



DOCTOR OF PHYSIOTHERAPY

CLINICAL EDUCATION MANUAL

2019

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Thank you for agreeing to contribute to the physiotherapy clinical education of our physiotherapy students from Bond University. This is an important component of their professional development on the road to becoming work-ready, entry level physiotherapists.

In this manual you will find a summary of pertinent information that explains the Doctor of Physiotherapy (DPHTY) Program – its mission, values, goals and educational philosophy. You will find key information about the subjects which the students must complete before commencing this clinical unit. Expectations for each clinical unit are described, and information on relevant procedures and links to forms are included.

Our program has a strong clinical support team, and the academic staff of Bond University will always be available to offer support in any form that may be deemed necessary before, during and after each clinical placement.

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SECTION 1 MISSION, VALUES AND GOALS

1.1 Mission

The Doctor of Physiotherapy (DPHTY) program strives to prepare excellent entry level physiotherapists who are leaders, innovators, and creative thinkers. They will be caring and reflective practitioners, who are clinical scholars with the ability to: provide client-centred, effective and efficient health care; to critically evaluate the scientific evidence basis of practice; to adapt to and initiate change; to collaborate within interprofessional teams; and to become life-long learners. They will be the physiotherapists who are “work ready” at graduation.

1.1 Values

We value:

Excellence – Achieving our best in all our endeavours

Caring – Acting with concern for the well-being of every person

Respect – Acting with honesty and integrity and recognising the uniqueness of each individual

Collaboration – Fostering partnership and teamwork with each other and our communities

Innovation – Providing an environment that encourages creativity, openness and risk taking

1.2 Goals

The overarching goal is to prepare students to practice in a variety of roles and diverse clinical environments. As clinical scholars, students will exemplify mindful, ethical practice and apply their knowledge and skills in an evidence-based way to clients, patients, systems and organisations. To achieve this, the education process focuses on knowledge, skills and professional behaviours required of a physiotherapist.

The DPHTY program focuses on knowledge related to the:

- fundamental, theoretical and scientific bases of physiotherapy practice
- use of preventive, therapeutic, rehabilitative, and supportive strategies in the management of clients
- determinants of health
- ethics of health care practice
- concepts of health promotion, health policy, and the delivery of health care
- principles and methods of evidence-based practice and research

The DPHTY program focuses on skills related to competency in:

- physiotherapy clinical decision making, assessment, management, evidence-based practice and research
- learning including self-directed learning, self and peer evaluation and group communication and behaviour
- education and communication including effective oral and written communication

The DPHTY program focuses on professional behaviours related to acting ethically and responsibly:

- towards clients – to provide client-centred care and advocate on behalf of clients and their families
- towards oneself – to recognise and acknowledge personal assets, emotional reactions, limitations in one’s own knowledge, skills, and behaviours, to build on one’s assets and to overcome limitations
- towards colleagues – to contribute to productive communication and cooperation among colleagues in physiotherapy and other health professions

1.3 Educational Philosophy and Learning Theories

The educational philosophy in the DPHTY program emphasises adult learning theories based on principles of self-directed, problem-based, small group learning.

To learn more about these learning theories, please [click here](#).

1.4 Clinical Education

Students spend a minimum of 30 weeks (6 x 5-week units) in full-time clinical practice, in addition to the simulated learning experiences embedded into the curriculum units. Students may also elect to complete a capstone 6-week Clinical Internship in their final semester. Clinical education is organised in a variety of health care facilities including teaching hospitals, community hospitals, health care agencies, specialised centres, private practices and other community facilities. During a clinical placement, students practice under the guidance and supervision of clinical educators, who are registered physiotherapists employed by the facility.

1.4.1 Clinical Support

The Bond University Doctor of Physiotherapy Program recognises that clinical education is an integral part of students’ pathway to becoming a competent practitioner. As a program we are invested in maintaining a high level of support to our students and clinical educators during clinical placement experiences. In students’ first four clinical placements experience each student and educator team is allocated a Clinical Support person, a member of the academic teaching team in the relevant clinical area. Your academic support person will schedule a routine visit (for those facilities within a 90min travel radius) or phone/Skype call around mid-unit. This visit will be to meet with both educator and students to offer any support, advice or assistance that would be welcomed.

Student and educator teams in the final three placements will still have access to Clinical Support from one of the Clinical Education team who will make contact via email or phone to check-in. Any support, advice or assistance that would be welcomed can be provided by the clinical education team, plus support for the relevant clinical teaching team if necessary. We are very happy to come out and visit any student or educator on request.

Clinical placements rely on the communication and enthusiasm of all members of the team involved in clinical education: the students, the clinical educator, their facility and the university. Please Figure 1 for more details about the roles of each of these team members. They are also explored in detail in Sections 2-4.

1.4.2 Student Evaluation

Student performance is evaluated on a regular basis throughout the DPHTY program using a variety of assessment tools that are consistent with the basic principles of problem-based and self-directed learning. Assessment items include written assessments, Objective Structured Clinical Examinations (OSCEs), seminar presentations and Problem-Based Learning Evaluations. Students must pass minimum coursework requirements of the preceding clinical coursework subjects to be eligible to progress on to clinical placement.

1.4.2.1 The Assessment of Physiotherapy Practice

The DPHTY program uses the Assessment of Physiotherapy Practice (APP) assessment tool for assessment of our students in clinical practice. The APP is assessed online through [APPLinkup](#). It is important that Clinical Educators are familiar with the use of the APP, and the benchmark standard to which a student's performance is compared – that of a day one new graduate. APPLinkup has several helpful training resources on the use of the APP. It is ideal for Clinical Educators to attend a training day such as the workshops run by QUCEC, *Assessment of Physiotherapy Student Practice using the APP*. The Bond Clinical Education team are also very happy to speak with you individually to familiarise you with the APP and answer any questions you may have.

1.4.2.2 APPLinkUp

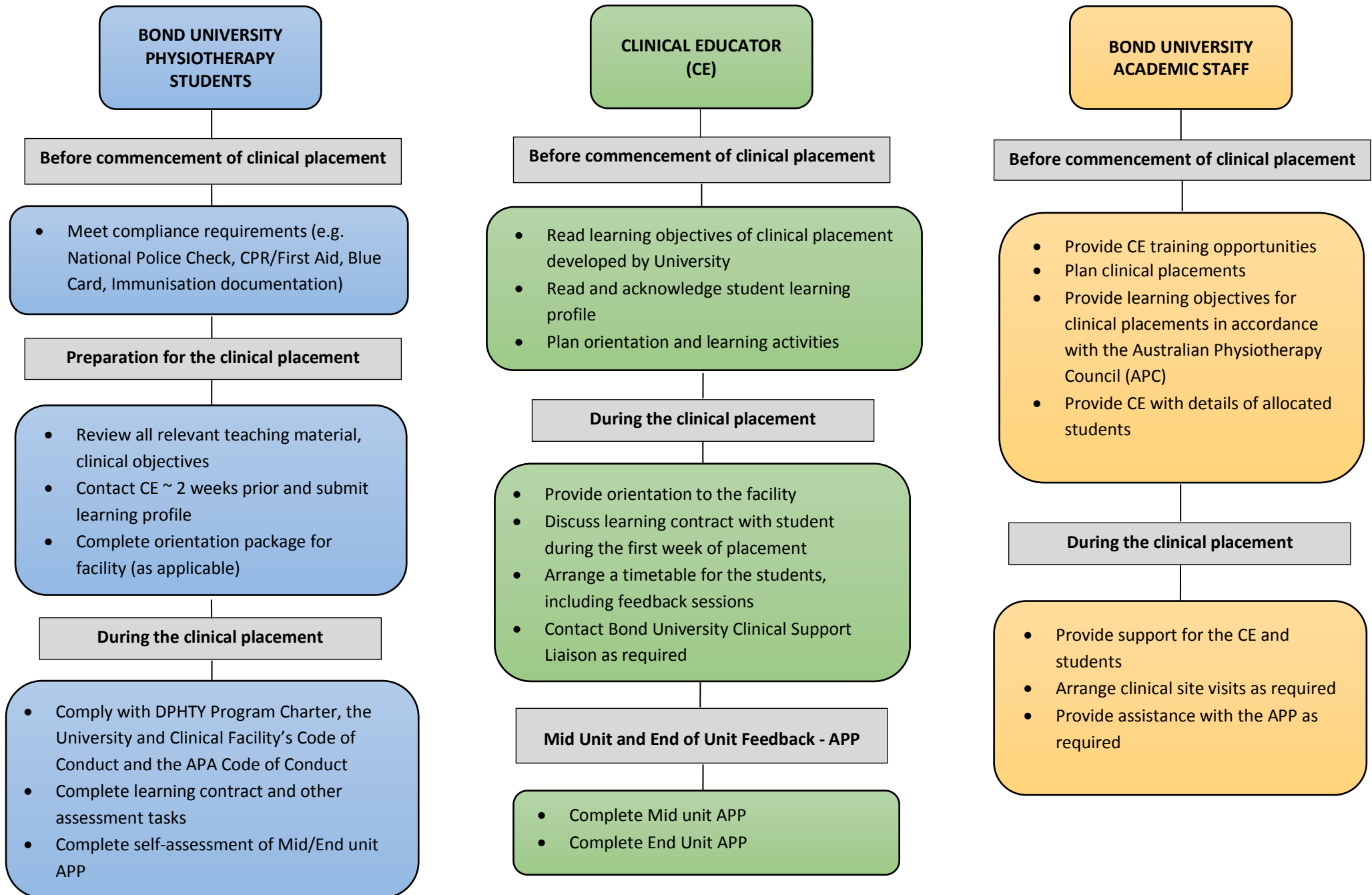
Clinical Educators must be registered on APPLinkup to be able to access their student's assessment forms. Requests for access are approved by the person responsible for coordinating clinical education at your facility. The Bond Clinical Education Team can also help on request. Help for APPLinkup is provided in the User Manual which can be downloaded from the following site: <https://www.applinkup.com/Resources.aspx>. A one-page quick start guide is also available for Facility Clinical Education Co-ordinators, Clinical Educators and Student accounts.

APPLinkup has been built on a platform with multiple redundancies in place to make sure that it is highly available, and outages should be extremely rare. However, should the site should go down, please follow the process below:

- 1) Wait 30-60 minutes and try again. In most cases it will be fixed in this time period due to the 24/7 site monitoring.
- 2) If after 60 minutes the site still isn't up - send a message to the Bond Clinical Education Team;
- 3) If the issue cannot be resolved in a timely fashion, we can direct you to hard copies of the APP forms so you can proceed with your planned feedback to your student.

If you have any difficulties with the APP assessment tool please contact the Bond Clinical Education Team for assistance.

FIGURE 1. Role of Bond University Physiotherapy students, Clinical Educators and Bond University Academic Staff during Clinical Placements



SECTION 2 STUDENT RESPONSIBILITIES FOR ALL CLINICAL PLACEMENTS

2.1 Prior to Clinical Placements

2.1.1 Compulsory compliance requirements

Before a student is able to enter a clinical facility they must have completed the Bond University Faculty of Health Sciences and Medicine's [compliance requirements](#). On the first day of placement students should bring original copies of their supporting evidence to be sighted by their clinical educator.

Many clinical facilities have specific mandatory orientation requirements that students must complete before the start of their placement. Students should refer to their iLearn Physiotherapy Clinical Practice Community for specific information on the requirements of their clinical facility, as well as action any email communications from their clinical educator.

Students are required to maintain these requirements for the duration of their DPHTY program. **It is the responsibility of the student to ensure that all the documents are kept up to date.** Failure to do so may result in the student not being able to attend the clinical placement or being withdrawn from the clinical placement.

2.1.2 Demonstrate competence in pre-clinical coursework subjects

Students must meet strict pre-clinical coursework subjects requirements in order to progress on to clinical placements. Students must achieve a minimum score of 50% in all pre-clinical subjects, and are also required to meet passing standards in all pre-clinical written assessments and OSCE's

2.2 Preparation for a Clinical Placement

2.2.1 Arrange practicalities of attending the placement

Students are responsible for arranging their own transport, air travel and accommodation (where applicable) for each clinical placement. Before departing for a placement requiring the student to travel away from southeast Queensland students should complete the 'Travel Details' form found on the Physiotherapy Clinical practice Community.

Students must also ensure they have plans in place to allow them to attend the required clinical placements. A clinical placement is a five-week, full-time commitment.

2.2.2 Review of knowledge, skills and attributes required for the clinical area

Students should further review and consolidate their study based on the expected caseload of the clinical placement, and review the expected experiences for their clinical placement as listed in [Section 5](#) of this document.

2.2.3 Communication with Clinical Educator

Two weeks prior to the start of the placement students are expected to contact their clinical educator via email. This initial contact by the student is to introduce themselves and arrange a time and meeting place on day one of the clinical placement. They will also provide the Clinical Educator with a completed copy of their [Clinical Placement Learning Profile](#).

The week prior to commencing placement students should send a completed [Learning Contract](#) to facilitate discussion at orientation about their expectations of the placement.

2.3 During the Clinical Placement

2.3.1 Uniform

A professional appearance is important. The student is always required to wear the specified Bond University uniform, unless otherwise required by the Facility the student is attending. Any request for students to wear alternate clothing should be directed to the Bond Clinical Education Team.

The Bond University uniform consists of:

- Bond polo shirt or Bond dress shirt (Bond logo displayed)
- Navy slacks
- In winter a navy sleeveless vest may be worn if required
- Black closed in shoes (no sandals or sneakers) and black belt

Fingernails and Nail Polish

Fingernails must be short and clean. No nail polish should be worn. Chipped polish is a potential source of infections.

Hair

Hair must be neat and clean. Students with long hair must wear it neatly tied back.

Jewellery

Students should wear only a minimal amount of jewellery.

**** THE BOND UNIVERSITY IDENTIFICATION CARD (STUDENT CARD)
MUST BE WORN AT ALL TIMES****



2.3.2 Professionalism

Students are expected to demonstrate professional behaviour in all situations. This behaviour includes (but is not limited to):

- a. Being punctual and dependable.
- b. Demonstrating initiative (e.g. arrives well prepared, offers assistance, seeks learning opportunities).
- c. Accepting feedback without defensiveness and initiates strategies given by the clinical educator for performance improvement.
- d. Managing conflict in constructive ways.
- e. Maintaining patient privacy and modesty.
- f. Seeking feedback from clinical educator related to clinical performance.

Students should familiarise themselves with the clinical facility's *Code of Conduct*. The student is also expected to comply with any rules, guidance or instruction from the Clinical Educator or the Director of Physiotherapy and comply with the codes of behaviour consistent with the facility in which they are working.

It is essential for students to embrace the *Doctor of Physiotherapy (DPHTY) Program Charter* signed at the start of the DPHTY program and comply with the *DPHTY Program Code of Conduct*. Students are also required to comply with the [APA Code of Conduct](#) and the [Physiotherapy Board of Australia / Australian Health Practitioner Regulation Agency \(AHPRA\) codes and guidelines](#).

2.3.3 Managing Unplanned Absences

The student is expected to telephone their Clinical Educator (they should speak to the educator directly or a person in authority) **AND** the Subject Coordinator of the clinical practice subject at least half an hour before the commencement of working hours. The student must indicate how late they are going to be or in the event of illness, how long they are going to be absent. They will also need to provide an appropriate handover so their caseload can be managed during their absence. Absences of 2 days or more require a medical certificate to be provided. This certificate should be submitted to the Subject Coordinator of the clinical placement subject within five working days.

If 5 or more days are missed in one clinical placement, the student will need to speak to the Academic Coordinator of Clinical Education. The university monitors student leave and will determine if additional clinical hours are necessary to meet their clinical practice subject, or DPHTY program requirements. Any additional hours needed will be sourced by the university at the end of the placement.

2.3.4 Managing Requests for Planned Absences

During a clinical placement it is expected that students prioritise preparation for, and attendance at clinical placement. Approval for planned leave will only be granted in exceptional circumstances. Students are expected to make all requests for leave to the Academic Coordinator of Clinical Education in writing using the Request for Leave form found on their iLearn Physiotherapy Clinical

Practice Community. Requests should be made as early as possible; however, a minimum of 10 days' notice is required. Requests will be assessed on a case-by-case basis by the Clinical Education Team and the Head of program, and the student notified of a decision.

Students should not approach their educator with a request for leave before their leave request has been reviewed by the University. If a student's leave request is considered reasonable the Academic Coordinator of Clinical Education will contact the facility on the student's behalf and request their approval. Students will only be able to take planned leave during a clinical placement if both the University and clinical facility agree.

2.3.5 Reflection and Self-Evaluation

Students are required to demonstrate reflective practice through their clinical placements. Each clinical practice unit is accompanied by a written reflective task that students must submit to the University as a summative assessment. This assignment is marked by University staff and contributes to their academic grades.

The written reflective tasks are guided reflections. At the beginning of students' clinical education program their written assessments are based around setting and achieving personal performance goals. As they progress through their clinical placements the focus shifts to a more client and service-focused reflective. These assignments are personal reflections and students are not required or expected to discuss their reflections with their educator. However, students will be required to discuss the goals they have set with their educator, to be able to create learning opportunities that allow the student the opportunity to achieve their goals.

At mid unit students must complete a self-assessment of their clinical performance on APPLinkup. This should be completed before their scheduled mid-unit feedback so their perceptions can be discussed during the feedback.

2.4 At the Completion of the Clinical Placement

The student must ensure they have:

- completed a self-assessment on the end unit APP
- received a final summative evaluation of their performance from their Clinical Educator

After completion of each placement, the student will be required to attend a debriefing session at Bond University, where they will reflect upon and discuss their clinical experience in preparation for future learning during clinical placements. Students can attend this in person or via the virtual classroom.

SECTION 3 ROLE OF THE CLINICAL EDUCATOR IN THE CLINICAL PLACEMENT

3.1 *Prior to the Commencement of the Clinical Placement*

3.1.1 Familiarise yourself with university requirements

Prior to the placement commencing review the Bond Clinical Education Manual to see how the students were prepared for the placement. The manual will also suggest learning experiences that would be ideal for the clinical area. It is also important to be familiar with the APP tool and have a clear understanding of the benchmark of Day 1 new graduate performance in your clinical area.

3.1.2 Arrange the practicalities of the placement

Arrangements that may need to be made include:

- Making sure you are registered on APPLinkup
- Arranging IT and swipe card access for students
- Preparations for where students will sit, store their belongings and access refrigerators

3.1.3 Plan the placement

- Communicate to the team about the incoming student/s
- Consider the learning experience available for the student to participate in.
 - What experiences could a student be expected to manage independently or with supervision? i.e simple or uncomplicated experiences
 - What experiences could a student participate in with additional support? i.e. complex or confronting experiences
- Consider your expectations of the students
 - What do you expect the student to demonstrate at the end of Week 1?
 - How could a student who is excelling be challenged?
 - How could a student who is underperforming be supported?
- Prepare a Week 1 timetable for the student

3.1.4 Plan your orientation

Topics that should be covered during orientation include:

- Introducing yourself
- Introducing key members of the team
- Discussion of mandatory training requirements and important workplace policies
- Discussion of caseload
- Orientation of the student to the facility
- Discussion of your, and their expectations
- Plan for how feedback will be delivered

3.1.5 Familiarise yourself with your student

Your students should send through some information about themselves including their [Clinical Learning Profile](#), and [Learning Contract](#). This information can be considered to determine if it is possible and practical to accommodate students' preferences regarding learning experiences, feedback styles and assessment. It can also be used to guide discussion at orientation.

3.2 During the Clinical Placement

- Ensure regular and timely feedback
 - Provide positive feedback on what student should KEEP doing
 - Provide critical feedback on what student should STOP doing
 - Provide construction feedback on what student should START doing
- Organise learning experiences that will allow student to
 - practice agreed strategies
 - demonstrate improvement
 - experience the range of responsibilities expected of an entry-level physiotherapist in your workplace

3.2.1 Incidents involving a student

In the event a student is involved with a critical incident or a near miss, the educator and student should complete all the relevant incident forms required by the workplace. Copies of these forms should be emailed to the Bond Clinical Education Team. The [Anecdotal Record Form](#) should also be used to document the incident and provide opportunity for reflection, and identification of strategies to prevent a similar incident occurring again in the future.

If a student is displaying persistent negative behaviours that have not responded to feedback, or has demonstrated a single instance of a serious negative behaviour, you can also use the Anecdotal Record Form to formally record the occurrence. Copies of the completed form should be provided to the student, the university and the original retained by the educator.

3.3 Mid unit formative feedback

The clinical educator will meet with the student at mid unit and provide formal feedback about their performance. Areas that need improvement and strategies to facilitate improvement in these areas should be identified.

- Please complete the Mid unit APP online at <https://www.applinkup.com/>.
- Please contact the University clinical support liaison following mid unit feedback, particularly if a student:
 - is not progressing as expected
 - is demonstrating less than adequate performance (e.g. receives any 0's or 1's on the APP at mid unit feedback and is at risk of not reaching an adequate standard by the end of the clinical placement).

3.4 End of the Clinical Placement

The clinical educator (following consultation with the relevant Bond University clinical support liaison as required) will provide the student with formal summative feedback using the APP Instrument assessment tool.

- Please complete the End of Unit APP online at <https://www.applinkup.com/>.
- It is recommended that the facility keep a photocopy of the APP Performance Instrument assessment tool for their records (for a period of no longer than 12 months).
- Your feedback is valued, and it would be appreciated if you could please complete the **Clinical Educator's Feedback Survey** made available online following completion of the clinical placement.

SECTION 4 ROLE OF THE BOND UNIVERSITY ACADEMIC STAFF DURING CLINICAL PLACEMENTS

The Academic Coordinator of Clinical Education is responsible for the following actions prior to the start of the clinical placement:

- Plan clinical placements for the students based on the learning objectives.
- Communicate clinical placements allocations to students and educators
- Provide the learning objectives for each clinical placement in accordance with the requirements of the University and the Australian Physiotherapy Council (APC).
- Ensure students have met minimum standards of competence before entering the clinical placement environment
- Plan the Clinical Support team for the clinical placement and communicate this to students and educators

The primary role of Clinical Support staff is to provide support to both students and educators as needed throughout the placement. They are the first point of contact for both student and educator for the duration of the placement. This contact can occur via email, telephone and face-to face contact. Support may take the form of:

- Facilitating lines of communication between student and educator
- Providing educator with information and/or context regarding content delivered during coursework
- Providing feedback on student preparation for specific learning experiences
- Assisting both students and educators to develop and put in place strategies to assist student learning
- Interpreting or clarifying educator feedback and assisting students to identify goals
- Interpreting or clarifying student feedback and assisting educator to identify goals
- Encouraging and/or assisting students to reflect
- Normalising or validating the student experience
- Normalising or validating the educator experience
- Assisting the educator to interpret and apply the APP
- Assisting the educator to appropriately interpret 'day 1 new graduate performance'
- Observing student performance and benchmarking with educator
- Holding students' professional behaviour to account
- Provide support to educators delivering inadequate grades

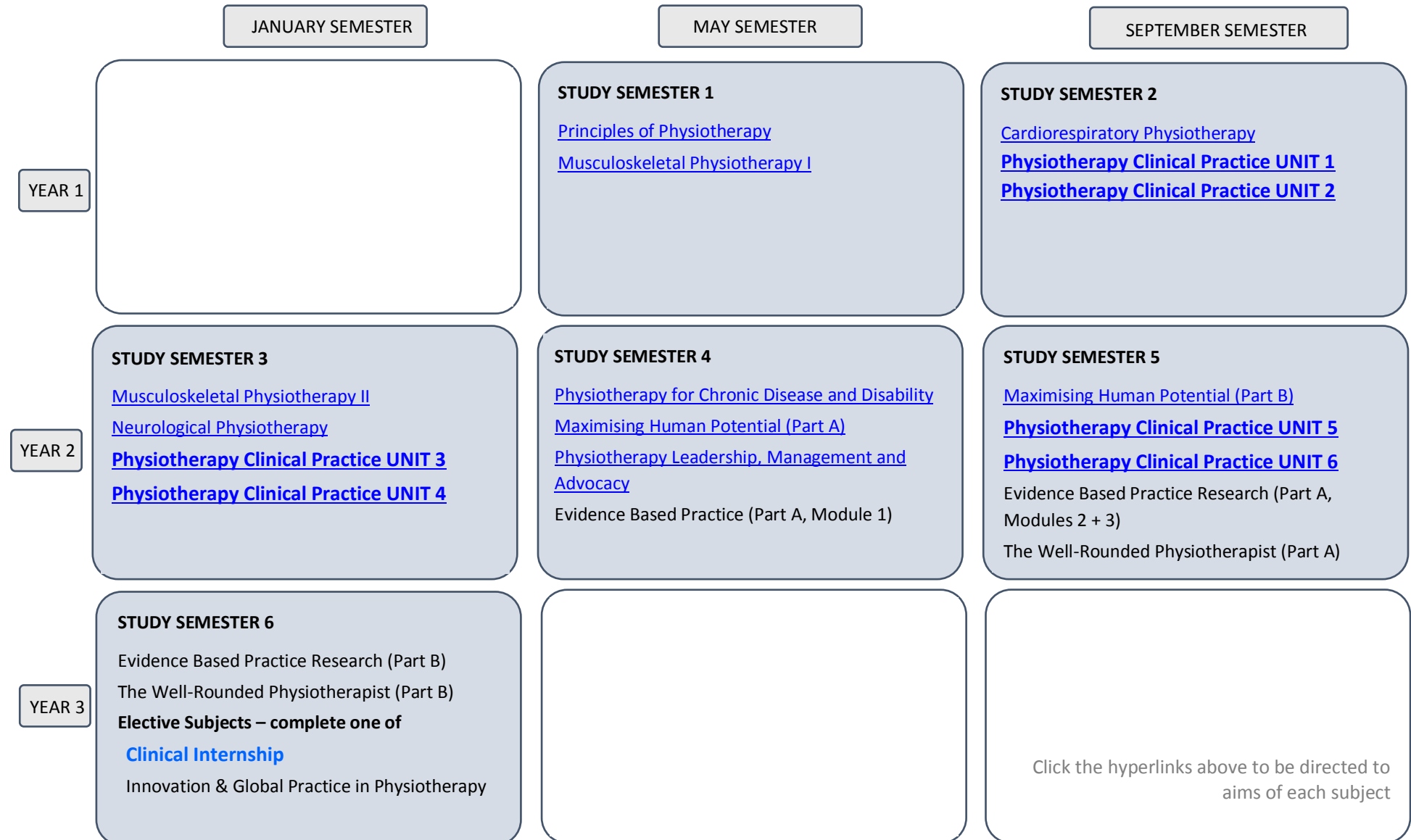
4.1 *Any Problems*

- Please contact the ACCE (Rebecca Terry on 5595 4465 or 0414 785 208 rterry@bond.edu.au) or Clinical Support Staff at Bond University at the earliest opportunity if:
 - ◆ Problem behaviours occur please complete the "Anecdotal Record" form (see Appendix 4) and forward a copy to the ACCE at rterry@bond.edu.au. The university will make contact to discuss the issue with the CE and the student, to ensure an appropriate action plan is in place to address the problem behaviour/s.

- ◆ The student is not attending the clinical placement unit, is late or has had an accident.
- ◆ There is a critical incident involving the student during their clinical placement. Please complete the “Critical Incident Form” (see Appendix 5) and return to the ACCE at rterry@bond.edu.au. Please also send copies of any workplace incident reports that you may have completed involving the student.

SECTION 5 HOW THE STUDENTS WERE PREPARED FOR CLINICAL PLACEMENT

5.1 Doctor of Physiotherapy Program of Study



5.2 Subject Aims

5.2.1 Principles of Physiotherapy (PHTY91-410)

The subject **PHTY91-410 Principles of Physiotherapy** aimed to assist the students to develop an understanding of the generic physiotherapy approach to prevention, management and maximisation of potential in their clients; communication skills; a client-centred approach to physiotherapy practice; an evidence-based approach to physiotherapy practice; skills in locating, evaluating and applying pertinent clinical evidence; anatomical and physiological knowledge relevant to physiotherapy practice; an ability to perform and appreciate the evidence for physiotherapy measurement approaches and choice of outcome measures; knowledge and appropriate clinical skills pertaining to clinical areas of workplace health and safety, manual handling, infection control, and clinical record keeping and an understanding of the role of the physiotherapist in primary health care, and future challenges of extended scope practice.

[Click here](#) for main knowledge areas and practical skills covered in this subject.

5.2.2 Musculoskeletal Physiotherapy I (PHTY91-408)

The subject **PHTY91-408 Musculoskeletal Physiotherapy I** aimed to develop an understanding of musculoskeletal tissue and organ response to disease and trauma with an emphasis on healing and repair, and the physiotherapist's role in achieving the maximum positive effect on healing. Development of excellence in clinically related musculoskeletal anatomy was the second major focus. Students developed an appreciation of and the ability to apply and evaluate the role of the physiotherapist in rheumatological, degenerative, acute and repetitive traumatic conditions and orthopaedic surgery with emphasis on the peripheral musculoskeletal system and spinal orthopaedic conditions. This included acquisition of knowledge in pathology, presenting signs and symptoms and prognosis for the development of client interview, physical examination and differential diagnostic skills. Students continued to develop an ability to construct, evaluate and modify treatment to meet short and long term patient goals. An emphasis was placed on the development of clinical reasoning skills and the use of an evidence-based approach in this subject. Conditions across the lifespan were also considered. The mechanism of action, usual dosages and side effects of pharmacological agents commonly used in musculoskeletal conditions were also discussed.

[Click here](#) for main knowledge areas and practical skills covered in this subject.

5.2.3 Cardiorespiratory Physiotherapy (PHTY91-409)

The subject **PHTY91-409 Cardiorespiratory Physiotherapy** introduced the student to cardiorespiratory and cardiovascular physiotherapy which are a core areas of physiotherapy practice. The first focus was on developing excellence in the identification and accurate description of clinically related physiology and anatomy to the cardiorespiratory and cardiovascular systems. Secondly, the focus moved to application of this knowledge to develop an integrated understanding of cardiorespiratory and cardiovascular responses to disease and trauma. Thirdly, the students were introduced to patient conditions that they will likely be exposed to within their cardiorespiratory clinical placements. These included patients with common respiratory conditions, post-surgical interventions, critical illness, cardiac diagnoses, acute neurological conditions (CVA), dementia, amputations and respiratory and cardiac conditions in the paediatric population. This subject

provided the background medical and surgical knowledge for the physiotherapist to effectively manage the patient with common cardiorespiratory and cardiovascular disorders. Physiotherapy skills in examination, diagnosis, treatment, selection of appropriate outcome measures, assessment of progress, treatment progression and discharge planning were acquired. Indications, contraindications, mechanisms of action and adverse effects of pharmacological agents used in cardiorespiratory and cardiovascular conditions were discussed. Students also discussed and identified the complex issues associated with the patient with combined cardiorespiratory and cardiovascular problems. An evidence-based approach formed the basis for this subject. Cardiorespiratory and cardiovascular conditions across the lifespan were covered.

[Click here](#) for main knowledge areas and practical skills covered in this subject.

5.2.4 Musculoskeletal Physiotherapy II (PHTY92-415)

The subject **PHTY92-415 Musculoskeletal Physiotherapy II** aimed to assist the students to develop:

- An understanding of musculoskeletal conditions affecting the vertebral column and trunk, and where appropriate, their differential diagnosis and treatment strategies.
- Practical skills in assessment, differential diagnosis and treatment strategies for clients with more complex musculoskeletal disorders, with an evidence-based approach to evaluation of efficacy.

[Click here](#) for main knowledge areas and practical skills covered in this subject.

5.2.5 Neurological Physiotherapy (PHTY92-416)

The subject **PHTY92-416 Neurological Physiotherapy** aimed to assist the students to develop:

- An understanding of the major neurological conditions seen in clinical practice
- Practical skills in assessment, clinical reasoning, selection and application of treatment strategies for older clients and those with a neurological disorder
- An understanding of the evidence-base for treatment interventions available to physiotherapists working with neurological clients
- An understanding of non-neurological conditions that are commonly seen in a rehabilitation unit, such as amputees and older fallers with / without vestibular disorders

[Click here](#) for main knowledge areas and practical skills covered in this subject.

5.2.6 Physiotherapy for Chronic Disease and Disability (PHTY92-420)

The subject **PHTY92-420 Physiotherapy for Chronic Disease and Disability** aimed to assist the students to develop:

- An understanding of the psychosocial issues faced by clients who are learning to cope with a chronic disease or disability across the lifespan.
- Skills in utilising the ICF model in clinical case scenarios and apply this knowledge to clients within a community setting.

- An understanding of the diversity of roles and responsibilities that physiotherapists have within the community setting including the role of the case manager.
- An understanding of the team approach to management of clients with a chronic disease and disability
- An understanding of the common conditions seen in clinical practice, with a particular focus on paediatric progressive neurological conditions and neuro-developmental conditions.
- Skills in identifying appropriate assessment tools, performing assessments and creating treatment plans for persons with chronic disease and disability across the lifespan using the ICF Framework.
- An understanding and skills in assessing and treating babies, children and adolescents with a variety of paediatric conditions.
- An understanding of family and client centred practice and the importance of this focus when treating clients within the health care setting.
- An understanding of and skills in identifying the evidence-base for treatment interventions available to physiotherapists working with clients across the lifespan with a chronic disease or disability.

[Click here](#) for main knowledge areas and practical skills covered in this subject.

5.2.7 Physiotherapy Leadership, Management and Advocacy (PHTY92-419)

The subject **PHTY92-419 Physiotherapy Leadership, Management and Advocacy** aimed to assist the students to develop the necessary knowledge and skills to enable them to:

- be strategic in their physiotherapy practice
- successfully conduct and market a small business
- effectively manage clinical and administrative staff
- successfully advocate on behalf of individual clients, client groups and the physiotherapy profession
- understand the importance of public health
- undertake a needs analysis to inform a public health submission
- develop a written business plan
- project manage fundraising opportunities in small groups

[Click here](#) for main knowledge areas and practical skills covered in this subject.

5.2.8 Maximising Human Potential (PHTY93-423)

- Understanding of the physical, mental and social factors that are barriers / facilitators to the maximisation of function in humans, with particular emphasis on structural, physiological, psychological, cultural and social factors.
- Analyses of the impact of injuries and work tasks on the body through task analyses.
- Differential diagnoses of problems associated with work injuries and infer the impact of worksite / tasks on management of people as they return to work, appropriately adjusting / modifying work tasks as part of an active return to work plan.
- Construction of a holistic approach to client management of the injured worker and prescribe a return to work program.

- An awareness of mental health issues / disorders and their impact on return to work and determine how physiotherapy can positively affect outcomes through goal setting, exercise and other selected strategies to produce the best outcome for the client.
- Skills to assess conditions that specifically affect men and women and determine the role of physiotherapy in men's and women's health across the lifespan.
- Understanding of extended scope through the attendance of specialist workshop skills (including dry needling, burn treatment, advanced hydrotherapy) into patient management planning.
- Understanding of the impact of injury on the adolescent and determine the role of physiotherapy in the management of their injury/s during this period.
- Analyses of the impact of injuries and varying sport / work tasks on the body through task analyses.
- Construction of a holistic approach to client management of the injured worker / sports person and prescribe a return to sport / work program.
- An awareness of mental health issues / disorders and their impact on return to sport and work and determine how physiotherapy can positively affect outcomes through goal setting, exercise and other selected strategies to produce the best outcome for the client.
- Skills to assess conditions that specifically affect men and women and determine the role of physiotherapy in men's and women's health across the lifespan.
- Recommendations for injury management options for athletes and appraise injury management options of athletes with a disability.
- Understanding of the special role of classification of injuries in athletes with a disability.
- A sports massage treatment plan.
- Understanding of extended scope through the attendance of specialist workshop skills (including dry needling, burn treatment, advanced hydrotherapy) into patient management planning.

[Click here](#) for main knowledge areas and practical skills covered in this subject.

SECTION 6 CLINICAL PLACEMENT UNITS

6.1 CLINICAL PLACEMENT UNIT 1 and UNIT 2

COURSEWORK COMPLETED IN PREPARATION FOR CLINICAL PRACTICE UNITS 1 and 2

[Principles of Physiotherapy \(PHTY91-410\)](#)

[Musculoskeletal Physiotherapy I \(PHTY91-408\)](#)

[Cardiorespiratory Physiotherapy \(PHTY91-409\)](#)

WHAT SHOULD THE STUDENTS EXPERIENCE ON A PLACEMENT WITH AN ORTHOPAEDIC FOCUS?

At the end of the core **orthopaedic clinical placement**, the student should be able to, in relation to clients with musculoskeletal disorders:

- Demonstrate an ability to communicate effectively and in a culturally appropriate manner with clients and members of the health care team
- Demonstrate ethical practice that is in accordance with relevant legal and regulatory requirements
- Demonstrate an ability to operate within individual and professional strengths and limitations
- Prepare and provide documentation according to legal requirements and procedures and standards acceptable to the clinical facility
- Demonstrate an ability to collect appropriate information from the client, interpret that information, form a preliminary hypothesis, design and safely conduct a physical assessment that may include but is not limited to:
 - Review of diagnostic imaging and operative notes
 - Review of medications
 - Client history
 - Respiratory assessment
 - Monitoring of vital signs
 - Testing of circulation, sensation and motor function
 - Inspection of skin integrity, dressings and attachments
 - Manual muscle testing
 - ROM and goniometry
 - Functional skills assessment
 - Mobility assessment
 - Gait analysis
 - Client ability to don slings/splints and braces
- Demonstrate an ability to make a sound clinical judgement based on examination of the client, and any relevant diagnostic imaging or laboratory tests
- In consultation with the client, prioritise client needs and integrate with examination results
- Identify areas and situations outside the student's skills and expertise and seek the assistance of the clinical educator
- Demonstrate an ability to develop, and justify, a physiotherapy intervention plan
- Implement safe and effective physiotherapy interventions that may include but are not limited to:
 - Respiratory management

- Mobility aid prescription
- Early mobilisation
- Oedema management
- Fitting of slings/splints /braces
- Functional skills retraining
- Gait retraining
- Therapeutic exercise prescription
- Evaluate the effectiveness and efficiency of physiotherapy interventions including:
 - Demonstrate an understanding of the physiological / pathophysiological principles and mechanisms underpinning selected treatment and prevention
 - Provide an evidence-based rationale for clinical decisions
 - Demonstrate effective teamwork skills
 - Demonstrate an ability to instruct and supervise a physiotherapy or allied health assistant
 - Demonstrate an ability to analyse and critically evaluate selected current rehabilitation strategies for management of people with musculoskeletal disorders using effective problem solving and research strategies.

WHAT SHOULD THE STUDENTS EXPERIENCE ON A PLACEMENT WITH A CARIORESPIRATORY FOCUS?

(This is a general guide only; individual clinical facilities may have different learning experiences to offer)

- Demonstrate an ability to communicate effectively and in a culturally appropriate manner with clients and members of the health care team
- Demonstrate ethical practice that is in accordance with relevant legal and regulatory requirements
- Demonstrate an ability to operate within individual and professional strengths and limitations
- Prepare and provide documentation according to legal requirements and procedures and standards acceptable to the clinical facility
- Demonstrate an ability to collect appropriate information from the client, form a preliminary hypothesis, design and safely conduct an assessment that may include but are not limited to:
 - Review of diagnostic imaging and operative notes
 - Review of medications
 - Client history
 - Auscultation, palpation and cough assessment
 - Monitoring of vital signs
 - Testing of circulation, sensation and motor function
 - Inspection of skin integrity, dressings and attachments
 - Spirometry
 - Manual muscle testing
 - ROM and goniometry

- Functional skills assessment
- Mobility assessment
- Gait analysis
- Standardised outcome measures
- Demonstrate an ability to make a sound clinical judgement based on examination of the client, and any relevant diagnostic imaging or laboratory tests
- In consultation with the client, prioritise client needs and integrate with examination results
- Identify areas and situations outside the student's skills and expertise and seek the assistance of the clinical educator
- Demonstrate an ability to develop, and justify, a physiotherapy intervention plan
- Implement safe and effective physiotherapy interventions that may include but are not limited to:
 - Breathing exercises
 - Airway clearance techniques
 - Mobility aid prescription
 - Mobilisation
 - Functional skills retraining
 - Therapeutic exercise prescription
 - Client education
- Evaluate the effectiveness and efficiency of physiotherapy intervention(s)
- Demonstrate an understanding of the physiological / pathophysiological principles and mechanisms underpinning selected treatment and prevention.
- Provide an evidence-based rationale for clinical decisions
- Demonstrate effective teamwork skills
- Demonstrate an ability to instruct and supervise a physiotherapy or allied health assistant
- Demonstrate an ability to analyse and critically evaluate selected current rehabilitation strategies for management of people with cardiorespiratory disorders using effective problem solving and research strategies.

6.2 CLINICAL PLACEMENT UNIT 3 and UNIT 4

Clinical placements in Unit 3 and 4 can be in any Cardiorespiratory, Orthopaedic, Neurological, Musculoskeletal and Aged Care settings. Students are not prepared for Women's Health or Developmental Paediatric placements at this time.

COURSEWORK COMPLETED IN PREPARATION FOR UNITS 3 and 4

[Principles of Physiotherapy \(PHTY91-410\)](#)

[Musculoskeletal Physiotherapy I \(PHTY91-408\)](#)

[Cardiorespiratory Physiotherapy \(PHTY91-409\)](#)

[Musculoskeletal Physiotherapy II \(PHTY92-415\)](#)

[Neurological Physiotherapy \(PHTY92-416\)](#)

WHAT SHOULD THE STUDENTS LEARN ON A PLACEMENT WITH A MUSCULOSKELETAL FOCUS?

(This is a general guide only; individual clinical facilities may have different learning experiences to offer)

- Conduct an efficient history and interview with a client to enable hypothesis generation about the problem so that an appropriate physical examination can be planned
- Effectively perform a physical examination with a client with a musculoskeletal disorder and interpret findings that may include but are not limited to:
 - Review of diagnostic imaging and operative notes
 - Review of medications
 - Client history
 - Palpation
 - Oedema measurement
 - Manual muscle testing
 - Range of motion and goniometry
 - Neural tension testing
 - Reflex testing
 - Sensation testing
 - Joint specific assessments
 - Postural assessment
 - Standardised outcome measures
- Use the clinical reasoning process to develop a provisional diagnosis from both the interview and history and the physical examination
- Plan a management strategy, including appropriate outcome measures, for a client with a musculoskeletal disorder
- Implement safe and effective physiotherapy interventions that may include but are not limited to:
 - Soft tissue massage
 - Joint mobilisations
 - Stretching
 - Electrophysical modalities
 - Strapping and taping
 - Prescription of splints, braces, slings and orthotics
 - Gait retraining
 - Postural retraining

- Balance retraining
- Retraining of muscular recruitment patterns
- Therapeutic exercise prescription
- Client education
- Include in treatment, strategies to prevent reoccurrence of musculoskeletal disorders
- How to differentiate signs and symptoms originating from vertebral column and non-vertebral column sources
- Develop careful, accurate handling skills and sensitivity of feel when examining and treating clients with musculoskeletal disorders
- Demonstrate effective communication skills with clients, their families and all members of the health care team
- Teamwork and professionalism
- Demonstrate an ability to instruct and supervise a physiotherapy or allied health assistant
- Demonstrate effective and accurate record keeping
- Demonstrate safe working postures for physiotherapists
- Demonstrate client education skills
- Demonstrate improved knowledge of musculoskeletal disorders, imaging techniques, pharmacology, pathology and the roles of other members of the health care team in the management of clients with musculoskeletal disorders.

WHAT SHOULD THE STUDENTS LEARN ON A PLACEMENT WITH A NEUROLOGICAL FOCUS?

(This is a general guide only; individual clinical facilities may have different learning experiences to offer)

- Become competent in history taking and examination of neurological and geriatric clients and use clinical reasoning as a basis of an effective treatment program
- Become competent in planning and implementing holistic physiotherapy management programs with patients; select, discuss and use appropriate strategies for the treatment of older adults and those with neurological clients that may include but are not limited to:
 - Functional skills retraining
 - Postural retraining
 - Gait retraining
 - Therapeutic exercise prescription
 - Balance and higher level balance retraining
 - Respiratory management
 - Soft tissue massage
 - Oedema management
 - Prescription and/or fitting of slings, splints and braces
 - Vestibular rehabilitation
 - Mobility aid prescription including wheelchairs
 - Monitoring of skin integrity
 - Client education
- Identify and use appropriate outcome measures
- Develop safe and effective skills in handling neurological clients during task practice
- Develop effective communication skills with neurological clients and their families – should ideally attend a family meeting
- Develop effective communication with members of staff, including attendance at case conference

- Develop effective written records that document assessment findings and treatment progress
- Plan effectively for discharge, including participation in the organising of equipment and home modifications, implementing home program and organising appropriate follow-up
- Contribute to teamwork
- Be professional and demonstrate ethical, professional behaviours and attitudes
- Further develop understanding of the roles of other disciplines involved in the management of neurological and geriatric clients
- Demonstrate an ability to instruct and supervise a physiotherapy or allied health assistant
- Document findings and record statistics as required by the unit
- Demonstrate safe manual handling skills for physiotherapists, patients and carers and anticipate/ plan for safe execution of programs
- Education of the client and/or their carer

6.3 CLINICAL PLACEMENT UNIT 5 and UNIT 6

COURSEWORK COMPLETED IN PREPARATION FOR UNITS 5 and 6

[Principles of Physiotherapy \(PHTY91-410\)](#)

[Musculoskeletal Physiotherapy I \(PHTY91-408\)](#)

[Cardiorespiratory Physiotherapy \(PHTY91-409\)](#)

[Musculoskeletal Physiotherapy II \(PHTY92-415\)](#)

[Neurological Physiotherapy \(PHTY92-416\)](#)

[Physiotherapy for Chronic Disease and Disability \(PHTY92-420\)](#)

[Maximising Human Potential \(Part A\) \(PHTY93-423\)](#)

[Physiotherapy Leadership, Management and Advocacy \(PHTY92-419\)](#)

[Maximising Human Potential \(Part B\) \(PHTY93-423\)](#)

Clinical placements in Unit 5 can be in any clinical area excepting Women's Health.

WHAT SHOULD THE STUDENTS LEARN ON A PLACEMENT WITH A GERIATRIC FOCUS?

(This is a general guide only; individual clinical facilities may have different learning experiences to offer)

At the end of this clinical placement, the student should:

- Have knowledge of the host service, model of care and how it relates to other services within the clinical area and/or the community setting
- Become competent in the assessment of clients within the clinical area and/or the community setting
- Become competent in the identification of realistic, client-centred goals and recognition of the barriers and facilitators for accomplishing goals.
- Design SMART goals in clinical contexts.
- Become competent in planning and implementing holistic physiotherapy and collaborative management strategies within the clinical area and/or the community setting
- Learn skills related to case management and collaborative practice (if appropriate to the specific unit).
- Identify and use appropriate outcome measures relevant to the clients seen within the clinical setting, including standardised assessments.
- Use effective communication skills with clients and their families.
- Use effective communication with members of staff, including participation in case conferences and team meetings.
- Effectively undertake discharge planning, including participation in the organising of equipment and home modifications, implementing home program and organising appropriate follow-up.
- Demonstrate teamwork and professionalism.
- Understand the roles of other disciplines involved in the management of clients within the clinical area and/or community settings.
- Demonstrate an ability to instruct and supervise a physiotherapy or allied health assistant
- Document findings and record statistics as required by the unit.
- Demonstrate safe manual handling skills for physiotherapists.
- Educate the client and/carer / teacher.
- Further enhance knowledge and practical skills developed during the core placements:
 - Musculoskeletal Clinical Practice I (Orthopaedics)

- Musculoskeletal Clinical Practice II (Musculoskeletal Outpatients)
- Cardiorespiratory Clinical Practice
- Neurological Clinical Practice

WHAT SHOULD THE STUDENTS LEARN ON A PLACEMENT WITH A PEDIATRICS FOCUS?

(This is a general guide only; individual clinical facilities may have different learning experiences to offer)

At the end of the clinical placement the student should:

- Identify and use appropriate assessment tools and outcome measures
- Use effective communication skills with clients of all ages and their families
- Implement paediatric assessment tools and outcome measures, if in a paediatric setting
- Use effective communication with members of staff, including attendance at case conference
- Undertake effective discharge planning, including participation in the organising of equipment and home modifications, implementing home program and organising appropriate follow-up
- Demonstrate collaborative practice and a high level of professional behaviour
- Understand the roles of other disciplines involved in the management of babies, children, adolescents (if in a paediatric placements)
- Demonstrate an ability to instruct and supervise a physiotherapy or allied health assistant
- Document findings and record statistics as required by the unit
- Demonstrate safe manual handling skills for physiotherapists
- Educate the client and/or their carer/family
- Further enhance knowledge and practical skills developed during;
 - Musculoskeletal Clinical Practice I (Orthopaedics)
 - Cardiorespiratory Clinical Practice
 - Neurological Clinical Practice
 - Musculoskeletal Clinical Practice II (Musculoskeletal Outpatients)
 - Chronic Disease and Disability Clinical Practice

APPENDICES

APPENDIX 1



DOCTOR OF PHYSIOTHERAPY CLINICAL PLACEMENT AGREEMENT

All students studying in the Doctor of Physiotherapy program (Faculty of Health Sciences and Medicine) at Bond University are required to read and sign the DPhty Clinical Placement Agreement:

I, the student, will:

- Recognise and accept responsibility for my professional growth and development prior to and whilst attending clinical placement;
- Be familiar with the expectations of each unit before commencing the respective clinical placement;
- Initiate proactive steps to familiarise myself with the requirements of my undertaken Clinical Placement and ensure compliance with immunisation, security, induction processes and any other requirements of the facility;
- Act in a professional manner in accordance with the Australian Physiotherapy Association Code of Conduct, the Code of Conduct for Registered Health Practitioners and the requirements of the Bond University Code of Conduct policy;
- Participate fully in the Clinical Placement learning experience;
- Set myself realistic goals and challenges to enable self-directed learning;
- Make appropriate decisions based on critical reflection about my practice;
- Observe confidentiality requirements at all times;
- Be sensitive to and responsive to the unique features of each clinical learning environment;
- Recognise, value and respect diversity during Clinical Placements;
- Engage in an inclusive, collaborative, consultative, culturally responsive and client-centred model of care;
- Be familiar with and act in accordance with legal and industrial requirements that relate to my work-integrated learning experience;
- Fulfil the University's expectations of the Clinical Placement regarding conduct and application to the learning process;

APPENDIX 1

- Recognise the need for and implement appropriate strategies to manage my physical, mental and emotional health and resilience (including meeting the legal requirement to self-declare issues and/or impairments impacting my fitness to practice) in accordance with AHPRA registration requirements and the National Law.
- Acknowledge and respect the requirement of the University to suitably inform clinical educators of my support needs for clinical placement when relevant to meeting the Physiotherapy practice thresholds.
- Become familiar with and act in accordance with the roles and key competencies outlined in the Physiotherapy practice thresholds in Australia and Aotearoa New Zealand.
- Follow any lawful direction given to me by persons in authority during the Clinical Placement;
- Be receptive and responsive to constructive feedback from clinical educators and others;

I, the student, understand the requirements of clinical practice and agree to the terms outlined. I understand that a breach of the expected standard of ethical and professional conduct may result in the cessation of my Clinical Placement, the potential for disciplinary action and reporting to AHPRA, and the potential for exclusion from the Bond University Doctor of Physiotherapy Program.

Name: _____

Signed: _____

Date: _____

All DPhty Students are required to sign this agreement prior to the commencement of clinical practice – this is a binding agreement for which the student is accountable to, for the duration of their enrolment in the Doctor of Physiotherapy Program.



Clinical Placement Learning Profile

Student Name:
Placement Type:
Mailing Address:
Emergency Contact:
Address:

Date:
Phone:
Email:
Relationship:
Phone:

Academic Interests (previous degree, including any possible research interests if you have developed some):

Preferred Learning Style: (e.g. auditory, tactile / kinaesthetic, visual, combined):

Preferred Options for Feedback (e.g. immediately after the patient assessment / intervention, end of day, written, verbal etc.)

Previous clinical (or other) experience's that may influence your learning patterns (both positive and negative). Sharing this information may help your educator to plan in a way that will prevent negative learning situation from happening and promote more positive learning opportunities for you:

Anything else you would like your educator to know that will assist them to best meet your learning and personal needs during your placement:

APPENDIX 3

Clinical Placement Learning Contract

Subject:

Name:

Date and Week:



Domain of Learning (Cognitive, Psychomotor, Affective)	Learning Objective / Goal (What do I want to learn)	Strategies to achieve Objective / Goal (How will I go about learning it – be specific)	Evaluation Methodology (Who will evaluate my success and what will the criteria be? Use the APP performance indicated if needed)	Date Achieved
Cognitive Domain (Knowledge, comprehension)				
Psychomotor Domain (manual or physical skills and quality of performance / application)				
Affective Domain (Values, beliefs and attitudes)				

NOTE: Must develop 6 learning objectives (including 2 assessment and 2 treatment oriented goals).
Please share this page with your clinical educator at the beginning of the week.

APPENDIX 4



DOCTOR OF PHYSIOTHERAPY ANECDOTAL RECORD

Please use the anecdotal record to document problem behaviours as they occur.

This method of formative evaluation is useful in providing students with feedback on their behaviour. It is most often used with affective problems (feelings, attitudes or values) but it is also very useful in documenting recurrent issues in the psychomotor (physical action or motor skills) or cognitive domains (knowledge and understanding of subject matter). Thorough documentation of all problem behaviour(s) is essential. The student's signature on this form is required for legal purposes. Please keep these few guidelines in mind:

1. Document the behaviour as soon as it occurs.
2. Set up a meeting with the student and discuss the behaviour openly.
3. Assure the student that this feedback is intended to help him/her improve (formative feedback).
4. Inform the student that should the behaviour continue, it will be reflected on the midterm or final assessment of his/her performance.
5. Inform the student if the Subject Coordinator or the Academic Coordinator of Clinical Education (ACCE) has been notified.
6. Include both the CE and the student signature. (The student's signature does not imply that they agree; it means only that they have seen the document).

STUDENT'S NAME: _____ **DATE:** _____

CLINICAL EDUCATOR'S NAME _____

Setting: (Place, persons involved, atmosphere etc)

Student action or behaviour:

Clinical Educator's assessment of the student's behaviour:

Student's Comments:

Student's Signature

Clinical Educator's Signature

Doctor of Physiotherapy Educational Philosophy

The educational philosophy in the DPHTY program emphasises adult learning theories based on principles of self-directed, problem-based, small group learning.

Problem-based learning (PBL)

From a theoretical perspective, PBL contends that knowledge is best remembered in the context in which it is learned, and that acquisition and integration of new knowledge requires activation of prior knowledge (Schmidt, 1983). Throughout the program students are presented with a variety of problems carefully designed for each curriculum unit. The health care problems promote the exploration of the underlying foundational, clinical and physiotherapy sciences in a context that resembles the future professional context as closely as possible. Students must incorporate evidence-based practice skills, self-directed learning skills, teamwork and communication skills and clinical reasoning when engaged in problem-based learning.

Self-Directed Learning

The philosophy of self-directed learning recognises that with some guidance, adult learners should be able to take responsibility for their own learning. Indeed, the more active they are in determining their own needs and learning goals, the more effective their learning is likely to be. Within broad guidelines, students should determine their own learning needs; how they will best set and achieve objectives to address those needs, how to select learning resources, and whether their learning needs have been met.

An overall goal is to exercise the student's capacity to think and discover during the process of gaining knowledge. The DPHTY program is designed to guide, stimulate, and challenge students in order to produce professionals who will make a difference in practice.

Although the DPHTY program stresses the importance of self-directed learning, it should be noted that this is not a self-paced program. Attendance and participation in problem-based tutorials and resource sessions are required. It is necessary to demonstrate by self, peer, and faculty evaluation that satisfactory progress has been achieved. Although the DPHTY program is student-centred, it is the mutual role and responsibility of faculty and students to create a learning environment, to select learning resources, to facilitate and support learning, and to evaluate the learning process.

Learning Methods

Problem Based Learning (PBL) Tutorials

PBL tutorials are central to the learning process. Students, in small groups, meet the course objectives by exploring a variety of health and professional problems likely to be encountered in practice. The focus is on problem-based learning to gain knowledge, and on clinical reasoning to apply and integrate knowledge within a relevant context. The tutor functions as a facilitator of learning rather than a disseminator of information. Tutorial sizes may vary from seven to ten students. Tutorial group membership is changed from subject to subject to maximise interaction among faculty and students.

APPENDIX 5

Resource Sessions

Resource Sessions provide students with the opportunity to acquire the skills needed to assess and address functional and performance problems of clients of all ages. The resource sessions complement the health problems encountered in the problem-based tutorials and facilitate the integration of theory and practice. The instructors include the subject coordinators and clinical experts drawn from the faculty and the health community. Class discussion, demonstration of techniques, practice sessions, community experiences, observation of performance and feedback to students are some of the strategies used to help students develop competency in core physiotherapy skills.

Clinical Education

Students spend an equivalent of 36 weeks (6 x 5-week units and one Clinical Internship) in full-time clinical practice, in addition to the simulated learning experiences embedded into the curriculum units. Clinical education is organised in a variety of health care facilities including teaching hospitals, community hospitals, health care agencies, specialised centres, private practices and other community facilities. During the clinical placement unit students practice under the guidance of clinical educators, who are registered physiotherapists employed by the facility.

Student Evaluation

Student performance is evaluated on a regular basis throughout the DPHTY program using a variety of evaluation tools that are consistent with the basic principles of problem-based and self-directed learning. The DPHTY program uses the Assessment of Physiotherapy Practice (APP) instrument for assessment of our students in clinical experience.

The evaluation process is both formative and summative, and provides valuable feedback to students to enhance their learning. Evaluations are also used to assure faculty, students, clients, and society, that graduates possess the required knowledge, skills, and professional behaviours to function as competent professionals.

Evaluation presents a challenge for any curriculum. A curriculum founded on the basis of problem-based, self-directed learning lends additional dimensions to this challenge. As no single evaluation method can assess all domains of learning or competency, various methods must be used. The choice of the evaluation tool is based on its educational value (e.g., formative or summative), its measurement properties (e.g. reliability, validity, general ability) and its feasibility (e.g. time needed, resources required, costs).

Formative and Summative Evaluation

	TYPES OF EVALUATION	
	Formative	Summative
Purpose	Process	Outcome
Use	Promotes learning	Grading
Timing	During	After
Audience	Internal	External
Function	Predicts summative	Sets standards for formative

Formative Evaluation

- Used to provide feedback to students during the clinical learning experience
- Used to direct further learning or modify behaviour
- Provide the student with strategies to improve performance or manage different situations in the clinical setting so that progression of learning may take place
- Critical audience is the student – internal
- Is predictive of summative results

Summative Evaluation

- Used to summarise performance outcome results
- Used for grading or certification
- Is provided at the end of a clinical placements
- Critical audience is external – the academic program, in addition to the student
- Sets the standards for formative feedback

Purposes of Evaluation¹

- To determine how the students are changing
- To identify and guide additional learning needed for mastery of skills/ knowledge/ communication
- To provide feedback to students regarding performance in cognitive (knowledge), psychomotor (skill) and affective (feelings, attitude, emotions) domains
- To evaluate the overall effectiveness of a clinical course
- To determine whether a student is competent in a procedure
- To evaluate the final achievement of objectives
- To gather data for determining grades
- To assist students in the development of self-assessment skills

¹ Hayes KW, Huber G, Rogers J, Sanders B. Behaviours that cause clinical instructors to question the clinical competence of physical therapist students. *Physical Therapy* 1999; 653-671.

APPENDIX 6A

MAIN KNOWLEDGE AREAS AND PRACTICAL SKILLS COVERED PER SUBJECT OF THE DPHTY

Principles of Physiotherapy (PHTY91-410)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none">• Professionalism• Problem based learning – an introduction• Communication• An understanding of the role that cultural diversity, particularly for Indigenous Australians, can have on physiotherapy management, and how to select strategies to produce the best outcomes for the client• Historical and contemporary physiotherapy practice• Context of Physiotherapy practice• Evidence-based practice• Reading/evaluation of evidence• Ethics and medico-legal aspects of practice• Clinical record keeping• Infection control• An introduction to physical examination / management overview and principles• An introduction to manual handling and lifting• Introduction to massage• Introduction to hydrotherapy• Posture and movement analysis• Measuring the human body (Goniometry, Manual muscle tests, Muscle length tests)• Workplace health and safety principles• Physiotherapy across the lifespan (development, specific considerations)• The principles of electro-therapeutic agents• Surface and laboratory anatomy	<ul style="list-style-type: none">• Client interview – Taking a history• Manual handling and lifting• Physical examination (including posture, goniometry, manual muscle tests, muscle strength tests)• Basic massage and other soft tissue techniques• Use of mobility aids• Fundamentals of manual therapy• Strapping and bandaging• Use of electrophysical modalities

Musculoskeletal Physiotherapy (PHTY91-408)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none"> • The major physiological and pathological processes occurring in the human musculoskeletal system • The mechanisms of healing and repair in different human tissues and organs related to the musculoskeletal system • The mechanisms of action of pharmacological agents commonly used for musculoskeletal conditions • The role of physiotherapy in the management of selected peripheral joint musculoskeletal conditions and spinal surgery • Conducting an inpatient and outpatient client interview and planning a suitable examination • Conducting an examination of common peripheral inpatient (orthopaedic) and outpatient conditions, as well as for elective spinal surgeries • Differential diagnoses of peripheral joint injuries in terms of pathology and across the lifespan • The basic treatment interventions for common peripheral joint conditions and pre and post-operative orthopaedic surgery including selection and progression of appropriate mobility aids • The selection of appropriate outcome measures. Evaluation of treatment intervention effectiveness and progression or modification of the intervention (based on clinical reasoning and evidence-based practice) • A basic knowledge of modern medical imaging techniques and having an understanding of the rationale for their selection. An understanding of common musculoskeletal / orthopaedic surgical techniques • Lower limb and upper limb exercise techniques, including training principles and exercise selection • Fundamentals of a home exercise program 	<ul style="list-style-type: none"> • Assessment and management of common peripheral joint orthopaedic inpatient and outpatient conditions including: <ul style="list-style-type: none"> ○ Peripheral joint fractures ○ Pre- and post-operative (elective and non-elective orthopaedic peripheral and spinal surgery) • Assessment and management of biomechanical contribution to peripheral joint injuries • Knowledge of the contribution of abnormalities in motor control to symptoms • History taking and physical examination for musculoskeletal soft tissue disorders in the peripheral joints, including differential diagnosis, in both inpatient and outpatient settings • Use of the clinical reasoning process throughout the interview and history taking and physical examination to develop a provisional diagnosis from which an appropriate physical assessment and treatment plan can be developed • Treatment and prevention strategies, including use of manual therapy, exercise prescription, selection of appropriate mobility aids, and client education • Health promotion and injury prevention • Role of exercise (prescription, delivery and compliance) for the peripheral joints • Evaluation of the effects of the treatment plan with the ability to progress / modify at an optimal level for the patient’s goals.

Cardiorespiratory Physiotherapy (PHTY91-409)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none"> • Anatomy and physiology of respiration (the principles of oxygen transport) and the cardiovascular system • Principles of pharmacological management of respiratory cardiovascular conditions • Epidemiology, aetiology, pathophysiology, diagnosis, prognosis, signs and symptoms and medical and physiotherapy management of: asthma, chronic obstructive pulmonary disease, pneumonia, bronchiolitis, bronchiectasis, cystic fibrosis, cancer of lung and abdomen, atherosclerosis (including coronary artery disease and peripheral vascular disease and stroke), acute coronary syndrome, cardiac valve disease, congestive heart failure, and congenital cardiac conditions • Indications, pre-operative medical evaluation, procedure, complications and physiotherapy management of patients post abdominal pulmonary surgery and cardiac surgery • Assessment and treatment of a child with respiratory problems • Introduction to the Intensive Care Unit across the lifespan including concepts of mechanical ventilation and tracheal intubation • Introduction to pulmonary rehabilitation and the three phases of cardiac rehabilitation • Introduction to basic ECG interpretation • Assessment and management of clients with combined cardiorespiratory and cardiovascular disorders • Assessment and management of clients with lower limb amputation 	<ul style="list-style-type: none"> • Identification of important cardiorespiratory anatomical features on chest x-ray and other imaging media • How to use a systematic approach to chest radiograph interpretation • How to use spirometers (including issues related to reliability and validity) • Role of the physiotherapist in pulmonary rehabilitation • How to perform a physiotherapy respiratory and cardiac assessment including: <ul style="list-style-type: none"> ○ Interpretation of diagnostic imaging and laboratory tests (including arterial blood gases) ○ History taking ○ Physical examination including auscultation, palpation, cough and mobility and functional capacity assessments, exercising blood pressures ○ Use of specific outcome measures e.g. six-minute walk test, oxygen saturation monitoring • Interpretation of results of history taking and physical examination to plan an effective treatment program • Pre-operative assessment and education of the cardiac surgery patient • Assessment and mobilisation of a patient post abdominal surgery, thoracic, cardiac surgery (including use of oxygen therapy) and post lower limb amputation • Mobilising and positioning of a patient post CVA • Assessment and treatment of the patient in ICU (including early mobility, use of tilt table, suctioning and manual hyperinflation) • Application of safe practice for physiotherapy interventions in ICU and on the ward including patient mobility on the stairs • Ability to perform selected airway clearance techniques • Ability to perform selected assisted coughing techniques • Brief intervention on smoking cessation • Determining fitness for surgery • Exercise prescription in cardiac rehabilitation • Communication skills (written and verbal)

Musculoskeletal Physiotherapy II (PHTY92-415)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none"> • Anatomy and biomechanics of the cervical, thoracic, lumbar spine and the SIJ • How to perform history taking and physical examination for a client with a vertebral column or SIJ disorder • Differential diagnosis of common cervical, thoracic, lumbar and SIJ disorders • Imaging in vertebral column disorders • ‘Red Flags’ and ‘Yellow Flags’ in vertebral column disorders • Reliability, validity, sensitivity and specificity of commonly used objective outcomes/measures • Approaches to treatment for vertebral column disorders, including manual therapy techniques and exercise prescription • Indications/contraindications to treatment and evidence base for treatment selection • Introduction to persistent low back pain: assessment and management guidelines 	<ul style="list-style-type: none"> • History taking for a client with a possible musculoskeletal vertebral column disorder to enable hypothesis generation and a provisional diagnosis that will allow a physical examination to be planned • Conducting a physical examination based upon the patient’s history and clinical reasoning • Use of the clinical reasoning process throughout the interview and history taking and physical examination to develop a provisional diagnosis from which an appropriate treatment plan can be developed • Treatment and management strategies, including use of manual therapy, exercise prescription and client education. • Health promotion and injury prevention • Evaluation of the effects of the treatment plan with the ability to progress / modify at an optimal level for the patient’s goals.

Neurological Physiotherapy (PHTY92-416)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none"> • Common neurological disorders, with particular focus on: <ul style="list-style-type: none"> ○ Cerebral vascular accident ○ Traumatic brain injury ○ Parkinson’s disease ○ Spinal cord injury ○ Multiple sclerosis ○ Vestibular disorders • Symptomatology following CNS disorders • Principles of recovery following damage to the CNS • Principles of neuroplasticity and an understanding of how physiotherapists can influence it • Principles of motor learning and motor skill acquisition • Normal components of functional movement • Two-dimensional gait analysis • Various impairments that can present in a neurological disorder and their clinical implications • The evidence base for treatment selection including knowledge of the National Stroke Foundation “Guidelines for Stroke Rehabilitation and Recovery” • Common outcome measures used within rehabilitation settings for neurological and geriatric clients • Basic wheelchair prescription • Non-neurological disorders that are often encountered within the rehabilitation setting, including: <ul style="list-style-type: none"> ○ Amputees ○ Older adults with / without vestibular disorders 	<ul style="list-style-type: none"> • History taking and physical examination for a client with a neurological disorder • Formulating a prioritised problem list and identifying goals of treatment • Recording patient specific information and planning treatment using the ICF framework • Observation and analysis of functional movement, with emphasis on the identification of abnormal movement patterns • Retraining of functional movements including: <ul style="list-style-type: none"> ○ Bridging / rolling ○ Side-lying to sitting ○ Sitting alignment / balance ○ Standing-up and sitting down ○ Standing alignment and balance ○ Walking ○ Upper limb function ○ Transfers • Methods and techniques to elicit muscle activity and facilitate movement return • Retraining movement with the use of task and context specific practice • Formulating appropriate and thorough exercise programs for neurological and geriatric clients and facilitating independent practice • Observation and analysis of the gait pattern of an amputee patient • Examination and management of a patient with a vestibular disorder with VOR dyscontrol and/or BPPV

Physiotherapy for Chronic Disease and Disability (PHTY92-420)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none"> • Knowledge of a variety of chronic diseases and disabilities across the lifespan. • Knowledge and application of the International Classification of Functioning, Disability and Health (ICF) framework / model. • Principles of using the ICF as a framework and an understanding of how to apply it at an individual client and service level. • Knowledge of the diversity of multi-disciplinary community services available for clients across the lifespan and the role that physiotherapists have within these teams. • Skills required for case management within a community setting. • Relevant communication skills necessary for helping clients and their family members cope with a chronic disease or disability. • Relevant communication skills necessary for working with children, parents, teachers, and other medical team members • Knowledge of the mindsets, perspectives and attitudes within clients that can impede motivation toward making lifelong positive behaviour changes. • Knowledge and understanding of normal child development, encompassing gross and fine motor development, speech and language development and social development • Knowledge of a variety of paediatric diseases and disabilities affecting babies through to adolescence • Assessment tools and outcome measures commonly used by physiotherapists for people with a chronic disease, condition or disability from infants through to the older adult. • Role of the physiotherapist in the school setting • The physiotherapist’s legal and ethical obligations when treating children and clients with a disability in a health care setting. • Equipment and aids used to assist people with disabilities to improve their functional ability. • Outcome measures commonly used within the community – Compendium of Clinical 	<ul style="list-style-type: none"> • Assessment and management of a client within the community setting with a focus on identifying “barriers” and “facilitators” to patient goals. • Formulating appropriate and thorough physiotherapy programmes for clients with a chronic disease or disability across the lifespan, focusing on: <ul style="list-style-type: none"> ○ Patient goals / SMART Goal setting / GAS Goals ○ Improving function and community participation ○ Preventing decline and effects of inactivity • Formulating appropriate and thorough physiotherapy programmes for clients of all ages within the home and clinical environments. • Identification of normal developmental milestones in babies and children. • Introduction to screening and assessment of children – Developmental checklists, AIMS, NSMDA, BOT2, GMFM and clinical observations. • How to design and implement therapy sessions with children and their families. • Identification of primitive reflexes in babies and children and adolescents. • Assessment of babies for talipes, torticollis, DDH and Brachial Plexus Birth Palsy (BPBP). • Neuro-developmental and infant assessments. • Parent education and exercises for babies with talipes, torticollis, DDH, BPBP. • Promoting flexed posturing in babies with extension posturing. • Therapeutic play. • Biopsychosocial assessments and case management skills. • Identification of equipment and aids that can assist people with disabilities to improve their functional ability. • Wheelchair and other mobility aid prescription. • Serial Casting. • Advanced 2D gait analysis including gait pattern classifications.

<p>Measures for Community Rehabilitation.</p> <ul style="list-style-type: none">• Evidence-base for treatment interventions available for physiotherapists working within the community setting and with clients with a chronic disease and disability.• Management approaches to working with clients suffering from chronic pain.• Funding packages available to persons with a chronic disease / disability.	<ul style="list-style-type: none">• Lymphoedema assessment and management.• Communication skills necessary for helping clients and their families cope with a chronic disability and encourage clients to make positive changes.• Communication skills that can encourage clients to make positive changes.
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Maximising Human Potential (PHTY93-423)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none"> • The role of the physiotherapist in a sporting and return to work setting • The team approach needed to care for elite athletes • Similarities and differences between elite athletes and the weekend sportsman • The impacts of age and gender on sporting injuries, compounding factors and ethical guidelines for treatments • Assessment and treatment of male and female pelvic floor muscles • Assessment and management of continence across the lifespan • Role of prostate support groups and the range of aids available for men with erectile dysfunction • Effect of general exercise on pelvic floor muscles • Surgical techniques related to women’s and men’s health • Treating athlete’s with impairments, including classifications, modifying techniques and team physiotherapist roles • Evidence-based treatment interventions available for physiotherapists working in women’s health, men’s health, and athlete’s with impairments • Current research linking the benefits of exercise and mental health • Integration of exercise science with physiotherapy practice • Fundamental knowledge of specialist skills including, McKenzie techniques, Mulligan’s techniques, Pilates, real-time ultrasound, burns treatment, advanced hydrotherapy, advanced massage, treatment of the TMJ, conducting rehabilitation of large groups • Role of the orthotist for enhancing mobility and postural impairments in persons with a disability across the lifespan. 	<ul style="list-style-type: none"> • Communication skills necessary for working with clients in women’s health, men’s health, and clients with a disability and within a sporting and return to work context. • Practical assessments of clients for return to sport • Conducting a return to work assessment • Assessment and treatment of pelvic floor dysfunction in males and females • Attendance at antenatal classes • Assessment and management of the client with incontinence • Use of diagnostic ultrasound to image transverse abdominus and pelvic floor muscles • Fundamental practical knowledge of specialist skills including, McKenzie techniques, Mulligan’s techniques, Pilates, advanced hydrotherapy, advanced massage, and treatment of the TMJ.

Physiotherapy Leadership, Management and Advocacy (PHTY92-419)

KNOWLEDGE AREAS	PRACTICAL SKILLS
<ul style="list-style-type: none"> • To evaluate and integrate key management issues in the private sector with specific focus on the setting up/purchase and operation of a private physiotherapy practice • To demonstrate an ability to be strategic in their practice and be able to develop and evaluate a strategic plan • To identify and analyse aspects required for the successful marketing of a small business • To analyse the concept of organisational theory and its application to organisational structures • To examine and evaluate the principles of management including communication, motivation, leadership and performance appraisal • To identify public health structures and organisations and the importance of public health • To actively and effectively advocate on behalf of individual clients and client groups • To identify areas in which the physiotherapy professional body advocates on behalf of the profession 	<ul style="list-style-type: none"> • Prepare, conduct, analyse and report on a public health submission for an identified need in the community (e.g. undertake a needs analysis to inform a public health submission) • Prepare, conduct, analyse and report on the essential components of a business plan • Plan, develop and execute a fundraising venture to promote the physiotherapy profession