Consent Form</li><li>2. <input type="checkbox"/> Clinical educator Demographic Form</li><li>3. <input type="checkbox"/> Clinical educator Feedback survey on the APP</li><li>4. <input type="checkbox"/> The student's demographic data sheet (completed by the student) 1/ each student</li><li>5. <input type="checkbox"/> Completed final APP form 1/each student</li></ul> | <ul style="list-style-type: none"><li>1. <input type="checkbox"/> The student's demographic data sheet (completed by the student) 1/ each student</li><li>2. <input type="checkbox"/> Completed final APP form 1/each student</li><li>3. <input type="checkbox"/> Clinical educator Feedback survey on the APP (<u>optional</u> – complete if you have additional feedback you wish to provide)</li></ul> |

Return Section B of the APP Field Test Package in the reply paid envelope to:

Wendy Harris  
APP Research Assistant  
School of Physiotherapy and Exercise Science  
Gold Coast campus  
GRIFFITH UNIVERSITY QLD 4222

**Return the University specific assessment forms to the University as per their usual procedure.**

## 8. Clinical Educator Explanatory Statement – APP Field Test #1

**Project Title: Development of the Assessment of Physiotherapy Practice (APP) Instrument**

**Project Manager:** Ms Megan Dalton

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This Explanatory Statement is to tell you about the Assessment of Physiotherapy Practice (APP) Project and is for you to retain. The APP study is a research project being conducted by Griffith University in conjunction with Monash, La Trobe, Sydney and Curtin Universities. This work is supported by a grant from the Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. Additionally, the clinical coordinators of all physiotherapy programs in Australia form part of the

reference group for this Project. This research also forms part of Megan Dalton's PhD research program within the School of Primary Health Care at Monash University, Victoria.

## **Project Aims**

To develop a practical, standardized, valid and reliable assessment tool to measure clinical competency that meets the needs of students and clinical educators/supervisors.

As a clinical educator of physiotherapy students, we would like to invite you to participate in this study.

## **What your participation in this Project involves:**

Participation by physiotherapy clinical educators/supervisors is required for field-testing the APP. Participation involves a clinical educator/supervisor 1) using the APP to grade students' performance during clinical placements either in place of, or in addition to, existing clinical assessment formats 2) completing a demographic data form so that we can assess grades with consideration of factors such as years of clinical education experience 3) completing a short feedback form to help us refine the APP 4) assembling consent forms, demographic data and feedback forms in a sealed reply paid envelope and mailing these to the Project research assistant. If the APP is used to assess students, these forms are returned to the University as per usual practice. If the APP is trialled in addition to an existing university clinical assessment form, the completed APP will be included with the documents that are returned by mail to the research assistant for the Project. In this latter case, the APP does not contribute in any way to the student's marks/grading.

To enable the researchers to analyse the impact of educator experience and other factors such as field of expertise on APP grades, educators will place a unique unidentifiable code on student assessment forms and on their demographic data forms. All codes will be removed once data has been entered into a relational database for statistical analysis and codes of educators, ID numbers of students and names of physiotherapy programs will be replaced by Project codes. Once data are checked for accuracy, the list linking these identifiers to Project codes will be permanently destroyed.

Full details regarding the use of the APP are provided to you in the short manual that accompanies this explanatory statement.

No-one other than Megan Dalton and the research assistant for the Project will have access to the original data sheets.

In addition to the time taken to complete the APP, it is envisaged that the time required for completion of the demographic data collection form and the feedback survey will be approximately 20 minutes.

A subset of clinical educators will be sought for interviews and focus groups. Participation in these activities is voluntary. We are seeking your permission to email you and ask if you would like to participate in these interviews or focus groups. You do not have to participate in an interview or focus group if you choose not to do so and there is no penalty for choosing not to participate.

If you wish to take part in this Project, please read and sign the attached separate clinical educator consent form.

## CONFIDENTIALITY STATEMENT

Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. All data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

### Please note:

Your participation is voluntary and you can withdraw from the project at any time without explanation or penalty up to the point in time where data are fully deidentified. It is envisaged that this will occur within 2 weeks of the submission of your data forms.

All information will remain confidential and no personal or identifiable information will appear on any reports arising from this work.

Partners and the funding organisation will only have access to de-identified information.

At the completion of the study, you will receive summary feedback about the findings of the research via numerous media, eg Physiotherapy publications, PhD thesis, journal articles, conference proceedings or personally if you request such information from the chief investigator. No personal or identifiable information will appear in any of these publications.

You can contact the researchers at any time (refer to the contact details listed at the start of this form).

|   |   |
|---|---|
| If you would like to contact the <b>researchers</b> about any aspect of this study, please contact the Chief Investigator Megan Dalton or Jenny Keating :   | If you have a <b>complaint</b> concerning the manner in which this research is being conducted, please contact:   |
| <b>Megan Dalton</b><br><a href="mailto:Megan.Dalton@griffith.edu.au">Megan.Dalton@griffith.edu.au</a><br>Tel: +61 7 5552 8388 Fax: +61 7 5552 8674<br><br><b>Jenny Keating</b><br><a href="mailto:Jenny.keating@med.monash.edu.au">Jenny.keating@med.monash.edu.au</a><br>Tel: +61 3 9904 4817 Fax: +61 3 9904 4812 | Human Ethics Officer<br>Standing Committee on Ethics in Research Involving Humans (SCERH)<br>Building 3e Room 111<br>Research Office<br>Monash University VIC 3800<br>Tel: +61 3 9905 2052 Fax: +61 3 9905 1420 Email: <a href="mailto:scerh@adm.monash.edu.au">scerh@adm.monash.edu.au</a> |

## Assessment of Physiotherapy Practice (APP)

0 = Infrequently/rarely demonstrates performance indicators

1 = Demonstrates few performance indicators to an adequate standard

2 = Demonstrates most performance indicators to an adequate standard

3 = Demonstrates most performance indicators to a good standard

4 = Demonstrates most performance indicators to an excellent standard

n/a = (not assessed)

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

| Professional Behaviour   |  | Circle one number |   |   |   |   |     |
|--|--|-------------------|---|---|---|---|-----|
| 1. Demonstrates an understanding of patient/client rights and consent                                      |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 2. Demonstrates commitment to learning   |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 3. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 4. Demonstrates teamwork   |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Communication  |  |                   |   |   |   |   |     |
| 5. Communicates effectively and appropriately - Verbal/non-verbal  |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 6. Communicates effectively and appropriately - Written  |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Assessment   |  |                   |   |   |   |   |     |
| 7. Conducts an appropriate patient/client interview  |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 8. Selects appropriate methods for measurement of relevant health indicators                               |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 9. Performs appropriate physical assessment procedures   |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Analysis & Planning  |  |                   |   |   |   |   |     |
| 10. Appropriately interprets assessment findings   |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 11. Identifies and prioritises patient's/client's problems   |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 12. Sets realistic short and long term goals with the patient/client                                       |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 13. Collaborates with patient/client to select appropriate intervention                                    |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Intervention   |  |                   |   |   |   |   |     |
| 14. Performs interventions appropriately   |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 15. Is an effective educator   |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 16. Monitors the effect of intervention  |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 17. Progresses intervention appropriately  |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 18. Undertakes discharge planning  |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Evidence-based Practice  |  |                   |   |   |   |   |     |
| 19. Applies evidence based practice in patient care  |  | 0                 | 1 | 2 | 3 | 4 | n/a |
| Risk Management  |  |                   |   |   |   |   |     |
| 20. Identifies adverse events/near misses and minimises risk associated with assessment and interventions  |  | 0                 | 1 | 2 | 3 | 4 | n/a |

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

Poor

Satisfactory

Good

Excellent

### Scoring rules:

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

## Professional Behaviour

### 1. Demonstrates an understanding of patient/client rights and consent

- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk

### 2. Demonstrates commitment to learning

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

### 3. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- maintains patient/client confidentiality
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and identifies self
- understands scope of expertise
- observes dress code
- completes projects/tasks within designated time frame
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- applies ethical principles to the collection, maintenance, use and dissemination of data and information
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

### 4. Demonstrates teamwork

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liaises as appropriate to access relevant services
- advocates for the patient/client when dealing with other services
- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

## Communication

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

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

### 6. Communicates effectively and appropriately - Written

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently
- maintains records compliant with legislative 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
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues
- identifies patient's/clients goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent

- generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention
- completes assessment in acceptable time

#### **8. Selects appropriate methods for measurement of relevant health indicators**

- Lists possible variables to be measured at baseline from WHO ICF domains of impairment, activity limitation and participation restriction.
- Select appropriate variable/s to be measured at baseline.
- Identifies and justifies variables to be measured to monitor treatment response and outcome.
- Selects appropriate tests/measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation.
- Links outcome variables with treatment goals

#### **9. Performs appropriate physical assessment procedures**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

### **Analysis & Planning**

#### **10. Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

#### **11. Identifies and prioritises patient's/client's problems**

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

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

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

- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

### **13. Selects appropriate intervention in collaboration with the patient/client**

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

### **15. Is an effective educator/health promoter**

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

### **16. Monitors the effects of intervention**

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

#### **17. Progresses intervention appropriately**

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

#### **18. Undertakes discharge planning**

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

### **Evidence Based Practice**

#### **19. Applies evidence based practice in patient care**

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

### **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

**Appendix 6.4: Field Test One clinical educator and student demographic data form and feedback questionnaire**



## **Clinical Educator Demographic 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) eg. Megan Dalton is mdal \_\_\_\_\_

2. Facility Name: \_\_\_\_\_

3. Type of facility (please tick all relevant boxes)

- Hospital (public)
- Hospital (private)
- Community based service
- Private practice
- Non government organisation (NGO)
- Other : \_\_\_\_\_

4. Gender: Female  Male

5. Age at last birthday: \_\_\_\_\_ years

6. How long have you been involved in the clinical education of physiotherapy students?  
\_\_\_\_\_ years

7. How would you rate you level of experience as a clinical educator? Please circle

|                        |   |   |   |   |                  |
|------------------------|---|---|---|---|------------------|
| No previous experience |   |   |   |   | Very experienced |
|                        | 1 | 2 | 3 | 4 | 5                |

8. Have you participated in a clinical educator's workshop or other training on assessment?

Yes  No

9. What was the average time taken to complete the APP (approx, rounded to 5 minutes)  
\_\_\_\_\_ minutes

10. Was the APP the only measure of student performance for this unit?

Yes  Only the APP was used and it contributes to the student's grade for this unit

No  The APP was completed only for this research project and will not contribute to the student's grade for this unit.

### Clinical Educator Feedback on APP

*(Only one feedback sheet needs to be completed per clinical educator)*

Please read each statement carefully, then circle one of the numbers on the right, where:  
**1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree**

|  |           |
|--|-----------|
| 1. I felt confident using the rating scale to judge the student's performance  | 1 2 3 4 5 |
| 2. On the APP you are asked to rate overall performance of the student using a global rating scale of poor to excellent. I felt confident using this global rating scale to judge the student's performance. | 1 2 3 4 5 |
| 3. I found the performance indicators useful when assessing or providing feedback to the student   | 1 2 3 4 5 |
| 4. The scoring rules were helpful  | 1 2 3 4 5 |
| 5. The definition of competency level expected of a beginning physiotherapist was helpful  | 1 2 3 4 5 |
| 6. The performance indicators were easy to understand  | 1 2 3 4 5 |
| 7. Overall the APP was practical in the clinical environment   | 1 2 3 4 5 |
| 8. The time taken to complete the APP was acceptable   | 1 2 3 4 5 |
| 9. The information on how to complete the APP was comprehensive  | 1 2 3 4 5 |
| 10. In the future, I would prefer to complete the APP on-line rather than posting/faxing hard copies   | 1 2 3 4 5 |
| 11. Were there any additional performance indicators that you consider could be added to the APP ?   |           |
| 12. Do you have any additional comments on the APP and Performance Indicators  |           |

***Thank you for your feedback, the APP Project Team appreciates your input***

## Student Demographic Data Sheet

### To be completed by the student

1. Student Number: \_\_\_\_\_ Female  Male  (please tick)
2. Age at last birthday: \_\_\_\_ (yrs)
3. University: \_\_\_\_\_
4. Degree and Year of study:  
**Undergraduate:** Year 1  Year 2  Year 3  Year 4   
OR  
**Postgraduate (ie graduate entry):** Year 1  Year 2  Year 3  Year 4
5. How many weeks of clinical practice have you had **prior to** commencing this unit?  
\_\_\_\_\_ weeks
6. What was the duration of your current placement  
\_\_\_\_\_ days per week for \_\_\_\_\_ weeks
7. In this unit, indicate the approximate time spent in each of the following areas of practice  
Cardiorespiratory \_\_\_\_% Neurological \_\_\_\_% Musculoskeletal \_\_\_\_%  
Other (eg women's health, oncology, burns)  
\_\_\_\_\_ %  
\_\_\_\_\_ %
8. In this unit, estimate the approximate proportion of patients/clients you saw in the following age groups:  
Children \_\_\_\_\_ %  
Adolescents \_\_\_\_\_ %  
Adults \_\_\_\_\_ %  
Older Persons \_\_\_\_\_ %

**Student Feedback on APP**      **Unit:**.....      **Facility:** .....

|  |   |          |   |       |   |       |   |   |   |   |   |
|--|---|----------|---|-------|---|-------|---|---|---|---|---|
| <p>Please read each statement carefully, then circle one of the numbers on the right, where:<br/> <b>1 = Strongly <u>Disagree</u>, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly <u>Agree</u></b></p>   |   |          |   |       |   |       |   |   |   |   |   |
| 1. I felt confident that the 0 – 4 rating scale used to judge my performance on each of the 20 items was used correctly by my educator   | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Disagree</td> <td></td> <td></td> <td></td> <td style="text-align: left;">Agree</td> </tr> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> | Disagree |   |       |   | Agree | 1 | 2 | 3 | 4 | 5 |
| Disagree   |   |          |   | Agree |   |       |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 2. I found the performance indicators useful when assessing my own performance prior to mid unit feedback  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 3. The scoring rules were appropriate  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 4. The competency level expected of a beginning physiotherapist (score of 2) was clear to me   | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 5. The items were easy to understand   | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 6. Overall the APP was practical in the clinical environment   | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 7. I understood the level of performance that was expected of me if I was to score a 4 on an item  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 8. The information provided to me prior to the clinical unit about the APP was adequate  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 9. On the APP the educators are asked to rate the overall performance of the student using a global rating scale (GRS) from poor to excellent.<br>I consider the rating the educator gave me on the GRS for the unit was a fair reflection of my performance | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| 10. Overall, I consider the scores I received for each of the 20 items were a fair indication of my performance  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>  | 1        | 2 | 3     | 4 | 5     |   |   |   |   |   |
| 1  | 2   | 3        | 4 | 5     |   |       |   |   |   |   |   |
| If not, please comment.....  |   |          |   |       |   |       |   |   |   |   |   |
| 11. What needs to be done prior to each clinical unit to ensure students fully understand the role of the APP in assessment?   |   |          |   |       |   |       |   |   |   |   |   |

12. What needs to be done prior to each clinical unit to ensure the clinical educators fully understand the role of the APP in assessment?

13. Do you have any additional comments on the APP and Performance Indicators

***Thank you for your feedback, the APP Project Team appreciates your input***

## **Appendix 6.5: APP (version 4) for use in Field Test Two**

# Assessment of Physiotherapy Practice (APP)

**0** = Infrequently/rarely demonstrates performance indicators

**1** = Demonstrates few performance indicators to an adequate standard

**2** = Demonstrates most performance indicators to an adequate standard

**3** = Demonstrates most performance indicators to a good standard

**4** = Demonstrates most performance indicators to an excellent standard

**n/a** = (not assessed)

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

| Professional Behaviour  |   | Circle one number        |          |   |                          |      |     |                          |           |  |                          |
|---|---|--------------------------|----------|---|--------------------------|------|-----|--------------------------|-----------|--|--------------------------|
| 1.  | Demonstrates an understanding of patient/client rights and consent                                      | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 2.  | Demonstrates commitment to learning   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 3.  | Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 4.  | Demonstrates teamwork   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| Communication   |   |                          |          |   |                          |      |     |                          |           |  |                          |
| 5.  | Communicates effectively and appropriately - Verbal/non-verbal  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 6.  | Communicates effectively and appropriately - Written  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| Assessment  |   |                          |          |   |                          |      |     |                          |           |  |                          |
| 7.  | Conducts an appropriate patient/client interview  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 8.  | Selects appropriate methods for measurement of relevant health indicators                               | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 9.  | Performs appropriate physical assessment procedures   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| Analysis & Planning   |   |                          |          |   |                          |      |     |                          |           |  |                          |
| 10.   | Appropriately interprets assessment findings  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 11.   | Identifies and prioritises patient's/client's problems  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 12.   | Sets realistic short and long term goals with the patient/client  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 13.   | Selects appropriate intervention in collaboration with patient/client                                   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| Intervention  |   |                          |          |   |                          |      |     |                          |           |  |                          |
| 14.   | Performs interventions appropriately  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 15.   | Is an effective educator  | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 16.   | Monitors the effect of intervention   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 17.   | Progresses intervention appropriately   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| 18.   | Undertakes discharge planning   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| Evidence-based Practice   |   |                          |          |   |                          |      |     |                          |           |  |                          |
| 19.   | Applies evidence based practice in patient care   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| Risk Management   |   |                          |          |   |                          |      |     |                          |           |  |                          |
| 20.   | Identifies adverse events/near misses and minimises risk associated with assessment and interventions   | 0                        | 1        | 2 | 3                        | 4    | n/a |                          |           |  |                          |
| In your opinion as a clinical educator, the overall performance of this student in the clinical unit was: |   |                          |          |   |                          |      |     |                          |           |  |                          |
| Not Adequate  |   | <input type="checkbox"/> | Adequate |   | <input type="checkbox"/> | Good |     | <input type="checkbox"/> | Excellent |  | <input type="checkbox"/> |

### Scoring rules:

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

**Clinical Educator Code: First Name Initial**  **First 3 Letters of Surname**

## **Professional Behaviour**

### **1. Demonstrates an understanding of patient/client rights and consent**

- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk

### **2. Demonstrates commitment to learning**

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

### **3. Demonstrates practice that is ethical and in accordance with relevant legal and regulatory requirements**

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- maintains patient/client confidentiality
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and identifies self
- understands scope of expertise
- observes dress code
- completes projects/tasks within designated time frame
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- applies ethical principles to the collection, maintenance, use and dissemination of data and information
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

### **4. Demonstrates teamwork**

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liases as appropriate to access relevant services
- advocates for the patient/client when dealing with other services
- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

## Communication

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

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

### 6. Communicates effectively and appropriately - Written

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently
- maintains records compliant with legislative 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
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues
- identifies patient's/clients goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent
- generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention
- completes assessment in acceptable time

### **8. Selects appropriate methods for measurement of relevant health indicators**

- Lists possible variables to be measured at baseline from WHO ICF domains of impairment, activity limitation and participation restriction.
- Select appropriate variable/s to be measured at baseline.
- Identifies and justifies variables to be measured to monitor treatment response and outcome.
- Selects appropriate tests/measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation.
- Links outcome variables with treatment goals

### **9. Performs appropriate physical assessment procedures**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

## **Analysis & Planning**

### **10. Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

### **11. Identifies and prioritises patient's/client's problems**

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

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

- negotiates realistic short treatment goals in partnership with patient/client
- negotiates realistic long treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

### **13. Selects appropriate intervention in collaboration with the patient/client**

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

### **15. Is an effective educator/health promoter**

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

### **16. Monitors the effects of intervention**

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

**17. Progresses intervention appropriately**

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

**18. Undertakes discharge planning**

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

**Evidence Based Practice****19. Applies evidence based practice in patient care**

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

**Risk Management****20. Identifies adverse events and near misses and minimises risk associated with assessment and interventions**

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

**Appendix 7.1: Raw APP scores and person logit locations (interval level estimate)**

| Raw APP score | Person logit location<br>(interval level estimate) |                  |
|---------------|--|------------------|
|               | Sample 1 (n=390)                                   | Sample 2 (n=340) |
| 0             | -10.48   | -10.8            |
| 1             | -9.63  | -9.92            |
| 2             | -9   | -9.22            |
| 3             | -8.53  | -8.67            |
| 4             | -8.13  | -8.17            |
| 5             | -7.77  | -7.68            |
| 6             | -7.42  | -7.19            |
| 7             | -7.08  | -6.74            |
| 8             | -6.73  | -6.33            |
| 9             | -6.38  | -5.97            |
| 10            | -6.04  | -5.65            |
| 11            | -5.71  | -5.35            |
| 12            | -5.39  | -5.07            |
| 13            | -5.09  | -4.81            |
| 14            | -4.81  | -4.56            |
| 15            | -4.54  | -4.32            |
| 16            | -4.28  | -4.09            |
| 17            | -4.03  | -3.87            |
| 18            | -3.79  | -3.65            |
| 19            | -3.55  | -3.45            |
| 20            | -3.33  | -3.25            |
| 21            | -3.11  | -3.05            |
| 22            | -2.91  | -2.86            |
| 23            | -2.71  | -2.68            |
| 24            | -2.52  | -2.5             |
| 25            | -2.34  | -2.33            |
| 26            | -2.17  | -2.16            |
| 27            | -2   | -2               |
| 28            | -1.83  | -1.83            |
| 29            | -1.67  | -1.67            |
| 30            | -1.51  | -1.52            |
| 31            | -1.35  | -1.36            |
| 32            | -1.19  | -1.2             |
| 33            | -1.04  | -1.05            |
| 34            | -0.88  | -0.89            |
| 35            | -0.72  | -0.73            |
| 36            | -0.56  | -0.58            |
| 37            | -0.4   | -0.42            |
| 38            | -0.24  | -0.26            |
| 39            | -0.07  | -0.1             |
| 40            | 0.1  | 0.07             |
| 41            | 0.27   | 0.23             |
| 42            | 0.44   | 0.4              |
| 43            | 0.62   | 0.56             |
| 44            | 0.79   | 0.73             |

|    |      |      |
|----|------|------|
| 45 | 0.96 | 0.9  |
| 46 | 1.13 | 1.06 |
| 47 | 1.3  | 1.23 |
| 48 | 1.47 | 1.39 |
| 49 | 1.64 | 1.56 |
| 50 | 1.81 | 1.73 |
| 51 | 1.98 | 1.89 |
| 52 | 2.15 | 2.06 |
| 53 | 2.32 | 2.23 |
| 54 | 2.49 | 2.4  |
| 55 | 2.67 | 2.58 |
| 56 | 2.85 | 2.76 |
| 57 | 3.04 | 2.95 |
| 58 | 3.23 | 3.14 |
| 59 | 3.43 | 3.33 |
| 60 | 3.63 | 3.54 |
| 61 | 3.84 | 3.75 |
| 62 | 4.06 | 3.96 |
| 63 | 4.28 | 4.18 |
| 64 | 4.5  | 4.41 |
| 65 | 4.73 | 4.63 |
| 66 | 4.95 | 4.86 |
| 67 | 5.17 | 5.08 |
| 68 | 5.39 | 5.3  |
| 69 | 5.61 | 5.52 |
| 70 | 5.83 | 5.74 |
| 71 | 6.05 | 5.97 |
| 72 | 6.28 | 6.19 |
| 73 | 6.51 | 6.43 |
| 74 | 6.75 | 6.68 |
| 75 | 7.02 | 6.95 |
| 76 | 7.31 | 7.24 |
| 77 | 7.64 | 7.59 |
| 78 | 8.06 | 8.01 |
| 79 | 8.65 | 8.61 |
| 80 | 9.48 | 9.45 |

**Appendix 8.1: Field Test Two clinical educator training manual**

# Development of the Assessment of Physiotherapy Practice (APP) Instrument

## Clinical Educator Resource Manual 2008



This package is for clinical educators using the APP

Instrument as the sole assessment form for clinical placement

## What this package contains



### Section A:

#### The Resource Manual – for the Clinical Educator to keep

1. Background – why develop a standardised and valid physiotherapy clinical assessment tool?
2. Assessment of Clinical Units
3. APP Trial - Protocol for Physiotherapy Clinical Educators
4. Components of the APP
5. Completing the APP Form – helpful guidelines
6. FAQs
7. Procedure for Completion and Return of Section B
8. Clinical Educator Explanatory Statement
9. The APP instrument

#### **Section B: Forms to be returned: The 5 documents in section B are to be returned to the APP research team in the Reply paid envelope**

- 1 x clinical educator demographic form
- 1 x clinical educator consent form
- 1 x clinical educator feedback form
- 1 x student demographic form (for each participating student)
- 1 x APP assessment form (for each participating student)

## **Background – why develop a standardised and valid physiotherapy clinical assessment tool?**

The Assessment of Physiotherapy Practice (APP) is the first attempt in Australia to develop, test and refine a standardized instrument for assessing competency of physiotherapy practice suitable for use across Australia and New Zealand. The Carrick Institute for Learning and Teaching in Higher Education have funded this project as a priority and the initial consultation phase and pilot testing is completed. Use of the APP has already begun in a number of physiotherapy courses in Australia and the first field trials are taking place.

Advancement of the APP Project, led by a consortium of Griffith University (Qld), La Trobe University (Vic), Monash University (Vic), Curtin University (WA) and The University of Sydney (NSW), coincided with the release of the 2006 Australian Standards for Physiotherapy by the Australian Physiotherapy Council (APC). The APP Project has received unprecedented support from co-ordinators of all physiotherapy courses in Australia and New Zealand. The clinical co-ordinators of Australian and New Zealand physiotherapy programs form the reference group for this project.

Clinical education of physiotherapy students is essential. However, student numbers are increasing while clinical (or professional practice) placements are declining. A primary concern of physiotherapy clinical educators and supervisors is the burden of assessment brought about by the variability of assessment procedures and instruments. Despite each physiotherapy program in Australia having curriculum designed to meet the competencies defined by the APC, each program has to date used its own clinical assessment form and assessment criteria. An important advantage of a standardized clinical assessment instrument, such as the APP, is that evidence about its utility can be systematically gathered and assessed, and the instrument can be refined across time so that it serves the key stakeholders: the assessors, the assessed and the profession. Other advantages include the opportunities that standardisation brings such as benchmarking and meaningful comparison of scores between students, raters, sites and programs.

In its current form, the APP consists of a practical, one-page test layout that reflects the APC Standards for Physiotherapy and all current assessment forms in use in Australia. As the training provided to clinical educators from all universities follows a similar process, training for the APP aims to mirror this process. By doing so, training in the use of the APP will capitalize on existing training processes. The development of the APP training manual detailing test development, testing protocols and interpretation of test scores as well as the development of a training package and on-line assessment process is also underway.

Development of the APP has been reliant upon the input of academics, clinical educators, clinical managers, students and other stakeholders. All relevant publications and existing clinical assessment instruments have also been sourced. The method for development of the APP has been guided by the Standards for Educational and Psychological Testing (American Educational Research Association, et al. 1999) and the Project utilizes an action research cycle that includes preliminary information gathering, instrument development, trial/field test stages, and continuous refinement of the instrument based on evaluation throughout the different phases.

The embedding of the APP within Physiotherapy curricula nationally is progressing and has been facilitated by national meetings of clinical managers, site visits, focus group discussions throughout Australia and open communication and feedback lines between the Research Team and all physiotherapy programs throughout Australia. For example, a pilot trial of the APP began in semester two 2006 at La Trobe University. The data collected from this trial provided preliminary evidence that the APP is acceptable to students and educators and that the items and ratings perform as expected. Feedback from clinical educators involved in this trial led to modifications and refinements of the APP.

In the field testing that commenced in the second half of 2007, physiotherapy programs throughout Australia and New Zealand have used the APP either as the primary assessment form, or in parallel with current clinical assessment formats. This field-testing of the APP will allow for its psychometric properties to be fully tested and for progressive refinement of the instrument.

Feedback from stakeholders to this point has been very positive. Interest and support for the APP Project has grown and gathered momentum. For example, the meeting of Clinical Managers from all Schools of Physiotherapy in Australia and New Zealand that was held in Dunedin on 17th April, 2007, and sponsored by Otago University, allowed for progress reporting about APP development and testing. This meeting also provided a forum for discussion of the content and scaling of the current test version of the APP. Outcomes from this gathering included further quality input and feedback on the APP. In addition, reinforcement of support and commitment to the Project was given by the Heads of Physiotherapy Programs throughout Australia and New Zealand. Inter-university working relationships are developing and gaining strength and it is envisaged that these outcomes will facilitate dissemination, acceptance and widespread use of the APP tool.

## References

American Educational Research Association, American Psychological Association, National Council on Measurement in Education (1999). Standards for educational and psychological testing. Washington, American Educational Research Association.

Australian Physiotherapy Council (2006). Australian Standards for Physiotherapy. Canberra: APC

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This research has been approved by the Human Research Ethics Committees of the following Universities:

Griffith University, GU Protocol Number: PES/09/06/HREC;  
Auckland University of Technology - Application Number 07/139  
Curtin University, Protocol Approval: HR 39/2007;  
The University of Otago - project No 07/152;  
Monash University - 2007/0599MC;  
James Cook University - H2737  
La Trobe University – approval 07-115  
The University of Sydney – ref no: 08-2007/10243  
Charles Sturt University – protocol no: 2007/268  
(Ethical clearance is pending for the University of Queensland and Newcastle University).

If you have any concerns or complaints regarding the ethical conduct of this research project, you may discuss this issue with an independent person: Manager, Research Ethics, Office for Research Bray Centre, Nathan Campus, Griffith University (07) 3875 5585 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au)

### **Research Funding**

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The views expressed in this publication do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education

## Assessment of Clinical Units

Assessment of student performance during clinical units is used for several different purposes and involves the learner, the university and the clinical educator who is a representative of the profession. Ideally assessment and learning are closely bound together. The style of assessment should reflect the learning experience.

Assessment of student learning serves to maintain standards, to demonstrate achievement, to guide and motivate learning, and to provide a basis for feedback to the student. Assessment should be fair, valid, reliable, practical and sufficient.

Some of the reasons why assessment is used during clinical placements are:

- To give students feedback on their strengths and areas requiring improvement in each particular area of physiotherapy clinical practice and provide specific strategies to improve performance
- To provide a basis for discussion in relation to student's performance
- To provide a record of student progress
- To act as a "gatekeeper" in regulating admission to the profession
- To monitor the performance of individual students as well as monitoring the overall success of a program of study.
- To Focus and motivate student learning in specific areas and guides and correct learning.
- To define what is important to learn

There are 2 key areas of assessment during a clinical unit: *formative and summative*.

### **Formative Assessment**

Formative assessment is designed to help students understand how they are progressing. It happens during a clinical unit and does not count toward the final grade or unit mark. The student is able to benefit from feedback on their performance. The purpose of formative assessment is to improve the quality of student learning by providing information on strengths and weaknesses and to identify strategies for improvement. Formative assessments are relatively informal compared to summative assessments.

In the APP refer to the Examples of Performance Indicators for example behaviours that the student may demonstrate to indicate competency in a particular item. These sample behaviours are a very useful guide for students when providing formative feedback during the unit especially when outlining aspects of practice requiring improvement. Encourage students to record key points from the feedback session to check for shared meaning.

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



***Clinical Educator Hint – Mid unit feedback***

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

For example: item 5 written communication -

I would like to see

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

***Formative Self Assessment by Student***

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

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

***Summative Assessment***

This type of assessment takes place at the end of the unit when the student is given their final (provisional) grade. It quantifies the level of competency achieved and contributes to a grade for the unit.

Its purpose is to act as an indicator of achievement. In completing the assessment form the educator draws on experience over the final phase (last 1-2 weeks) of the placement and may also draw on the experience of colleagues who have also supervised the student.

### **3. APP Trial - Protocol for Physiotherapy Clinical Educators**

#### **Before the clinical placement commences:**

- Complete the clinical educator consent form
- Familiarise yourself with the process of the field test, in particular, the APP instrument and the performance indicators

#### **During the clinical placement**

- Observe and provide feedback on student performance as per usual
- Provide written formative mid unit feedback using the APP and related performance indicators as a guide
- Ensure the student also completes their mid unit self reflection form

#### **At the end of the clinical placement:**

- Complete the APP instrument. and provide end of unit summative feedback and get signoff from the student.
- Complete the APP clinical educator demographic and feedback forms
- Request that the students complete the APP student demographic form
- Collect **ALL** documents and return in the reply paid envelope to:

**Wendy Harris**  
**Clinical Education Administrative Officer**  
**School of Physiotherapy and Exercise Science**  
**PMB 50**  
**Gold Coast Mail Centre**  
**Qld 9726**

On behalf of the research team thank you for your assistance

***Megan Dalton***



## 4. Components of the APP - Page 1

### Assessment of Physiotherapy Practice (APP)

| Professional Behaviour  |   | Circle one number |   |   |   |   |     |
|-------------------------|---|-------------------|---|---|---|---|-----|
| 1.                      | Demonstrates an understanding of patient/client rights and consent                                    | 0                 | 1 | 2 | 3 | 4 | n/a |
| 2.                      | Demonstrates commitment to learning   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 3.                      | Demonstrates ethical, legal & culturally sensitive practice   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 4.                      | Demonstrates teamwork   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Communication           |   |                   |   |   |   |   |     |
| 5.                      | Communicates effectively and appropriately - <u>Verbal/non-verbal</u>                                 | 0                 | 1 | 2 | 3 | 4 | n/a |
| 6.                      | Demonstrates accurate record keeping skills   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Assessment              |   |                   |   |   |   |   |     |
| 7.                      | Conducts an appropriate patient/client interview  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 8.                      | Selects appropriate methods for measurement of relevant health indicators                             | 0                 | 1 | 2 | 3 | 4 | n/a |
| 9.                      | Performs appropriate physical assessment procedures   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Analysis & Planning     |   |                   |   |   |   |   |     |
| 10.                     | Appropriately interprets assessment findings  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 11.                     | Identifies and prioritises patient's/client's problems  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 12.                     | Sets realistic short and long term goals with the patient/client                                      | 0                 | 1 | 2 | 3 | 4 | n/a |
| 13.                     | Selects appropriate intervention in collaboration with patient/client                                 | 0                 | 1 | 2 | 3 | 4 | n/a |
| Intervention            |   |                   |   |   |   |   |     |
| 14.                     | Performs interventions appropriately  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 15.                     | Is an effective educator  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 16.                     | Monitors the effect of intervention   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 17.                     | Progresses intervention appropriately   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 18.                     | Undertakes discharge planning   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Evidence-based Practice |   |                   |   |   |   |   |     |
| 19.                     | Applies evidence based practice in patient care   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Risk Management         |   |                   |   |   |   |   |     |
| 20.                     | Identifies adverse events/near misses and minimises risk associated with assessment and interventions | 0                 | 1 | 2 | 3 | 4 | n/a |

0 1 2 3 4 n/a

#### Aspects of Physiotherapy Practice and related Items

There are 7 aspects of physiotherapy practice covering 20 items. **Examples of Performance Indicators** are provided as example behaviours that the student may demonstrate to indicate competency in a particular item. The Examples of Performance Indicators are not an exhaustive list of possible behaviours nor are they to be used as a checklist when assessing a student's performance.

All items must be scored.

n/a means not assessed and is **only** to be used when a student has not had an opportunity to demonstrate competency in a particular item. Ideally, the student will have opportunities to demonstrate competency on all

**(Section 9 contains a copy of the APP if photocopying is required)**  
**Global Rating Scale (GRS)**

The GRS is on the form to assist the APP researchers in evaluating the performance of the APP relative to your overall impression of student ability.

Please complete the GRS **after** you have completed scoring all 20 items and **ONLY** at the end of unit summative assessment.

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

Not adequate

Adequate

Good

Excellent

### Scoring Scale Descriptors

These descriptors are to assist your judgment when rating a student's performance on each item at the end of the clinical unit.

**0 = Infrequently/rarely demonstrates performance indicators**

**1 = Demonstrates few performance indicators to an adequate standard**

**2 = Demonstrates most performance indicators to an adequate standard**

**3 = Demonstrates most performance indicators to a good standard**

**4 = Demonstrates most performance indicators to an excellent standard**

**n/a = not assessed**

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

- Evaluate the student's performance against the minimum competency level (common skill set) expected for a Entry level / Beginning physiotherapist. A rating of 2 indicates for this item, the student has met this standard regardless of their experience, place in the course or length of the placement

### Scoring Rules

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

## **Components of the APP - Pages 2 & 3.**

### **Performance Indicators – Behavioural Examples of Performance Indicators**

The performance indicators are provided as example behaviours that the student may demonstrate to indicate competency in a particular item.

The Examples of Performance Indicators are not an exhaustive list of all possible behaviours nor are they to be used as a checklist when assessing a student's performance.

However, when deciding on a student's score (0 – 4) for each of the 20 items, clinical educators are advised to refer to this list of examples of behaviours as indicators of the minimum competent performance for each item.

#### **Professional Behaviour**

##### **1. Demonstrates an understanding of patient/client rights and consent**

- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- respects patients'/clients' privacy and dignity
- maintains patient/client confidentiality
- applies ethical principles to the collection, maintenance, use and dissemination of data and information

##### **2. Demonstrates commitment to learning**

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

##### **3. Demonstrates ethical, legal & culturally sensitive practice**

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and identifies self
- observes dress code
- completes projects/tasks within designated time frame
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- Practises sensitively in the cultural context
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

##### **4. Demonstrates teamwork**

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liases as appropriate to access relevant services
- advocates for the patient/client when dealing with other services

- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

## Communication

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

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

### 6. Demonstrates accurate record keeping skills

- writes legibly
- completes relevant documentation to the required standard (eg., patient/client record , statistical information, referral letters)
- maintains records compliant with legislative 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
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues
- identifies patient's/clients goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent
- generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention
- completes assessment in acceptable time

### 8. Selects appropriate methods for measurement of relevant health indicators

- selects all appropriate variable/s to be measured at baseline from WHO ICF domains of impairment, activity limitation and participation restriction.
- identifies and justifies variables to be measured to monitor treatment response and outcome.

- selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation.
- links outcome variables with treatment goals
- communicates the treatment evaluation process and outcomes to the client
- identifies, documents and acts on factors that may compromise treatment outcomes

### **9. Performs appropriate physical assessment procedures**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

## **Analysis & Planning**

### **10. Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

### **11. Identifies and prioritises patient's/client's problems**

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

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

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

### **13. Selects appropriate intervention in collaboration with the patient/client**

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

### 15. Is an effective educator/health promoter

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

### 16. Monitors the effects of intervention

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

### 17. Progresses intervention appropriately

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

### 18. Undertakes discharge planning

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

## Evidence Based Practice

### 19. Applies evidence based practice in patient care

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

## **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

## 5. Completing the APP Form – helpful guidelines

### Scoring:

- You are required to circle the rating from 0 – 4 that best represents your judgement of the student’s level of performance.
- All items should be scored and scoring is based on direct observation and interpretation of student performance.
- ***Evaluate the student’s performance against the minimum competency level (common skill set) expected for a Entry level / Beginning physiotherapist. A rating of 2 indicates for this item, the student has met this standard regardless of their experience, place in the course or length of the placement.***
- Refer to the Examples of Performance Indicators for example behaviours that the student may demonstrate to indicate minimum competency in a particular item.
- N/A means not assessed. This scoring option should only be used when the student has not had an opportunity to demonstrate competency in a particular Item. Ideally, a student would encounter opportunities to demonstrate their clinical competence on all 20 items.
- The clinical educator/supervisor is not required to collate the final score.

***So what is the minimum competency level expected for a beginning / entry level physiotherapist ?***

### Rating 2

#### **Demonstrates most performance indicators to an adequate standard**

A student is performing at the minimum entry level standard when they are able to: manage a variety of non-complex patients such that the patient/client’s major problems are identified, major goals established and treatment is completed safely and effectively within a reasonable time frame. While achieving this, the student is aware of their limitations and where to seek assistance.

As few of us are good at everything that might be assessed under any one item, we have settled on a broad definition that a 2 would be awarded if the student demonstrates *most* performance indicators as outlined on the APP, to an adequate standard.

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

**Ratings 3 and 4** provide the clinical educator with 2 scoring categories indicating the student's performance is above minimum entry level/beginning physiotherapist standard (either good or excellent).

Rating 3: demonstrates most performance indicators to a good standard

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

#### **Rating 4**

##### **Demonstrates most performance indicators to an excellent standard**

A student is performing at an excellent entry-level standard when they are able to manage a variety of patients, including complex patients, meeting the minimum level standard, but at a superior level.

##### **The excellent student is characterized by:**

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

##### **Not Assessed**

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

## **Challenges in Scoring - pitfalls to be avoided**

### **Unrealistic expectations of students – too high or too low**

- A genuine difficulty that will be encountered is the ability of clinicians to recall beginner attributes. While experienced educators may have a well developed concept of Entry Level attributes, inexperienced educators may be unsure and are encouraged to discuss uncertainties with experienced clinicians.
- Experienced clinicians may suffer from “upward creep” of the passing standard for students. This means too high a passing standard is used to judge student performance

### **Rater bias**

- All people and rating scales are susceptible to biases, the key is to be aware of these and ensure their effect is minimised.
- **Halo effect** occurs when an overall impression (for example, a general liking) of the student influences ratings of specific items. This tends to artificially increase item scores because of this overall impression. T

- A corollary to the halo effect is the **devil effect**, or **horns effect**, where students judged to have a single undesirable trait are subsequently judged to have many poor traits, allowing a single weak point or negative trait to influence others' perception of the person in general. Halo and devil effects may be reduced by careful attention to the performance indicators/sample behaviours that are typical for each item and also by suppressing general impressions of the student. An example : a student's performance in the Professional Behaviour category (particularly if it is weak) may influence the educator's rating of other categories.
- **Leniency** is the tendency to avoid harsh assessment, usually in order to avoid discomfort in the student/educator relationship and to avoid negative effects on student morale. To avoid this bias, remember that students can only achieve entry-level competency when they are provided with constructive and accurate feedback relative to their performance throughout the placement.
- **Central Tendency:** The habit of assessing almost everyone as average. A person applying this bias will not use the full extent of the scoring scale
- **Anchoring:** the tendency to rely too heavily, or "anchor," on a past incident or on one trait or piece of information when making decisions. An example may be an incident or poor performance of a student in the first week of the placement that continues to influence the educator's rating of the student's performance 4 weeks later at the end of the unit.

#### **Clinical Educator Information Overload**

- For busy clinical educators there is always a large amount of paperwork and information to read. With this in mind, the manual has been kept brief and provides the answers to most of your questions concerning the APP. Keep it handy!

#### **Assessment beliefs to be avoided**

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

- I always mark the student very hard at mid unit so that they have more room for improvement in the second half of the unit
- A student can never get a grading of a 4 for any item in their early units because they can only achieve a 4 by the time they graduate
- I never rate any items as excellent because that would mean the student is as good as I am
- Students always improve their performance from mid unit to end of unit
- I feel bad as I did not have the time to assess all of the items. So as not to disadvantage the student, I will give them a 2 for each item I haven't really been able to assess
- Different facilities have different standards. This facility is a tertiary teaching hospital and as such, we have higher standards and must mark the students harder
- I am not exactly sure why, but I just know in my gut that this student should have to repeat this unit

- On the global rating scale: “this student is improving and is very nice with their patients, but is not really adequate with their skills. I don’t want to demoralise them by marking “not adequate” on the GRS as they have a few more clinics yet and so I am sure another educator will mark not adequate if they don’t improve”.

## 6. APP FAQ's

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

### Question

When should I score an item using a '2'?

### Answer

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

### Question

When should I score an item using a '3'?

### Answer

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

### Question

When should I score an item using a '4' ?

### Answer

When the student has demonstrated very competent performance of an item ie **with respect to this competency**.

### Question

How is the APP scored?

### Answer

The item scores are summed to a total, divided by the number of items completed, and multiplied by 100.

### Question

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

### Answer

The list of performance indicators are not meant to be exhaustive. They are meant to provide a representative range of examples and demonstrate the principle that feedback to students needs to be in the form of **what behaviour does the student need to demonstrate in order to achieve a higher grade**. If the student has not had a chance to demonstrate any behaviours in a particular area (e.g 17. Progresses intervention appropriately) then the N/A scoring option should be selected.

### Question

Should I rate the student on each performance indicator?

### Answer

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

### Question

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

### Answer

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

### Question

When a student first begins clinical practice experience, it can be very hard for them to demonstrate even minimally acceptable performance with respect to expected entry level standards. If they get 1's and 2's will they fail the unit?

### Answer

Universities have the option to standardise grades and may exercise this option for the first clinical rotation(s). It is very important that students are given explicit advice regarding the behaviours that they would need to demonstrate to achieve a pass or better.

### Question

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

### Answer

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

### Question

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

### Answer

Some programs have traditionally used entry-level competencies as the benchmark against which to judge student performance, while others have used the performance that would be expected at the particular stage of the course. For consistent use of the APP across programs, the student should be judged on each item against the minimum target attributes required to achieve beginner's (entry-level) standard and register to practice.

### Question

What do you mean by 1 = "Demonstrates few performance indicators to an adequate standard"?

### Answer

A score of 1 indicates that the student has not reached the minimal acceptable standard for that item. It is very important that students who do not achieve the minimal acceptable standard are provided with very clear examples of the behaviours that they need to demonstrate in order to achieve this. Some performance indicators are provided to assist educators to give appropriate feedback and direction.

Many relevant performance indicators have not been listed. For example, 'does not take calls on mobile phone while assessing a patient' is not listed as a performance indicator, but it could clearly be raised by an educator who chose to mark a student below 2 for professional behaviour. Educators and students should collaborate to ensure that performance targets and strategies to achieve the required improvement are clear.

#### Question

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

#### Answer

In overall terms a student who scores a 2 for most items is performing at the minimum *entry level standard* and they are likely to be able to:

- acceptably manage a variety of non-complex patients
- identify the patient/client's major problems
- establish major goals
- complete treatment safely and effectively within a reasonable time frame
- demonstrate an awareness of limitations and where to seek assistance.

#### Question

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

#### Answer

In overall terms a student who scores a 4 for most items is performing at an excellent *entry level standard* and is likely to demonstrate all performances expected for minimum entry level standard and also demonstrate:

- the ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- flexibility and adaptability
- competent linking of theory and practice
- appropriate reflection and insight
- cogent and concise arguments for clinical decisions

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

#### Question

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

#### Answer

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

#### Question

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

#### Answer

Perusal of the performance indicators for EBP shows that if the student is applying EBP to patient care they are considering not only available current research evidence but also

patient/client preferences, expertise of clinicians and available resources in deciding on the best management plan for their patient/client. This item also means that the student shows the ability to seek out any information relevant to the care of their patients. The student should access “pre-appraised” research evidence – ie clinical practice guidelines and systematic reviews. Students should make use of available online databases to locate relevant “pre-appraised” evidence (eg Cochrane, Clinical Evidence, PEDro). It does not mean that the student has to do a literature review whilst on clinical placement, however if time is allocated to the student during the placement to search the literature on a particular topic, this is appropriate and would form part of this item. Involvement of the student in quality assurance activities whilst on placement is also an important component of this item.

## 7. Procedure for Completion and Return of Section B

Place the following forms in the reply paid envelope – these documents all have this envelope symbol on them.



| FIRST TIME you use the APP during the Field Trial   | SUBSEQUENT TIMES you use the APP during the Field Trial   |
|---|---|
| <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Signed clinical educator Consent Form</li> <li>2. <input type="checkbox"/> Clinical educator Demographic Form</li> <li>3. <input type="checkbox"/> Clinical educator Feedback survey on the APP</li> <li>4. <input type="checkbox"/> The student's demographic data sheet (completed by the student) 1/ each student</li> <li>5. <input type="checkbox"/> Completed final APP form 1/each student</li> </ol> | <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> The student's demographic data sheet (completed by the student) 1/ each student</li> <li>2. <input type="checkbox"/> Completed final APP form 1/each student</li> <li>3. <input type="checkbox"/> Clinical educator Feedback survey on the APP (<u>optional</u> – complete if you have additional feedback you wish to provide)</li> </ol> |

- Collect **ALL** documents and return in the reply paid envelope to:

**Wendy Harris**  
**Clinical Education Administrative Officer**  
**School of Physiotherapy and Exercise Science**  
**PMB 50**  
**Gold Coast Mail Centre**  
**Qld 9726**

*On behalf of the research team thank you for your assistance*

## **8. Clinical Educator Explanatory Statement – APP Field Test #2**

### **Project Title: Development of the Assessment of Physiotherapy Practice (APP) Instrument**

**Project Manager:** Ms Megan Dalton

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This Explanatory Statement is to tell you about the Assessment of Physiotherapy Practice (APP) Project and is for you to retain. The APP study is a research project being conducted by Griffith University in conjunction with James Cook, Monash, La Trobe, Sydney, and Curtin Universities. This work is supported by a grant from the Carrick Institute for Learning and Teaching in Higher Education Ltd, an initiative of the Australian Government Department of Education, Science and Training. Additionally, the clinical coordinators of all physiotherapy programs in Australia form part of the reference group for this Project. This research also forms part of Megan Dalton's PhD research program within the School of Primary Health Care at Monash University, Victoria.

### **Project Aims**

To develop a practical, standardized, valid and reliable assessment tool to measure clinical competency that meets the needs of students and clinical educators/supervisors.

**As a clinical educator of physiotherapy students, we would like to invite you to participate in this study.**

### **What your participation in this Project involves:**

- Participation by physiotherapy clinical educators/supervisors is required for field-testing the APP. Participation involves a clinical educator/supervisor 1) using the APP to grade students' performance during clinical placements 2) completing a demographic data form so that we can assess grades with consideration of factors such as years of clinical education experience 3) completing a short feedback form to help us refine the APP 4) assembling consent forms, demographic data and feedback forms in a sealed reply paid envelope and mailing these forms to the University as per usual practice.
- To enable the researchers to analyse the impact of educator experience and other factors such as field of expertise on APP grades, educators will place a unique unidentifiable code on student assessment forms and on their demographic data forms. All codes will be removed once data has been entered into a relational database for statistical analysis and codes of educators, ID numbers of students and names of physiotherapy programs will be replaced by Project codes. Once data are checked for accuracy, the list linking these identifiers to Project codes will be permanently destroyed.
- Full details regarding the use of the APP are provided to you in the short manual that accompanies this explanatory statement.
- No-one other than Anne Bent, Megan Dalton and the research assistant for the Project will have access to the original data sheets.
- In addition to the time taken to complete the APP, it is envisaged that the time required for completion of the demographic data collection form and the feedback survey will be approximately 20 minutes.

If you wish to take part in this Project, please read and sign the attached separate clinical educator consent form.

### **CONFIDENTIALITY STATEMENT**

Your confidentiality is assured, and all information from participants will be de-identified prior to analysis and publication of results. Partners and the funding organisation will only have access to de-identified information. All data collected will be stored at locked facilities at Griffith University by the Project Manager, before being destroyed after a standard retention time of 5 years.

### **Please note:**

- Your participation is voluntary and you can withdraw from the project at any time without explanation or penalty up to the point in time where data are fully deidentified. It is envisaged that this will occur within 2 weeks of the submission of your data forms.
- All information will remain confidential and no personal or identifiable information will appear on any reports arising from this work.
- Partners and the funding organisation will only have access to de-identified information.
- At the completion of the study, you will receive summary feedback about the findings of the research via numerous media, eg Physiotherapy publications, PhD thesis, journal articles, conference proceedings or personally if you request such information from the chief investigator. No personal or identifiable information will appear in any of these publications.
- You can contact the researchers at any time (refer to the contact details listed at the start of this form).

### **Thank you for your interest in this study.**

If you have any concerns or complaints regarding the ethical conduct of this research project, you may discuss this issue with an independent person: Manager, Research Ethics, Office for Research Bray Centre, Nathan Campus, Griffith University (07) 3875 5585 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au)



Student No:

Date:

# Assessment of Physiotherapy Practice (APP)

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

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

| Professional Behaviour  |   | Circle one number |   |   |   |   |     |
|-------------------------|---|-------------------|---|---|---|---|-----|
| 1.                      | Demonstrates an understanding of patient/client rights and consent                                    | 0                 | 1 | 2 | 3 | 4 | n/a |
| 2.                      | Demonstrates commitment to learning   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 3.                      | Demonstrates ethical, legal & culturally sensitive practice   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 4.                      | Demonstrates teamwork   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Communication           |   |                   |   |   |   |   |     |
| 5.                      | Communicates effectively and appropriately - Verbal/non-verbal  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 6.                      | Demonstrates accurate record keeping skills   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Assessment              |   |                   |   |   |   |   |     |
| 7.                      | Conducts an appropriate patient/client interview  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 8.                      | Selects appropriate methods for measurement of relevant health indicators                             | 0                 | 1 | 2 | 3 | 4 | n/a |
| 9.                      | Performs appropriate physical assessment procedures   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Analysis & Planning     |   |                   |   |   |   |   |     |
| 10.                     | Appropriately interprets assessment findings  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 11.                     | Identifies and prioritises patient's/client's problems  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 12.                     | Sets realistic short and long term goals with the patient/client                                      | 0                 | 1 | 2 | 3 | 4 | n/a |
| 13.                     | Selects appropriate intervention in collaboration with patient/client                                 | 0                 | 1 | 2 | 3 | 4 | n/a |
| Intervention            |   |                   |   |   |   |   |     |
| 14.                     | Performs interventions appropriately  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 15.                     | Is an effective educator  | 0                 | 1 | 2 | 3 | 4 | n/a |
| 16.                     | Monitors the effect of intervention   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 17.                     | Progresses intervention appropriately   | 0                 | 1 | 2 | 3 | 4 | n/a |
| 18.                     | Undertakes discharge planning   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Evidence-based Practice |   |                   |   |   |   |   |     |
| 19.                     | Applies evidence based practice in patient care   | 0                 | 1 | 2 | 3 | 4 | n/a |
| Risk Management         |   |                   |   |   |   |   |     |
| 20.                     | Identifies adverse events/near misses and minimises risk associated with assessment and interventions | 0                 | 1 | 2 | 3 | 4 | n/a |

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

Not adequate  Adequate  Good  Excellent

Scoring rules:

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

Clinical Educator Code: First Name Initial  First 3 Letters of Surname

## Professional Behaviour

### 1. Demonstrates an understanding of patient/client rights and consent

- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- respects patients'/clients' privacy and dignity
- maintains patient/client confidentiality
- applies ethical principles to the collection, maintenance, use and dissemination of data and information

### 2. Demonstrates commitment to learning

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

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

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and identifies self
- observes dress code
- completes projects/tasks within designated time frame
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- Practises sensitively in the cultural context
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

### 4. Demonstrates teamwork

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liases as appropriate to access relevant services
- advocates for the patient/client when dealing with other services
- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

## Communication

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

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

### 6. Demonstrates accurate record keeping skills

- writes legibly
- completes relevant documentation (record keeping including documentation of all physiotherapy assessments and interventions, statistical information as required by the organization, referral letters, written communications with appropriate patient/client consent, case notes, handover notes) accurately and consistently
- maintains records compliant with legislative 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
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues
- identifies patient's/client's goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent
- generates diagnostic hypotheses, identifying the priorities and urgency of further assessment and intervention

- completes assessment in acceptable time

#### **8. Selects appropriate methods for measurement of relevant health indicators**

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

#### **9. Performs appropriate physical assessment procedures**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

### **Analysis & Planning**

#### **10. Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

#### **11. Identifies and prioritises patient's/client's problems**

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

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

- negotiates realistic short treatment goals in partnership with patient/client
- negotiates realistic long treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

### **13. Selects appropriate intervention in collaboration with the patient/client**

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

### **15. Is an effective educator/health promoter**

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

### **16. Monitors the effects of intervention**

- incorporates relevant evaluation procedures/outcome measures within the physiotherapy plan
- monitors patient/client throughout the intervention

- makes modifications to intervention based on evaluation
- records and communicates outcomes where appropriate

#### **17. Progresses intervention appropriately**

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

#### **18. Undertakes discharge planning**

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

### **Evidence Based Practice**

#### **19. Applies evidence based practice in patient care**

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

### **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency

## Appendix 8.2: Field Test Two clinical educator questionnaire



### **Clinical Educator Feedback on APP**

*(Only one feedback sheet needs to be completed per clinical educator)*

|   |           |
|---|-----------|
| <p>Please read each statement carefully, then circle one of the numbers on the right, where:<br/> <b>1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree</b></p>  |           |
| 13. I felt confident using the 0 – 4 rating scale to judge the student’s performance on each of the 20 items  | 1 2 3 4 5 |
| 14. On the APP you are asked to rate overall performance of the student using a global rating scale of poor to excellent. I felt confident using this global rating scale to judge the student’s performance.   | 1 2 3 4 5 |
| 15. I found the performance indicators useful when assessing or providing feedback to the student   | 1 2 3 4 5 |
| 16. The scoring rules were helpful  | 1 2 3 4 5 |
| 17. The definition of competency level expected of a beginning physiotherapist was helpful  | 1 2 3 4 5 |
| 18. The performance indicators were easy to understand  | 1 2 3 4 5 |
| 19. Overall the APP was practical in the clinical environment   | 1 2 3 4 5 |
| 20. The time taken to complete the APP was acceptable   | 1 2 3 4 5 |
| 21. The information on how to complete the APP was comprehensive  | 1 2 3 4 5 |
| 22. In the future, I would prefer to complete the APP on-line rather than posting/faxing hard copies  | 1 2 3 4 5 |
| <p>23. Given face to face training in the use of the APP is not always possible, please indicate which of the following training options you would find effective</p> <p><input type="checkbox"/> teleconference</p> <p><input type="checkbox"/> Self directed learning package (includes manual and CD/DVD)</p> <p><input type="checkbox"/> On-line training module (ie training module completed on-line)</p> <p><input type="checkbox"/> Other (please specify).....</p> |           |
| <p>24. Do you have any additional comments on the APP and Performance Indicators</p>  |           |

***Thank you for your feedback, the APP Project Team appreciates your input***

## Appendix 8.3: Field Test Two student feedback questionnaire



### **Student Feedback on APP**      **Unit:**.....      **Facility:**.....

|  |                                   |
|--|-----------------------------------|
| <p>Please read each statement carefully, then circle one of the numbers on the right, where:<br/> <b>1 = Strongly <u>Disagree</u></b>, <b>2 = Disagree</b>, <b>3 = Undecided</b>, <b>4 = Agree</b>, <b>5 = Strongly <u>Agree</u></b></p>                     |                                   |
| 1. I felt confident that the 0 – 4 rating scale used to judge my performance on each of the 20 items was used correctly by my educator   | Disagree<br>Agree<br>1 2 3 4<br>5 |
| 2. I found the performance indicators useful when assessing my own performance prior to mid unit feedback  | 1 2 3 4<br>5                      |
| 3. The scoring rules were appropriate  | 1 2 3 4<br>5                      |
| 4. The competency level expected of a beginning physiotherapist (score of 2) was clear to me   | 1 2 3 4<br>5                      |
| 5. The items were easy to understand   | 1 2 3 4<br>5                      |
| 6. Overall the APP was practical in the clinical environment   | 1 2 3 4<br>5                      |
| 7. I understood the level of performance that was expected of me if I was to score a 4 on an item  | 1 2 3 4<br>5                      |
| 8. The information provided to me prior to the clinical unit about the APP was adequate  | 1 2 3 4<br>5                      |
| 9. On the APP the educators are asked to rate the overall performance of the student using a global rating scale (GRS) from poor to excellent.<br>I consider the rating the educator gave me on the GRS for the unit was a fair reflection of my performance | 1 2 3 4<br>5                      |
| 10. Overall, I consider the scores I received for each of the 20 items were a fair indication of my performance  | 1 2 3 4<br>5                      |
| If not, please comment.....  |                                   |
| 11. I found the performance indicators assisted me to know where I could improve my performance  | 1 2 3 4<br>5                      |
| 12. I read the section on assessment in the policy and procedures manual   | Yes /<br>No                       |
| 13. I attended the lecture about clinical assessment given at University prior to commencing my clinical unit  | Yes /<br>No                       |
| 14. I received a copy of my mid unit feedback comments from my educator  | Yes /<br>No                       |

|  |             |
|--|-------------|
| 15. I received a copy of the completed APP at the end of the unit  | Yes /<br>No |
| 16. I signed off on my end of unit assessment results  | Yes /<br>No |
| 17. What needs to be done prior to each clinical unit to ensure <b><u>students</u></b> fully understand the role of the APP in assessment?               |             |
| 18. What needs to be done prior to each clinical unit to ensure the <b><u>clinical educators</u></b> fully understand the role of the APP in assessment? |             |
| 19. Do you have any additional comments on the APP and Performance Indicators  |             |

***Thank you for your feedback, the APP Project Team appreciates your input***

## **Appendix 8.4: APP (final version 5 mid and end of unit)**

# Assessment of Physiotherapy Practice



## Mid Unit Formative Feedback



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

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

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

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

### DO NOT COMPLETE GLOBAL RATING SCALE AT MID UNIT

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

Not adequate  Adequate  Good  Excellent

#### Scoring rules:

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

## Examples of Performance Indicators

### Professional Behaviour

#### 1. Demonstrates an understanding of patient/client rights and consent

- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- respects patients'/clients' privacy and dignity
- maintains patient/client confidentiality
- applies ethical principles to the collection, maintenance, use and dissemination of data and information

#### 2. Demonstrates commitment to learning

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements

appropriate changes based on reflection

- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

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

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge & identifies self
- observes dress code
- completes projects/tasks within designated time frame
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- Practises sensitively in the cultural context
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

#### 4. Demonstrates teamwork

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liaises as appropriate to access relevant services
- advocates for the patient/client when dealing with other services

- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

### Communication

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

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

- communication with patient/client is conducted in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities
- negotiates appropriately with other health professionals

#### 6. Demonstrates clear and accurate documentation

- writes legibly
- completes relevant documentation to the required standard (eg., patient/client record, statistical information, referral letters)
- maintains records compliant with legislative 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
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues

- identifies patient's/client's goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/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 and participation restriction.
- identifies and justifies variables to be measured to monitor treatment response and outcome.
- selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation.
- links outcome variables with treatment goals
- communicates the treatment evaluation process and outcomes to the client
- identifies, documents and acts on factors that may compromise treatment outcomes

#### **9. Performs appropriate physical assessment procedures**

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

### **Analysis & Planning**

#### **10. Appropriately interprets assessment findings**

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning

- prioritises important assessment findings
- compares findings to normal

#### **11. Identifies and prioritises patient's/client's problems**

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

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

- negotiates realistic short treatment goals in partnership with patient/client
- negotiates realistic long treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

#### **13. Selects appropriate intervention in collaboration with the patient/client**

- engages with patient/client to explain assessment findings, discuss intervention strategies and develop an acceptable plan
- options for physiotherapy intervention are identified and justified, based on patient/client needs, on best evidence and available resources
- considers whether physiotherapy treatment is indicated
- demonstrates a suitable range of skills and approaches to intervention

- describes acceptable rationale (eg likely effectiveness) for treatment choices
- balances needs of patients/clients and care givers with the need for efficient and effective intervention
- demonstrates understanding of contraindications and 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 eg medication for pain, wound care.
- demonstrates appropriate patient/client handling skills in performance of interventions
- performs techniques at appropriate standard
- minimizes risk of adverse events to patient/client and self in performance of intervention (including observance of infection control procedures and manual handling standards)
- prepares environment for patient/client including necessary equipment for treatment
- identifies when group activity might be an appropriate intervention
- demonstrates skill in case management
- recognises when to enlist assistance of others to complete workload
- completes intervention in acceptable time
- refers patient/client on to other professional/s when physiotherapy

intervention is not appropriate, or requires a multi-disciplinary approach

### **15. Is an effective educator/health promoter**

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

### **16. Monitors the effects of intervention**

- incorporates relevant evaluation procedures/outcome measures within the physiotherapy plan

- monitors patient/client throughout the intervention
- makes modifications to intervention based on evaluation
- records and communicates outcomes where appropriate

### **17. Progresses intervention appropriately**

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

### **18. Undertakes discharge planning**

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

### **Evidence Based Practice**

#### **19. Applies evidence based practice in patient care**

- considers the research evidence, patient/client preferences, clinical expertise and available resources in patient/client management
- locates and applies relevant current evidence eg., clinical practice guidelines and systematic reviews

- assists patients/clients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible

### **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe

# Assessment of Physiotherapy Practice



## End of Unit Summative Assessment



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

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

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

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

**GLOBAL RATING SCALE**

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

Not adequate       Adequate       Good       Excellent

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

Dalton M., Keating J., Davidson M. (2009) Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy. Australian Learning and Teaching Council (ALTC) Final report PP6-28. <http://www.altc.edu.au/project-development-clinical-assessment-2006>

## Examples of Performance Indicators

### Professional Behaviour

#### 1. Demonstrates an understanding of patient/client rights and consent

- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- respects patients'/clients' privacy and dignity
- maintains patient/client confidentiality
- applies ethical principles to the collection, maintenance, use and dissemination of data and information

#### 2. Demonstrates commitment to learning

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements

- appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

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

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge & identifies self
- observes dress code
- completes projects/tasks within designated time frame
- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- Practises sensitively in the cultural context
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

#### 4. Demonstrates teamwork

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liaises as appropriate to access relevant services
- advocates for the patient/client when dealing with other services

- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

### Communication

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

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

- communication with patient/client is conducted in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities
- negotiates appropriately with other health professionals

#### 6. Demonstrates clear and accurate documentation

- writes legibly
- completes relevant documentation to the required standard (eg., patient/client record, statistical information, referral letters)
- maintains records compliant with legislative 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
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues

- identifies patient's/client's goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/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 and participation restriction.
- identifies and justifies variables to be measured to monitor treatment response and outcome.
- selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation.
- links outcome variables with treatment goals
- communicates the treatment evaluation process and outcomes to the client
- identifies, documents and acts on factors that may compromise treatment outcomes

#### 9. Performs appropriate physical assessment procedures

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information
- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

### Analysis & Planning

#### 10. Appropriately interprets assessment findings

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning

- prioritises important assessment findings
- compares findings to normal

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

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

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

- negotiates realistic short treatment goals in partnership with patient/client
- negotiates realistic long treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

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

- engages with patient/client to explain assessment findings, discuss intervention strategies and develop an acceptable plan
- options for physiotherapy intervention are identified and justified, based on patient/client needs, on best evidence and available resources
- considers whether physiotherapy treatment is indicated
- demonstrates a suitable range of skills and approaches to intervention

- describes acceptable rationale (eg likely effectiveness) for treatment choices
- balances needs of patients/clients and care givers with the need for efficient and effective intervention
- demonstrates understanding of contraindications and 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 eg medication for pain, wound care.
- demonstrates appropriate patient/client handling skills in performance of interventions
- performs techniques at appropriate standard
- minimizes risk of adverse events to patient/client and self in performance of intervention (including observance of infection control procedures and manual handling standards)
- prepares environment for patient/client including necessary equipment for treatment
- identifies when group activity might be an appropriate intervention
- demonstrates skill in case management
- recognises when to enlist assistance of others to complete workload
- completes intervention in acceptable time
- refers patient/client on to other professional/s when physiotherapy

intervention is not appropriate, or requires a multi-disciplinary approach

### **15. Is an effective educator/health promoter**

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

### **16. Monitors the effects of intervention**

- incorporates relevant evaluation procedures/outcome measures within the physiotherapy plan

- monitors patient/client throughout the intervention
- makes modifications to intervention based on evaluation
- records and communicates outcomes where appropriate

### **17. Progresses intervention appropriately**

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

### **18. Undertakes discharge planning**

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

### **Evidence Based Practice**

#### **19. Applies evidence based practice in patient care**

- considers the research evidence, patient/client preferences, clinical expertise and available resources in patient/client management
- locates and applies relevant current evidence eg., clinical practice guidelines and systematic reviews

- assists patients/clients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible

### **Risk Management**

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

- monitors patient/client safety during assessment and treatment.
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe

## Appendix 10.1: Clinical educator invitation to participate in inter-rater reliability trial



### Inter-Rater Reliability Trials of the Assessment of Physiotherapy Practice (APP) Instrument.

#### ***What's happening with the APP research?***

The Assessment of Physiotherapy Practice (APP) is the first attempt in Australia to develop, test and refine a standardized instrument for assessing competency of physiotherapy practice suitable for national use. The Carrick Institute for Learning and Teaching in Higher Education have funded this project as a priority.

#### ***Summary – where we are currently:***

The pilot trial (n=295), and the first field test (n=747) of the APP are now complete. Field test #2 was commenced in semester 1, 2008 and will continue into the second semester of 2008.

In these two field trials physiotherapy programs throughout Australia and New Zealand will be using the APP either as the primary assessment form, or in parallel with current clinical assessment formats

#### ***The results to date on how the APP is working :***

- Clinical educators are using the scale correctly ie., they are able to differentiate between levels of student performance using each of the scores from 0 – 4.
- Educators had clear understanding of passing standard ie beginning/entry level
- No differences in student scores from different clinical areas ie., APP worked equally well in clinical areas of cardiorespiratory, neurological rehabilitation and musculoskeletal
- Use of the APP is not affected by age or gender of the student or educator and importantly, it is not affected by the level of experience of the clinical educator
- It is appropriately targeted at the population being assessed, ie. Neither too easy or too hard.

#### ***Reliability of the APP***

The reliability of a measurement instrument like the APP is obviously extremely important. If two clinical educators examine the same student performance do they score the APP for that student in a similar way?

This is a hugely important question to answer, and you can contribute to this process by agreeing to participate in the Inter-Rater reliability trials of the APP.

#### ***So what do you have to do?***

The ideal approach to the study of reliability entails independent replication of the entire measurement process as it occurs in real life, so the sample for the trials will be a representative sample of the standard users of the APP ie 3<sup>rd</sup> and 4<sup>th</sup> year prequalification students and their educators during a usual clinical placement.

If you agree to participate, you would not be required to do any additional work during the placement. You would be required only to complete an APP assessment form at the end of the unit and this form needs to be completed independent of the second clinical educator involved with the students who will also be completing an APP form on the students involved.

In its current form, the APP draft format consists of a practical, one-page test layout that reflects the APC Competency Standards and all current assessment forms in use in Australia. We expect that completing the APP assessment form will take approximately 10 mins and that completion of the remaining forms will take approximately 10-15 mins.

**The Inter-Rater Reliability Trial protocol** for the clinical educator looks like this:

**Before the clinical placement commences:**

- Complete the clinical educator consent form
- Familiarise yourself with the process of the trial, in particular, the APP instrument and the performance indicators. Information is provided in the resource manual.
- If you have any questions in relation to trial or the APP itself phone or email Megan Dalton for clarification.

**During the clinical placement**

- Observe and provide feedback on student performance as per usual.
- If you are sharing the education of the student, you can have normal discussions about strategies to assist the student/s to improve their performance but you are requested **NOT** to discuss actual marks or grading of the student.
- If it is your role as the primary clinical educator to provide mid unit formative feedback, you do this as you would normally give this feedback, but again **do not** discuss any specific marks or grading on the APP with the other clinical educator or the student.

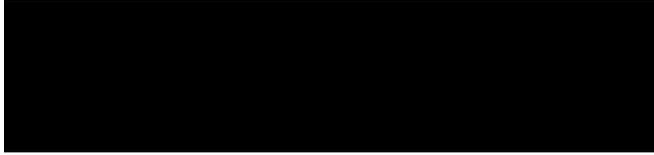
**At the end of the clinical placement:**

- On your own, complete the **APP** instrument **BEFORE** having any discussion with your colleagues or the student about the end of unit grading/marks you have entered onto the APP.
- **Do not** show the end of unit completed APP to the student, or to your inter-rater reliability trial educator.
- If you have any questions in relation to how to complete the APP itself phone or email Megan Dalton for clarification.
- Complete the APP clinical educator demographic and feedback forms
- Request that the student/s complete the APP student demographic form
- Place APP instrument and all forms in the reply paid Griffith University envelope provided and post.

- **Now:** Complete the usual University clinical assessment forms and provide end of unit summative feedback and get signoff from the student as you would normally do.

Your participation is vital to the success of this project, and your time and support is much appreciated.

Kind regards,



(on behalf of the research team)

**Megan Dalton**

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## **Appendix 11.1: APP Training DVD**