AUSTRALIAN PHYSIOTHERAPY COUNCIL

CLINICAL ASSESSMENT INFORMATION BOOKLET

UPDATED APRIL 2022

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INTRODUCTION TO THE CLINICAL ASSESSMENT

The Clinical Assessment is part of the Standard Assessment pathway which assesses a candidate's ability to apply clinical skills in a simulated environment. It consists of three practical assessments – one each in musculoskeletal physiotherapy, neurological physiotherapy, and cardiorespiratory physiotherapy.

All three assessments are conducted in ***a simulated environment with standardised patients at the Council's Simulation Lab in Melbourne (VIC).*** To pass the Clinical Assessment, you must demonstrate the ability to independently practice and undertake a safe and effective consultation in all three areas. Once successful, candidates will be issued with a Final Certificate, which will meet the qualification requirement for General Registration with the Board.

All Clinical Assessments are recorded by cameras in the assessment area. Please note that the recording will be used for internal review purposes only, if required, and candidates will not have access to the video footage due to privacy reasons. Prior to recording, consent to be videoed is obtained from the candidate, assessors, and simulated patient.

CLINICAL ASSESSMENT ALLOCATION

As a guideline, you will be allocated to the clinical assessment within approximately 3 months from the time of application. You will receive advance notification of your Clinical Assessment allocations as soon as you are assigned to each session. You will be provided with at least 6-8 weeks advance notification so that you can make necessary arrangements for the assessment.

Please note that if this is your ***first attempt*** with the clinical assessment, you will be allocated to all three assessment sessions (musculoskeletal, cardiorespiratory and neurology) ***on the same day*** in the Council's Sim Lab in Melbourne. However, with the ***second attempt -*** if a candidate needs to undertake more than one re-sit, ***they will be held on different days*** in the Council's Sim Lab. If you are unavailable during a specific time period for your assessments, please advise the Council office well in advance so that this can be taken into consideration when allocating candidates. All requests and updates regarding candidate availability need to be made in writing, by emailing assessment@physiocouncil.com.au

If you have any special needs or requirements for the day of the assessment (for example, a vision impairment) please do notify the Council so we can discuss how this can be accommodated in the Simulation Lab.

Please be aware that that if a candidate is pregnant, they are not allowed to undertake the assessments ***after 34 weeks of pregnancy*** for safety reasons. Pregnant candidates attending their assessments will need to provide a letter from their medical practitioner dated no earlier than one week before their assessment date confirming their due date and that they are physically and medically fit to undertake a clinical assessment on that day.

IMPORTANT: If you have been allocated to an assessment session but are unable to attend, please notify the assessment team via email (assessment@physiocouncil.com.au) *within 48 hours of receiving your allocation email* to avoid cancellation fees. We would kindly ask that you refrain from requesting to change the allocated assessment dates unless absolutely necessary, as assessment allocations are in high demand and varying your allocated date may affect the allocations of other candidates. It also may incur a ***cancellation fee***.

Clinical assessments cannot be postponed or rescheduled – this has a great impact on the schedule, as each assessment spot is carefully planned for and resourced accordingly. If you cannot attend an allocated date, this is considered to be a cancellation. You will then return to the waiting list to receive a new allocation.

Please refer to the below ***Policy on Fee Return for Withdrawn Applications and Cancelled Assessments:***

Clinical Assessment Policy on fee return:

Before allocation of an assessment session	100%
After allocation of an assessment session and at least six weeks before allocated assessment session	50%
Less than six weeks before allocated assessment session	No return of fee

Please note that processing of any fee return (except the Internal Review fee where a complaint is upheld) will incur ***administrative fee of $56 per transaction***.

FORMAT OF THE CLINICAL ASSESSMENT

The Clinical Assessment usually takes around 75 minutes, comprised of:

1. Ten (10) minutes of Reading Time for the Candidate to inspect background information about the patient
2. Five (5) minutes of Verbal Summary Time for the Candidate to provide a verbal summary to the Assessors
3. Fifty (50) minutes of Patient Time
4. Ten (10) minutes for oral clarification (Oral Reporting Time)

READING TIME

Reading time will be conducted in reading rooms. You will be provided with the patient information typical of what would be available to a physiotherapist who has no prior contact with or knowledge of the patient. This might include:

- Summary notes about the patient written by the treating physiotherapist; or
- A referral note from another health practitioner, such as a doctor or another physiotherapist; or
- Results from previous tests and/or scans; or
- For acute cases, additional medical notes and charts may be included.

The assessment commences once the Candidate begins Reading Time. After this point, a withdrawal from the assessment will be considered an attempt at the Clinical Assessment.

VERBAL SUMMARY TIME

Immediately after Reading Time, the administrator will bring the Assessors to meet the candidate in their reading room and the Candidate will have up to 5 minutes to provide the Assessors with a verbal summary of the background information. At the conclusion of the Verbal Summary Time (and prior to the Patient time beginning), candidates can quickly collect any equipment they anticipate will be needed during the assessment. This is purely for collection purposes, any set up in the gym area is considered to be part of the Patient Time. The Administrator will commence the Patient Time if a candidate is attempting to take extra time beforehand.

PATIENT TIME

The Candidate and Assessors will then move to the treatment room and the candidate will have up to 50 minutes to complete an appropriate assessment and treatment for the patient. The time begins when the candidate enters the treatment room. Two time-checks will be provided at the 20-minute and 40-minute marks of the assessment, by the administrator.

Occasionally an assessment may end before the allocated time is up. This can be initiated by the candidate; in which case all Assessors and the Candidate must agree to end the assessment before time. The Assessors can choose to end patient time early if there are significant concerns for the safety and wellbeing of the person portraying the patient.

During the course of Patient Time, an Assessor will not speak with the Candidate at any time, *unless* it is to manage a perceived risk to the patient, to provide clarification of something specific to the simulated environment, or to respond to candidate instructions (if an assessor has been asked to step in as a physio assistant, for a two-person assist patient). Assessors will not discuss any aspect of the Candidate's performance during Patient Time.

IMPORTANT: Please note that the timer will not be paused during Patient Time should a candidate need to retrieve any equipment from the equipment cupboard as everything is in close proximity and considered a part of the treatment plan. Also, if there is any particular piece of equipment that a candidate had wanted to use during the patient time that isn't available on the day, the candidate would be expected to apply modifications to their plans based on the availability of equipment, as is considered a common entry level practice.

ORAL REPORTING TIME

The oral reporting time is useful for Assessors to seek clarification of the treatment plan and the rationale behind the intervention, as some Candidates may not verbalise their actions during the assessment. Assessors can also use this time to ask the Candidate about their ongoing management plan of the patient.

Assessors can use up to 10 minutes for oral reporting time.

Please note that whilst the administrator will try their best to run the assessment as per the schedule, delays do occasionally occur.

CLINICAL ASSESSOR PANEL

The candidate's performance is observed and assessed by a panel of two assessors (one Specialist and one Generalist) who have been appointed by the Council on the basis of their qualifications and experience in assessment and supervision of entry-level physiotherapists. Each assessor first independently completes the Independent Candidate Assessment Form during Patient Time and Oral Clarification Time without consultation with the other assessor. When the Assessment is complete and the candidate leaves, the assessors then confer and discuss their observations, and together complete the Moderated Assessment Form. Assessors will not provide feedback regarding performance or assessment outcomes to the candidate.

IMPORTANT: Candidates MUST NOT contact the assessors under any circumstances outside of the Clinical Assessment. This is considered unprofessional and may result in termination of the Council's assessment process.

ASSESSING PERFORMANCE

The Council's assessment instrument is aligned to the Physiotherapy Practice Thresholds (the Thresholds), which defines the standards of competency expected of entry-level physiotherapists. Assessors assess the Candidate performance at the entry-level standard.

The assessors use the Domains and Performance indicators to determine whether a satisfactory performance was demonstrated. The assessment instrument consists of ***6 domains and 27 associated items (or criteria) and 2 global ratings***. Each of the 6 domains are broken down into items. Each item or criteria is further broken down into performance indicators:

DOMAINS (AREA OF PRACTICE)

Each domain the assessment tool maps to competencies described in the Physiotherapy Practice Thresholds.

1A Collect patient Information and Form a Preliminary Hypothesis: refers to the information gathered during the patient interview and any other data collected by the Candidate in reference to the patient such as pathology and radiology reports, letters of referral, medical and physiotherapy notes.

1B Design and Conduct a Safe Assessment: refers to the physical examination of the patient.

2 Interpret and Analyse the Assessment Findings: involves the discussion between the Candidate and the patient about the status of the assessment findings, the patient's priorities and need for further examination.

3 Develop a Physiotherapy Intervention Plan: involves the discussion between the Candidate and the patient about what physiotherapy can achieve for the patient and how this would occur (timeframe, type of intervention and what would be achieved by each intervention).

4 Implement Safe and Effective Physiotherapy Intervention: requires the Candidate to perform an intervention with the cooperation of the patient.

5 Evaluate the Effectiveness and Efficiency of Physiotherapy Intervention: The Candidate needs to measure the effect of each intervention and be able to explain to the patient how much effect was achieved, what else needs to be considered and how the intervention will be modified.

6 Communication: requires the Candidate to demonstrate both verbal and non-verbal skills which meets the needs of the patient during their assessment and treatment. It may also include any other person involved with the patient such as a carer or professional staff including the Assessors.

During or at the completion of the assessment, the Assessor records whether a Candidate has satisfactorily demonstrated each domain at the entry level by circling YES or NO.

ITEMS (CRITERIA)

The items describe one part of the performance of a core activity that a Candidate should demonstrate towards achieving the overall criterion. Each item contains a number of *performance indicators*. For instance, *Item 1B Design and Conduct a Safe Assessment* has three contributing parts or performance indicators: design an assessment, conduct the assessment and safely assess. Please see the APPENDIX section of this information booklet for further information on Domains and Performance Indicators.

GLOBAL RATING

Candidates are assessed in all six domains and their ability to identify, manage and address risk during the assessment. The two Global Ratings are **7. Risk Management Incidents** and **8. Overall Performance**. Assessors will complete the Global Ratings once all domains and items are rated.

> ***IMPORTANT:*** As is expected of practicing physiotherapists in Australia, the Candidate assumes responsibility for safety during the Assessment as the treating physiotherapist. The assessors will not provide any safety prompting during the assessment and will assess the candidate's performance in recognising risks and applying safe and effective practice. In the event of a significant risk of injury to the standardised patient, the assessment can be stopped by either the assessors or the standardised patient.

Risk Management Incidents are rated as

- N/A if there was no incident requiring the management of risk
- SAFETY ISSUE(S) if significant safety issue(s) observed during assessment
- ASSESSMENT DISCONTINUED if the assessment was discontinued

Overall Performance determines whether the assessment is satisfactory or unsatisfactory. You must be satisfactory in all six domains and have N/A in 7. Risk Management for your overall performance in the assessment to be satisfactory.

ORIENTATION FOR CLINICAL ASSESSMENTS

Orientation is provided via the Council's orientation video, which candidates can view on the Council website.

All candidates are expected to watch the orientation video in full before attending their clinical assessments.

During the orientation, Candidates will be familiarised with:

- Simulation lab space including the treatment rooms and reading rooms.
- Equipment available in the equipment cupboard *(also see separate equipment list available on the website)*
- Operation of beds
- Structure and timing for the assessments

- Information specific to simulated assessments
- What to expect on arrival, emergency evacuation procedures, and other housekeeping information.

IMPORTANT: The purpose of the orientation session is to ensure that the candidates are familiar with the assessment environment ahead of their sessions. The purpose of orientation is ***not*** to educate candidates ***how*** to use the equipment. Candidates are expected to know how to use equipment such as breathing devices, survey-based outcome measures and gait aids. Candidates are not allowed to ask the Administrator questions regarding the type of patients to expect for the assessment.

Candidates must ensure that they email a copy of your ***valid Personal Professional Indemnity Insurance cover (minimum of $5 million)*** to assessment@physiocouncil.com.au in the week prior to the assessment date. Also, a ***valid passport or Australian Driver's License*** must be shown to the administrator on the day of the assessment for identification purposes. Other forms of ID are unacceptable.

Candidates will not be allowed to do their assessment on the day if both insurance and ID have not been provided.

As mentioned previously, pregnant candidates *(up to 34 weeks)* attending their assessments will need to provide a letter from their medical practitioner dated no earlier than one week before their assessment date confirming their due date and that they are physically and medically fit to undertake a clinical assessment on that day.

360 PRE - ORIENTATION VIDEO

You can access the 360 pre orientation video which will provide you with an insight into the Simulation Lab and demystify assessments conducted in a simulated environment. It offers an immersive experience that allows you to choose where to look and what to focus on. ***Please click here to access the video.***

WHAT TO EXPECT ON THE ASSESSMENT DAY

Candidates must arrive at the assessment venue at the scheduled time, as per the clinical assessment allocation email. The administrator welcomes candidates on arrival and will take them to their allocated reading rooms. In the reading rooms, Candidates will have access to the list of available equipment in the sim lab. Pens and blank paper will also be provided to take notes. The reading time will commence once the candidates receive patient notes from the administrator.

Candidates can take their own stethoscope to the assessment if they prefer (spares are also available, if required) or their own small pieces of physio equipment such as stopwatch or goniometers – although these are included in the equipment cupboard as well and can be retrieved from the equipment cupboard if required on the day.

Candidates are encouraged to bring their own water bottle, and if they are completing multiple assessments on the one day, they can bring small snacks, such as a muesli bar or chocolate bar.

Candidates are **not allowed** to take any electronic devices (including mobile phones, smart watches, tablets, laptops), textbooks, handwritten notes, outcome measures, or any hot beverages or food into the reading rooms with them. There are lockers on site where belongings can be secured upon arrival.

A standard analogue or digital (non-smart) watch can be worn during the assessments. There are also wall clocks in the treatment rooms and gym areas.

DRESS CODE FOR THE CLINICAL ASSESSMENT

The dress code for the clinical assessments is smart casual. We would suggest wearing something that is comfortable and considered professionally appropriate for a hospital environment.

Strictly no denim please, and no work logos. Appropriate, close-toed footwear is expected.

DO'S AND DON'TS OF THE CLINICAL ASSESSMENT

Below is the list of most common Do's and Don'ts of the clinical assessment. These Do's and Don'ts are based on assessor feedback, and candidates are encouraged to read through and reflect on the advice that has been given:

Do

1. Treat the standardised patient in the same way as you would treat a real patient in the hospital setting

It is important that you treat the standardised patient exactly in the same way as you would treat a real patient in a hospital or private practice. The standardised patients are thoroughly trained for the case they portray, and the cases have been specifically designed to work in a simulated environment.

It is also important that you actively listen to what the patient is telling you. Build rapport with the patient. Don't talk at the patient, take the time to listen to what they are telling you. It may assist you to adjust your approach specific for that patient.

2. Conduct A Thorough Assessment

If you don't conduct a thorough assessment it will be very difficult to complete an effective treatment as you may have missed significant problems. Ask the patient questions regarding their social history, especially their home environment.

3. Educate the Patient About Your Findings

The more you explain to the patient what your assessment findings are, the less the Assessors will have to question after the patient time. Ensure the instruction of exercises given to the patient are clear and succinct so the patient can absorb the information. Consider: (1) the aim of the exercise; (2) how many repetitions and sets are required; as well as (3) how often it needs to be performed during the day.

In addition to explaining the exercises, consider if it will be best to demonstrate the exercises and ask the patient to practice the exercises. By educating the patient, it will demonstrate to the assessor what you are finding and how it impacts your treatment choices. The Assessors are eminently skilled, but they can't read your mind.

4. Manage Your Time Independently

Candidates are given 50 minutes patient time. Administrator will provide 2 x time checks: the first at the 20-minute mark, the second at the 40-minute mark. It is important you manage your time independently as well. If you were in the workplace no one would remind you of the remaining patient time, you would be expected to manage it yourself.

5. Consider Health and Safety Issues

Even if you are undertaking your assessment in the simulated environment ensure you consider the following:

1. Is hand washing/gloves/gown appropriate?
2. Patient's footwear, e.g., non-slip
3. Wheelchairs, e.g., brakes, position etc.
4. Crutches/walking aids, e.g., check first, adjust the height, what is the patient's ability on the day?
5. Prepare patient/attachments (e.g., post-surgery) carefully before commencing a walk. Make sure you plan walk/rests/chair or bed to finish.

6. Request assessor to assist as a physiotherapy assistant only when appropriate.

Candidates can request the assessor to play the role of a physiotherapy assistant, where required (for example, a two-person assist patient). The candidate is expected to provide ***clear instructions to the assessor*** (playing the role of a physiotherapy assistant) as they would to a physiotherapy assistant. The assessor who is playing the role of physiotherapy assistant is obliged to assist candidates where requested, but only do what is specifically requested of them by the candidate. No additional help/comments/guidance can be offered by the assessor, and they are not to do the candidate's work for them.

Don't

1. Have A Prepared Treatment Plan Which You Don't Modify

This is one of the most important tips of all. You may wish to go into the assessment with an outline of a treatment plan, but it is imperative that you ***adjust*** it to be suitable for the patient you are treating on the day of your assessment. Whilst the overarching patient diagnosis may be the same, no patient has exactly the same history, symptoms and work/home environment, so a set treatment plan that you use for all patients with that particular diagnosis will not be appropriate.

2. Assume Orientation Will Educate You How to Use Equipment

The purpose of orientation is to inform you where equipment can be found and to familiarise you with the environment. The purpose of orientation is ***not*** to educate you ***how*** to use the equipment. Please remember (and rest assured) you are being assessed against the standard of an Australian entry-level graduate, not as an expert. Candidates are expected to know how to use equipment such as breathing devices, survey-based outcome measures and gait aids.

ASSESSMENT OUTCOME

Candidates will be notified about their results via email in the form of candidate report within 14 days of their scheduled assessment. Following the first attempt at all three Clinical Assessments components (musculoskeletal, neurology and cardiorespiratory), Candidates will be advised of the outcome of the Clinical Assessment. The possible outcomes are:

- A Candidate who has ***successfully completed all the three physiotherapy areas*** (musculoskeletal, cardiorespiratory and neurology) in their first attempt has demonstrated they are suitable for independent practice in Australia. The candidate will be ***issued with a Final Certificate*** which can be presented to the Physiotherapy Board of Australia (the Board) to demonstrate that the Candidate has met the ***General Registration standard for qualification***. There are several other requirements for General Registration. Please check these with the Board directly.

- A Candidate who is ***unsuccessful with any of the assessment component(s)*** in their first attempt (musculoskeletal, cardiorespiratory or neurology), they will ***only have one more resit attempt*** to demonstrate their competency in that particular area. An exception applies only when a complaint is upheld by the Internal Review Panel.
  The option to apply for a resit will appear in candidate's dashboard 14 days after receiving notification of the result.

- A Candidate who ***successfully completes all additional assessment(s)*** is deemed to be ***suitable*** for independent practice in Australia and will be issued with a ***Final Certificate.*** The certificate can then be presented to the Board to demonstrate the candidate has met the ***General Registration standard for qualification.***

- A Candidate who is ***unsuccessful with any of the additional assessment(s)*** is deemed to be ***unsuitable*** for independent practice in Australia and in accordance with the procedures, their ***candidature with the Council will end*** and Physiotherapy Board of Australia will be notified of the ***cancellation of their interim certificate*** for this candidature. Any outstanding assessments will be cancelled as well. They can then either apply to re-start the Standard

Assessment Pathway at any time, or qualify for general registration by completing an accredited physiotherapy program at an Australian university.

Note: If a candidate wishes to re-start the process, they will need to advise the Australian Physiotherapy Council. The Council will then assist the candidate with re-starting, including a check as to whether they have previously completed their compulsory Cultural Safety Training.

IMPORTANT: Individualised feedback on assessment results is **not** provided. If candidates have received "Safety Issues" as part of their outcome, they can make a request to APC for more details regarding the specific safety issue(s), but cannot be provided with further detailed feedback.

APPLICATION FOR INTERNAL REVIEW

Candidates can apply for an Internal Review within 14 days of receiving an unsatisfactory outcome and can provide an application addressing the grounds for review. Below are the grounds that all Internal Review applications must meet for the review:

A. The procedural requirements as specified by the Australian Physiotherapy Council were not followed in a significant manner or to a significant extent; or
B. The candidate's performance was adversely affected by significant deficiencies in the assessment procedures beyond the control of the candidates.

Lodging an application for internal review attracts a fee of $560.00. The possible outcomes of an internal review are documented in the internal review policy. Please refer to the internal review policy on our website: https://physiocouncil.com.au/internal-review/

An independent Internal Review panel will assess the application alongside the assessment documentation provided by the assessors, and the video footage of the assessment.

While the outcome of the assessment cannot be changed, if the internal review application is upheld, the outcome will be set aside, your Internal Review fee will be reimbursed, and an additional allocation will be made for you at no further fee.

IMPORTANT: Please note that candidates cannot put an internal review on an assessor's clinical judgement. For instance, questioning why they have been scored a "NO" in a particular domain or subdomain is not acceptable, as both assessors would have agreed on the day that the candidate did not meet the standards to successfully pass that assessment. The Internal Review Panel will only take procedural omissions on the day into account. Hence, candidates can only apply for an Internal review based on procedural grounds.

FEEDBACK ON THE ASSESSMENT PROCESS

If you have any feedback on the assessment process, including concerns about procedural matters relating to the assessment itself, please email assessment team at assessment@physiocouncil.com.au. Please note that the feedback provided at this time is for quality improvement purposes only and will not constitute an Internal Review application.

APPENDIX

DOMAINS AND PERFORMANCE INDICATORS

AUSTRALIAN PHYSIOTHERAPY COUNCIL

Identification Details (to be completed by Administrator)

Assessor ID		Candidate ID	

1A Collect Patient Information and Form a Preliminary Hypothesis	
1A.1	Collect patient information ☐ Obtained consent from the patient to conduct assessment ☐ Collected patient information and history ☐ Explored presenting signs and symptoms ☐ Obtained relevant measurable data (including supplementary information, for example radiological or pathological reports or reports from other service providers) ☐ Identified goals, values and expectations of the patient
1A.2*	Form a preliminary hypothesis ☐ Analysed the information collected ☐ Identified potential influencing presentations and hypothesised differential diagnoses ☐ Identified assessment needs including priority ☐ Checked the patient's needs against his/her scope of expertise

1B Design and Conduct a Safe Assessment	
1B.1	Design an assessment ☐ Prioritised and ordered assessment and included tests to measure impairment and activity limitation ☐ Identified potential problems and contraindications to assessment ☐ Selected tests and assessment instruments appropriate to the patient's presentation, and according to the reliability, validity, accuracy and availability of the tests
1B.2	Conduct an assessment ☐ Physical examination of appropriate depth and breadth (e.g. relevant observational, manual and analytical testing, appropriate sequence for procedures, modifications according to patient response, completed in a timely manner) ☐ Modified assessment in recognition of factors such as patient's age, occupation, pain, co-morbidities, communication ability and the assessment environment ☐ Used tests and assessment instruments correctly ☐ Progressively interpreted findings as guide the nature and extent of the assessment ☐ Compared assessment findings against the preliminary hypothesis
1B.3	Safely assess ☐ Identified and assessed risks ☐ Made modifications to address risks for the patient and self

2 Interpret and Analyse the Assessment Findings	
2.1	Compare findings with 'normal' status of patient ☐ Identified normal status of the patient and compared the assessment findings against these ☐ Determined extent of pathology/disorder and discussed with the patient to develop a course of action
2.2*	Compare findings with what is expected for the condition, and include or exclude alternative diagnoses ☐ Defined clinical expectations of presenting condition including aetiology, signs, symptoms, clinical course; relationship of signs and symptoms to stage of disorder. ☐ Related symptoms to pathology/disorder ☐ Considered other features of the patient including patient environment, psychosocial and psychological elements when comparing presenting symptoms and expected clinical findings ☐ Compared actual and expected findings and considered differential diagnoses
2.3	Prioritise patient needs ☐ Identified problems and priorities in collaboration with the patient ☐ Identified presenting symptoms and interrelationships ☐ Considered possible sources/mechanisms of presenting symptoms and compared with preliminary diagnosis
2.4*	Re-evaluate as required to develop a justifiable and sustainable hypothesis ☐ Outlined in order of probability the differential diagnoses ☐ Refined diagnoses on appropriate tests performed ☐ Reinforced and negated clinic diagnostic hypotheses ☐ Reached justifiable conclusions and correlated with additional information to reach justifiable conclusions on Physiotherapy assessment findings ☐ Incorporated current scientific argument and clinical reasoning into the decision-making process
2.5*	Where indicated, identify areas that are outside their own skills and expertise and discuss appropriate referral ☐ Identified conditions not amendable to physiotherapy or are beyond own skills and knowledge ☐ Made appropriate referrals to other practitioners including physiotherapists, based on knowledge of presenting condition and management options

3 Develop a Physiotherapy Intervention Plan	
3.1*	Develop a logical rationale for physiotherapy intervention based on the assessment findings ☐ Identified significant features of the assessment findings and determined implications for the intervention ☐ Identified potential impact of patient lifestyle, culture, values and attitudes plus environment on a plan of intervention ☐ Developed rationale for intervention
3.2*	Set realistic short and long-term goals with the patient ☐ Provided appropriate education of the patient concerning the assessment findings ☐ Determined patient expectations ☐ Acknowledged the goals of referring practitioner ☐ Where appropriate, discussed the lack of intervention ☐ Established realistic goals in consultation with the patient ☐ Implemented strategies for modifying the goals developed with the patient
3.3	Select appropriate and effective interventions to address the patient problems that are identified ☐ Considered patient needs ☐ Considered indications, contraindications and risks associated ☐ Considered assessment findings from other providers ☐ Considered up to date, best evidence and followed best practice
3.4	Plan for possible contingencies that may affect the intervention plan ☐ Identified factors about the patient that may affect their motivation or ability to participate in the intervention ☐ Took appropriate precautionary action ☐ Developed a contingency plan ☐ Gave appropriate warnings to the patient ☐ Evaluated the environment to determine impediments to intervention
3.5	Prioritise the intervention plan in collaboration with the patient ☐ Established priorities ☐ Set realistic timeframes
3.6	Determine plan of evaluation using valid and reliable outcome measures ☐ Specified relevant evaluation procedures ☐ Selected suitable functional outcomes

4 Implement Safe and Effective Physiotherapy Interventions	
4.1	Obtain informed consent for the intervention ☐ Identified appropriate consent giver ☐ Ensured consent giver had sufficient understanding of the interventions including risks and benefits, realistic expectations ☐ Obtained consent
4.2	Prepare equipment and the treatment area ☐ Checked that appropriate equipment was selected and that it was safe and ready for operation ☐ Prepared the treatment area to maximise effectiveness, efficiency, safety and privacy of the patient
4.3	Implement safe and effective physiotherapy interventions for the patient and for the physiotherapist For the patient: ☐ Interventions were safe and effective ☐ Identified and managed risks to the patient ☐ Applied appropriate precautions ☐ Used appropriate mechanical equipment to assist in patient transfer and handling ☐ Implemented infection control ☐ Minimised distress to the patient; including understanding the effect of pain relief or other medications relevant to patient care during and after intervention, aspects of intervention that may impact on co morbidities ☐ Intervention was consistent with agreed program ☐ Used strategies to motivate the patient to participate: including communication throughout the intervention, gave accurate instructions and feedback related to performance ☐ Monitored the patient throughout the intervention and appropriate modifications were made for patient comfort and the patient's condition ☐ For the physiotherapist: ☐ Identified and managed risks to self ☐ Positioned self for safety and comfort ☐ Exhibited effective psychomotor skills
4.4	Where indicated, manage adverse events ☐ Identified potential adverse events, relevant precautions were taken ☐ Considered strategies for managing the therapist's personal safety ☐ Appropriately recognised, managed and reported
4.5	Provide strategies for patient self-management ☐ Gave the patient clear instructions and where necessary, demonstrated to the patient to ensure they understood the intervention ☐ In terms of defined goals, gave regular feedback on performance and progress ☐ Developed a realistic self-management program ☐ Used effective motivation strategies to encourage active participation by the patient
4.6	When indicated, implement health promotion activities ☐ Advocated self-management of health and wellbeing (includes early identification of disease, risk avoidance, principles of health care, health promotion and ergonomics) ☐ Where appropriate, made the patient aware of links to community networks

5 Evaluate the Effectiveness and Efficiency of Physiotherapy Intervention(s)	
5.1	Monitor the outcomes of the intervention ☐ Measured changes safely, accurately and appropriately (used specific and relevant outcomes)
5.2	Evaluate the outcomes of the intervention ☐ Determined the effectiveness and efficiency of intervention ☐ Determined relative contribution of change to function, health status etc ☐ Identified factors limiting or confounding effectiveness
5.3*	Determine modifications to the intervention Modifications to the intervention: ☐ were based on outcomes of intervention ☐ reflected changes in patient status, and ☐ were made in consultation with the patient ☐ Referral was made to other professionals as indicated by outcomes

6 Communicate Effectively	
6.1	Communicate effectively with the patient ☐ Established a rapport with the patient ☐ Adapted verbal and nonverbal communication to the needs and profile of the patient ☐ Communicated In a manner and environment that ensured confidentiality, privacy and sensitivity ☐ Discussed and agreed the goals, nature, purpose and expected outcomes of the physiotherapy intervention ☐ Employed appropriate strategies to address communication difficulties, e.g. use of written communication, other technology or other persons
6.2	Demonstrate effective English language ability ☐ Demonstrated the ability to use the English language effectively when communicating with the patient (and any person acting as a consent giver or interpreter) and the assessors.

7 Risk Management Incidents
N/A if there was no incident requiring the management of risk **SAFETY ISSUE(S)** if significant safety issue(s) observed during the assessment **ASSESSMENT DISCONTINUED** if the assessment was discontinued

* A complete assessment of this item may require both observation of work-based activity and discussion in Oral Reporting Time.

SIMULATION LAB FLOOR PLAN