



Charles Sturt  
University

# Bachelor of Podiatric Medicine External Placement Handbook

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## How to Contact Work-Integrated Learning Staff



Questions or concerns with respect to clinical education may be directed to the following staff.

- **If the issue concerns** student performance or the academic nature of the placement please contact the **work-integrated learning (WIL) coordinator**.
- **If the issue concerns** the administration of clinical placements please contact the **workplace learning admin team**.

Name	Position	Phone / Email
Caroline Robinson	Head of Discipline Podiatry	Phone: 02 6051 9242 Email: <a href="mailto:corobinson@csu.edu.au">corobinson@csu.edu.au</a>
Emma Baker	Work-Integrated Learning Coordinator	Phone: 02 6051 9214 Email: <a href="mailto:SAHESS-POD-WPL@csu.edu.au">SAHESS-POD-WPL@csu.edu.au</a>
Workplace Learning Admin Team		Email: <a href="mailto:FOSH-WPL@csu.edu.au">FOSH-WPL@csu.edu.au</a>
After Hours Emergency	<b>Security Albury Campus</b> Ask to be put through to the Head of the School of Allied Health, Exercise and Sports Science.	Phone: 02 6051 9888
Student Crisis Line		Phone: 1300 572 516

### Other Communication Methods

- [Faculty of Science and Health Website](#)
- [Faculty of Science and Health Work-Integrated Learning Podiatry Site](#)

Students are required to establish and maintain email and phone communication during sessions and in session breaks. It is the student's responsibility to regularly check emails and phone messages.

If there are changes to your contact details e.g., address, phone, email, you are required to contact [student central](#)

## Introduction

This work-integrated learning Placement manual provides important information for students and supervisors. Work-integrated learning is the preferred Charles Sturt term for placement, fieldwork, or integrated learning.

This work-integrated learning placement manual contains information on the processes of assessment to be used, the requirements for successful completion of work-integrated learning experiences and the processes to be followed if a student is not progressing satisfactorily through a work-integrated learning experience.

## About the Bachelor of Podiatric Medicine

### Background

The Bachelor of Podiatric Medicine was founded at Charles Sturt, Albury-Wodonga in 2000 with the first year of graduates finishing their studies in 2004. When introduced, the course was the first degree in podiatry available in regional Australia. The course has an emphasis on rural health and community development that is incorporated into both the curricula and the work-integrated learning program.

The podiatry program is a discipline within the [School of Allied Health, Exercise and Sport Sciences](#). The school offers programs in exercise science, physiotherapy, occupational therapy, speech pathology, and health & rehabilitation science and has an annual intake of approximately 20 students.

Work-integrated learning is included in all four years of the program and is based on the professional capabilities which are accredited and approved by the Podiatry Board of Australia. At the commencement of fourth year, students will have completed the bulk of their theoretical podiatric knowledge and gained approximately 400 hours of work-integrated learning experience.

### Graduate Attributes

The University aims to produce graduates who:

1. are well-educated in the knowledge, capabilities, practices, attitudes, ethics and dispositions of their discipline or profession;
2. are capable communicators with effective problem-solving, analytical and critical thinking skills and can work well both independently and with others;
3. value diversity and the 'common good' and work constructively, respectfully and effectively with local and global communities and workplaces;
4. engage meaningfully with the culture, experiences, histories and contemporary issues of Indigenous Australian communities;
5. practice ethically and sustainably in ways that demonstrate "yindyamarra winhanga-nha" - translated from the Wiradjuri language as "the wisdom of respectfully knowing how to live well in a world worth living in";
6. are digitally literate citizens, able to harness technologies for professional practice and participate independently in online learning communities; and
7. critically appraise and continue to develop personal and professional capabilities.

<https://policy.csu.edu.au/document/view-current.php?id=257&version=6>

# Work-Integrated Learning

## Compliance for Work-Integrated Learning



All students must be compliant with NSW Health requirements. There are also discipline specific university requirements that also need to be met before students can attend work-integrated learning. Information regarding compliance can be found on the [Faculty of Science and Health Website](#).

**For concerns or questions** about preclinical compliance students should email [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)



It is the student's responsibility to ensure that police checks, Working With Children checks and CPR/anaphylaxis qualifications are up-to-date.

Students will not be permitted to take part in any work-integrated learning activities if they do not meet Charles Sturt, NSW Health and specific site requirements.

## Allocation and Organisation of Work-Integrated Learning

Students are provided with the opportunity to nominate a preference for locations of WIL placement sites. Whilst every effort will be made to ensure that students are allocated at least one preference, we cannot guarantee this.

Placements are sourced and confirmed by the workplace learning admin team in consultation with the work-integrated learning subject coordinator. Placements are negotiated at an organisational level, between the university and healthcare facilities.



**Students, family members, friends and any other person not affiliated with the workplace learning team are NOT permitted to source their own placements. Placements will be allocated by the workplace learning admin team in conjunction with the work-integrated learning subject coordinators.**

- Students are required to contact their site supervisor at least three (3) weeks prior to placement. If students cannot contact their supervisor, they are asked to contact the WIL Coordinator or WIL Officer to assist.
- Some sites have additional requirements that must be completed before placement commences. Students will be advised of additional requirements where appropriate.
- Students are expected to behave in a manner that is professional. This includes being punctual, academically and physically prepared and enthusiastic about learning.
- Students are required to wear full CSU uniform with a CSU name badge.
- Students cannot use personal electronic devices during clinical sessions. There is sufficient time before and after clinic for this purpose.
- Students must interact with staff and patients in a positive and professional manner.
- Students must seek verbal patient consent prior to communication and treatment.



**Placement sites are non-negotiable once they have been allocated.**

If students need to change their allocated placement site or timing of the placement this must be submitted via a special consideration application with supporting evidence.

## Special Consideration

If work-integrated learning is seriously disrupted by illness or misadventure, students may apply for special consideration to have their circumstances taken into account when their work is assessed. The circumstances must have been beyond their control and impeded their capacity to study effectively or to meet subject requirements.

For guidelines and more information about special consideration please refer to the [Charles Sturt website](#)

If students are unable to complete all of their placement due to unforeseen circumstances students must contact their site supervisor and WIL Officer.

In the case of illness, students need to provide the site supervisor and WIL Officer with a medical certificate within 48 hours.

### Costs associated with work-integrated learning.

Students are responsible for all costs associated with WIL placement. These costs will include:



- Uniforms (shirt, pants and shoes)
- Travel and Accommodation
- Preclinical compliance expenses (such as immunisations and National Police Checks, Working with Children Checks)

Students are advised to budget for the costs of WIL placements in advance.

## Scholarships and Grants

Scholarships and grants are available to assist with the costs of accommodation, travel and meals. Please refer to the [Faculty of Science and Health Website](#), the [Charles Sturt Website](#) and the [Three Rivers Department of Rural Health](#) for more information.



**It is important to seek information regarding scholarships as early in the academic year as possible; the number of scholarships is limited and may have short application deadlines.**

## Travel



**You are advised to purchase travel insurance if you are booking flights in case your placement is suddenly cancelled or you become unwell and not able to travel.**

## Accommodation

The university is not responsible for providing or sourcing accommodation. It is the responsibility of the student to source their own accommodation.



**Accommodation is usually in high demand; students are encouraged to seek accommodation as soon as they have been allocated a placement.**

## Administration, Policies and Standards for Work-integrated Learning

To assist **supervisors** in providing a quality work-integrated learning experience, we have developed the following criteria to assist in planning.

## Absences from Work-integrated Learning

### Late for Work-integrated Learning:

Students must ring the clinic and speak with staff or leave a message on the phone.

- If the student is less than 10 minutes late, a warning should be given.
- If the student is late a second time, supervisors are advised to record an unsatisfactory mark and document why.
- If the student is more than 30 minutes late and has not appropriately notified the work-integrated learning site within 30 minutes of clinic starting, supervisors are advised to enter an unsatisfactory grade. Students must provide an adequate reason for their absence. Work-integrated learning Supervisor absence.

### Work-integrated Learning Supervisor Absence

In the event of the work-integrated learning supervisor (Practice Educator) becoming ill, alternative arrangements should be made, if possible, with another podiatrist or team member to supervise the student for a short period. If the illness is prolonged, the work-integrated learning subject coordinator must be contacted to discuss the options for the placement.

### Absences at short notice (student is unwell)

Students are asked if at all possible to attend clinic at the normal time, even if unwell. The placement supervisor may then choose to send the student home sick (approved absence) and the student does not need to provide medical evidence.

If the student is not able to attend clinic, he or she must contact both the WIL Coordinator and the placement site within 30 minutes of the clinical session starting. Students need to leave a message (with contact details) if they cannot speak to a person. They will need to submit a medical certificate to the placement site and WIL Officer within two working days. Failure to submit a certificate will lead to an unsatisfactory grade.

Students will be required to make up the missed days at a time agreed by both the supervisor and student. If a student misses more than five days of placement they will be required to undertake another work-integrated learning experience which may be scheduled during non-teaching time.

### Short (1-2 hours) absences known in advance

Students must request written permission to be absent from the placement site. At least 24 hours' notice is required and students must supply evidence of the event. It is at the discretion of the supervisor whether to approve the absence. Students may appeal to the WIL Coordinator. Students may be required to make up the time in an additional work-integrated learning experience.

Approved leave will not usually be granted for work commitments, holidays, social events or sporting events (unless competing at a recognised state or a national event).

### Unauthorised absences from Work-integrated Learning

This will result in immediate suspension from placement and is grounds for failure in the subject. Supervisors are advised to contact the WIL Coordinator as soon as possible and are asked to document the unapproved absence. The matter will be discussed with the WIL Coordinator. This is considered to be serious misconduct and may lead to a student being deemed professionally unsuitable to continue in their course.

## Occupational Health and Safety

### Incident Reporting



Reporting of all incidents, accidents and near misses is mandatory.



## Sharps Policy

Charles Sturt students may only remove scalpels using the QlickSmart System. If this system is not available in the clinical setting, students are not permitted to remove blades. If a student has been certified as a 'user' (having been supervised three times and completed paperwork) he/she may only remove blades using the QlickSmart System.

## Uniforms


The uniform and personal presentation requirements have been developed to uphold a professional image and meet infection control requirements. Strict adherence to the uniform standards is a requirement of work-integrated learning attendance.

If a supervisor deems that a student's uniform or personal presentation does not meet the required standard, the student may be asked to leave the clinic to rectify their appearance. In this situation, students are expected to return to clinic as soon as possible.

Students are expected to be well-presented at all times. Uniform items that are faded, damaged or worn must be replaced. Students who are required to wear specific attire for religious reasons are advised to contact the WIL Coordinator for advice, in advance of the clinical placement.











To purchase replacement uniform items visit [Charlies Store](#).

	<p><b>Shirt</b></p> <p>White/Blue Stripped Formal Poly Cotton Dress Shirt with the Charles Sturt Logo on left hand side and Podiatry on right hand side. Shirt must be short sleeve for males and ¾ sleeve for female, with an open or button neck. Shirt may be worn untucked if it is manufactured to be worn in such a manner.</p> <p>OR</p> <p>Royal blue/white polo short sleeve shirt with the Charles Sturt logo on the left hand side and School of Allied Health, Exercise and Sport Sciences on the right hand side.</p> <p>Uniform should be cleaned and pressed prior to each clinical session. If the shirt is worn untucked it must be long enough to cover the top of the trousers at all times. Uniform items that do not comply may not be worn.</p> <p><b><i>Note that we are transitioning to a polo shirt but this will not be compulsory for our 2025 4<sup>th</sup> year students unless they choose to purchase a new shirt.</i></b></p>
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Wearing of a tie is **not** permitted on placement.

	<p><b>Trousers</b></p> <ul style="list-style-type: none"><li>Trousers should be black dress wasted pants, tailored in style. They should be made of a closely woven fabric that doesn't attract lint.</li></ul>
	<p><b>Shoes</b></p> <ul style="list-style-type: none"><li>Should be non-slip, non-marking soled black shoes in a style that reflects professional podiatry standards. Shoes must fit the foot for occupational health and safety reasons. Ideally they will be closed with laces and should be clean and polished. <b>Boat shoes</b> are not acceptable. Shoes are required to have a closed in heel counter.</li></ul>

	<p><b>Hosiery</b></p> <ul style="list-style-type: none"> <li>Should not contain logos/emblems that may be offensive. Socks should be black in colour. Hosiery may be black or tan.</li> </ul>
	<p><b>Vests</b></p> <ul style="list-style-type: none"> <li>Semi-waterproof outer with Polarpile lining black uniform zip front vests with embroidered Charles Sturt Podiatry logo may be worn in clinic.</li> </ul>
	<p><b>Underwear</b></p> <ul style="list-style-type: none"> <li>Suitable undergarments must be worn during clinical sessions. Wearing no underwear, thong/G-string or see-through underwear is inappropriate.</li> <li>Underwear should not be visible at any time. Underwear should not contain logos/emblems that are visible through clothing and should be of a light colour.</li> </ul>
	<p><b>Hair</b></p> <ul style="list-style-type: none"> <li>Should be off the face and long hair must be tied back. Style/colour should reflect professional standards.</li> </ul>
	<p><b>Jewellery</b></p> <ul style="list-style-type: none"> <li>Must be kept to a minimum. Visible piercing should be small studs. Hand rings of religious significance/wedding rings are the only jewellery permitted on hands/wrists. They should be flat.</li> <li>Bracelets should not be worn. A wrist-watch may be worn.</li> <li>If jewellery is worn around the neck it needs to be short and discreet.</li> <li>Nail polish must not be worn.</li> </ul>
	<p><b>Personal Hygiene</b></p> <ul style="list-style-type: none"> <li>It is an expectation that students always maintain appropriate personal hygiene.</li> </ul>

## Work-integrated Learning Structure and Operation

Students should:

- Be provided with an orientation to the facility and staff.
- Be provided with relevant details of the facility's Occupational Health and Safety policy and instructed in emergency procedures.
- Be included in relevant departmental/clinical activities such as in-services training, case conferences and ward rounds.
- Be provided with access to facilities such as library and computer resources where available.
- Attend placement for a minimum of 24 hours per week (three full-time days per week).

Supervisors should:

- Establish ground rules about how they expect students to behave, what times they should attend clinic, and arrangements for meal breaks.

- Be responsible for each student's caseload, commensurate with the availability of clients and student capability.

The actual experiences that a student may have on each placement are dependent on the circumstances at that site. As a priority, students should be provided with the opportunity to demonstrate skills to meet the assessment criteria.

### Supervisor Experience

- It is expected that a primary supervisor will have a minimum of two years' post-registration experience.
- If a supervisor has accumulated less than two years' post-registration experience, they must be supported by a senior supervisor with relevant experience.
- The supervisor will discuss their expectations of professional behaviour, patient contact, communication, and self-directed learning at the beginning of the placement.
- In locations where there is more than one supervisor, students must be provided with clear and comprehensive instructions on appropriate lines of communication.

### Professional Code of Conduct

Students are required to maintain a professional code of conduct whilst on placement.

This includes but is not limited to:

- maintaining professional boundaries with staff and patients/clients;
- maintaining staff and patient/client confidentiality at all times;
- communicating with staff and patients/clients in a professional manner;
- behaving in a professional manner at all times; and
- treating staff and patients/clients with respect.

### Learning and Teaching

- Students are provided with a range of learning opportunities from those available.
- The supervisor should discuss the opportunity with the student at the beginning of the placement.
- The supervisor should allocate time for student consultation or direct instruction.
- Students are provided with direction about how to access learning resources.
- The supervisor should promote case discussion as a means of reflective learning.

### Skill Base of Students

In their **first year**, students gain skills in the assessment of clients. Students should be able to collect demographic information from clients, undertake medical history and collect information about the presenting problems. They should be competent in the areas of vascular and neurological assessment. Orthopaedic and musculoskeletal examination knowledge is rudimentary. Students will gain clinical knowledge in the areas of hyperkeratosis, nail disorders, Tinea pedis and verrucae. They are introduced to skills in reduction of nails and debridement of lesions. Theoretical knowledge includes anatomy, physiology and psychology. Students also develop an understanding of the Australian healthcare system, health communication and culturally responsive practice. Students complete 24 hours of work-integrated learning at the end of first year to prepare them for clinical practice in second year.

During their **second year**, students undertake studies in microbiology, pathophysiology, immunology, pharmacology, and biomechanics. They also focus on early childhood development and paediatric pathology. In clinic, students

continue to consolidate skills in subjective and objective assessment. They increase skills in the management of general foot and skin pathology. Students complete 119 hours of work-integrated learning during the year.

**Third year** students accumulate over 287 hours of work-integrated learning. Their theoretical studies focus on diabetes, wound management, pharmacology, chronic disease and mental health in the first session. In the second session the focus is on local anaesthesia, podiatric surgery, physical activity and exercise for chronic disease management, and neurological and vascular pathology. Students are expected to assess new clients, prepare management plans and to develop skills in biomechanical assessment and orthotic prescription. The acquisition of surgical skills is initiated in the second session of third year in order to prepare students for surgical practice in their final year of the program.

## Objectives and Aims of Work-Integrated Learning

### Aims of 2<sup>nd</sup> Year Work-integrated Learning Placement

#### Aims for Work-integrated Learning

The aims of this one-week work-integrated learning experience are to:

- Introduce students to podiatry practice in the private sector.
- Continue to develop students' skills in working with people who have health problems.
- Enable students to continue to develop personal interaction skills appropriate for an allied health professional in a private sector environment.
- Enable students to continue to develop assessment skills in a private sector environment.
- Enable students to observe (and demonstrate) assessment tasks in a clinical setting.

#### Student Expectations

This placement also aims to allow students to build confidence and for the work-integrated learning supervisor to facilitate some experiential learning during the week. The following examples are an illustration of suitable learning experiences:

- Exposure to a range of pathomechanics arising from, for example, anatomical variation, trauma and injury, systemic disease.
- Hands-on testing e.g. basic biomechanical assessment, joint assessment in patient.
- Vascular assessment in patients who present with a range of vascular pathology.
- Discussion of the clinical reasoning process and justification of the use of specific tests and management strategies.
- Exploration of basic musculoskeletal deformities and their relation to presenting problems.
- Exploration of alternative treatment options and experience of collaborative working e.g. with other allied health professionals.

#### Objectives of Work-integrated Learning

At the conclusion of the learning experience students should have:

- Spent a minimum of 35 hours in a private sector environment.
- Observed/participated in procedures surrounding appointments.
- Discussed issues around access to podiatric service provision.
- Observed/taken part in subjective assessment procedures.
- Observed/taken part in vascular assessment.
- Observed/taken part in neurological assessment.
- Observed/taken part in nail debridement.
- Observed/taken part in callous debridement.
- Observed/taken part in helomata debridement.
- Explored themes surrounding podiatry in the private sector.



It is expected that when students go on placement, they will have mastered the following skills at a level appropriate for a second year, second semester student:

- Visual physical assessment.
- Taking a medical history.
- Looking medication up in MIMs (hardcopy version).
- Verbal assessment of presenting problem.
- Preliminary padding skills.
- Vascular assessment.
- Neurological assessment.

Students should also have knowledge in the following areas:

- Management of tinea pedis.
- Management of verrucae.
- Nail disorders.
- Hyperkeratosis and helomata.

Students are only expected to have minimal diagnostic skills.

## Aims of 3<sup>rd</sup> Year Work-integrated Learning Placement

### Aims of Work-integrated Learning Program

The aims of this one-week work-integrated learning experience are to:

- Introduce students to podiatry practice in the private sector.
- Continue to develop students' skills in working with people who have health problems.
- Enable students to continue to develop personal interaction skills appropriate for an allied health professional in a private sector environment.
- Enable students to continue to develop assessment skills in a private sector environment.
- Enable students to observe (and demonstrate) assessment tasks in a clinical setting.

### Student Expectations

This placement also aims to allow students to build confidence and for the work-integrated learning supervisor to facilitate some experiential learning during the week. The following examples are an illustration of suitable learning experiences:

- Exposure to a range of pathomechanics arising from, for example, anatomical variation, trauma and injury, systemic disease.
- Hands-on testing e.g. basic biomechanical assessment, joint assessment in patient.
- Vascular assessment in patients who present with a range of vascular pathology.
- Discussion of the clinical reasoning process and justification of the use of specific tests and management strategies.
- Exploration of basic musculoskeletal deformities and their relation to presenting problems.
- Exploration of alternative treatment options and experience of collaborative working e.g. with other allied health professionals.

### Objectives of Work-integrated Learning

At the conclusion of the learning experience students should have:

- Spent a minimum of 35 hours in a private sector environment.
- Observed/participated in procedures surrounding appointments.
- Discussed issues around access to podiatric service provision.
- Observed/taken part in subjective assessment procedures.

- Observed/taken part in vascular assessment.
- Observed/taken part in neurological assessment.
- Observed/taken part in nail debridement.
- Observed/taken part in callous debridement.
- Observed/taken part in helomata debridement.
- Explored themes surrounding podiatry in the private sector.

## Aims of 4<sup>th</sup> Year Work-integrated Learning Placement

### Community Placement

#### Aims

- To equip students with the skills, knowledge, and professional capabilities to allow them to work safely and effectively as a new graduate (entry level practitioner) in this environment.
- To provide students with the experience of working in and managing a “community” podiatry caseload and an understanding of the value of assessment and screening in primary healthcare.

### High Risk Placement

#### Aims

- To equip students with the skills, knowledge and professional capabilities to allow them to work safely and effectively as a new graduate (entry level practitioner) in this environment.
- To provide students with the experience of working in and managing a “high risk” podiatry caseload and an understanding of the value of assessment and screening in high-risk practice.

### Objectives

**These objectives are to be applied to the context of the placement.**

- Uses a range of strategies to effectively communicate and record information relating to a patient’s health status and podiatric management, including the processes of obtaining informed consent;
- Understands, acknowledges, and respects the skills, roles and responsibilities of members of the patient’s healthcare team, and works effectively and collaboratively in the interests of shared patient care.
- Demonstrates culturally appropriate, safe, empathetic and sensitive practice that facilitates trust and the building of respectful relationships, including with Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds;
- Presents a range of management options to the patient when appropriate, discussing the benefits and material risks relevant to each option;
- Works with the patient and other members of the healthcare team to co-develop appropriate, evidence-based management plans.

Students need to meet the professional capabilities relevant to the capstone clinical podiatry subject POD329 and POD421 by the completion of the work-integrated learning experience.

The students should have skills in all the following areas:



- Skills in nail reduction and debridement of hyperkeratotic tissue should be at/or approaching entry level.
- Skills in general diagnosis and assessment should be at/or approaching entry level.
- Surgical skills (commensurate with entry-level practice) should be at/or approaching entry level.
- Biomechanical skills should be at/or approaching entry level.
- Communication skills/client interaction skills should be at graduate-entry level.

The students have limited knowledge of the practical management of wounds; however, they do have theoretical knowledge of the principles of wound care.

# Appendices

## Appendix 1: 2025 Bachelor of Podiatric Medicine Course Structure

*Honours Subjects in Italics*

*Pre-requisites in square brackets [ ]*

First Year	Second Year	Third Year	Fourth Year
<b>Session 1</b>	<b>Session 1</b>	<b>Session 1</b>	<b>Session 1</b>
POD109 Introduction to Podiatric Medicine	BMS263 Pharmacology for Allied Health Professionals	POD310 Advanced Clinical Podiatric Practice (commence yearlong subject)  Or <i>POD309 Advanced Clinical Podiatric Practice for Honours</i>	POD325 Evidence-based Practice in Podiatry  Or <i>HRS443 Honours in Science Research Dissertation (commence yearlong subject)</i>
BMS161 Health and the Human Body: Cells, Immunity & Musculoskeletal System	POD204 Podiatry and Community Health Practice	Unrestricted Elective Subject  Or <i>HRS410 Science Honours Research Methods</i>	POD329 Clinical Podiatric Residency  Or <i>POD420 Clinical Podiatric Residency</i>
BMS171 Introductory Functional Human Anatomy	POD242 Podiatric Biomechanics	<b>Pass and Honours Stream</b>  POD318 Podiatry for Chronic Disease Management	<b>Pass and Honours Stream</b>  <b>POD328</b> Advanced Pharmacology and Prescribing
HIP101 Introduction to Australian Society and Health	HIP102 Research Foundations for Health, Sports and Exercise Sciences	POD319 Neurology and Pain	
<b>Session 2</b>	<b>Session 2</b>	<b>Session 2</b>	<b>Session 2</b>
POD112 Introduction to Podiatric Clinical Practice [POD109]	POD213 Consolidating Podiatric Clinical Practice	POD310 Advanced Clinical Podiatric Practice (completed)  Or <i>HRS427 Honours in Science Fundamentals</i>	POD421 Podiatry Capstone Placement  Or <i>POD422 Podiatry Capstone Placement (Honours)</i>
BMS172 Functional Anatomy of the Vertebral Column, Pelvic Girdle and Lower Limb	POD246 Podiatric Paediatrics and Orthomechanics	<b>Pass and Honours Stream</b>  POD320 Wound management and Vascular Pathology	<i>HRS443 Honours in Science Research Dissertation (completed)</i>
IKC100 Indigenous Health	Restricted Elective Subject	POD321 Physical Performance across the Lifespan	<b>Pass and Honours Stream</b>  HIP423 Transition to Allied Health Practice
BMS182 Human Anatomy and Physiology 2	BMS255 Neuroscience for Health Practice	POD317 Local Anaesthesia and Surgery	HLT417 Indigenous Perspectives on Health and Wellbeing



## Appendix 2: Supervisor Survey



The Podiatry team at Charles Sturt continually strive to improve the Work-integrated learning (Clinical Placement) experience for our students and their supervisors.

Thank you for taking the time to complete this survey. The assessment forms have been modified to include one assessment form that should be interpreted in the context of the placement. The assessment criteria are aligned with the professional capabilities.

Your feedback on the forms will help us to continue to improve the clinical placement experience of Charles Sturt students and their supervisors.

Supervisor Name:	
Placement Site:	
Student:	

1. Do you consider that the student was well prepared and ready for placement?  Yes  No

If you answered no, please advise what areas we can improve on to prepare students for placement.

2. Did you find the assessment criteria form easy to understand and use, to provide comment on student performance?  Yes  No

Comments

3. Were there any criteria that you had difficulty assessing the student on?  Yes  No

If you answered yes, which ones and why?

4. Are there criteria that you feel should be included in the student assessment form and are currently missing?  Yes  No

If you answered YES, what do you consider should be included?

**5. Did you receive sufficient support/guidance from the Charles Sturt work-integrated learning team?**

Yes    No

If you answered NO, what could we have done better to help you?

**6. Did the student's knowledge base meet your expectations?**  Yes    No

If you answered no, what were your expectations?

**7. Did the supervisory experience meet your own Professional Development Goals?**  Yes    No

If you answered no, is there anything in particular that we can do to help you reach those goals?

**Please add any further comments you wish to make.**

Please email this form to [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)

## Appendix 3: Student Survey



In order to ascertain whether our Podiatry Students are getting the best possible work-integrated learning experience, we would appreciate some feedback regarding your placement. Please complete this survey and email it to [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)

Please note that the survey is confidential and will only be read by the work-integrated learning podiatry academic team unless you give us permission to pass your comments on, so please do not hold back on your responses.

<b>Name:</b>	
<b>Student ID:</b>	
<b>Placement Site:</b>	
<b>Placement Date</b>	

Placement Type:

Community

High Risk

1: **Did you have a site orientation at the commencement of your placement?** Yes  No

*If you answered NO, please comment on what you think could have been better explained.*

--

2: **Tell us about your work-integrated learning experience. What you liked/disliked about it eg, the workplace environment, interaction with staff or patients etc.**

--

3. **Would you recommend that we send students to this site in the future?** Yes  No

*If you answered YES, tell us why you would recommend this site.*

--

*If you answered NO, tell us why you would not recommend this site.*

--

4. **On a scale of 1-5 – 1 being poor and 5 being outstanding, how would you rate the following?**

Support from the staff	
Variety of clients and podiatric conditions	
The whole educational experience during work-integrated learning	
Placement site is easily accessible by public transport	
Easy to find suitable affordable accommodation within a reasonable distance from the site	
Costs associated in undertaking the placement (including travel, accommodation, car parking if applicable) and any other costs	

5. ***Do you give your consent to provide your comments (anonymously) to:***

a) ***Other students when they are considering their placement preferences:***

Yes  No

b) ***Your supervisor in order for them to see what they could improve on:***

Yes  No

6. ***Do you have any further comments regarding your placement experience?***

***Thank you for taking the time to complete this survey.  
Your feedback is important to us.***

## Appendix 4: Student Supported Learning Plan

### Faculty of Science - School of Allied Health, Exercise and Sports Science

At risk of not meeting competencies for practice form

Student Name		
Supervisor(s) Name:	Phone:	Email:
	Phone:	Email:
Placement Site Name:		
Placement Site Address		

**Please provide a brief summary of your concerns regarding the student's performance:**

**Proposed strategies to address concerns:**

**Timelines for review of students performance towards addressing the concerns listed above:**

The university will need to be involved in this process; please indicate how we can best contact you:

Has the student been advised that they are at risk of failing work-integrated learning?  Yes  No

Has the student been given a copy of the completed supported learning form?  Yes  No

**Signed by:**

**Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete and email this form to [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)

**Note:** *The student's signature indicates that they have read this report; it does not imply agreement with the above comments*

## Appendix 5: Assessment 4<sup>th</sup> Year

- The assessment is relevant to the level expected of students.
- The supervisor completes the assessment forms (see below).
- Where there are multiple supervisors, all supervisors should have input into the completion of assessment forms.
- The supervisor must notify the student and university as soon as any concerns arise regarding the student's ability.
- The student is asked to engage in self-evaluation by completing their own version of the assessment grid prior to formal feedback sessions.
- The supervisor observes the student with a variety of cases and provides timely feedback to the student on their performance throughout the unit.
- The supervisor conducts at least one assessment of the student's performance with a new patient (assessment, treatment, and discussion of reasoning) towards the end of the placement for the purpose of assessing the student's independent performance. During this assessment the supervisor does not contribute to the intervention unless patient safety is threatened.

### Assessment Forms

The Assessment Forms are to be completed **by the end of weeks four and seven**. The Assessment Criteria can be found in the Appendices of this handbook and forms will be emailed separately to the supervisor or site contacts. The forms are based on the Podiatry Board of Australia 'Professional capabilities for podiatrists' and describe the expectations of a registered practitioner. Please use these capabilities to guide your decision making as to the student's level of ability within the context of the placement site.



As part of this assessment we also ask that you document any involvement the student has had, in participating in skin and nail surgery under local anaesthetic (working with supervision).



If supervisors believe that students are not performing to the expected level, they should contact the university as soon as possible, rather than waiting for the formalised assessment schedule.

Feedback sessions are intended to be a positive experience for the student and provide a formal opportunity for reflective learning. You may also wish to have informal meetings with students.

### Mid-Point (Week 4) Assessment Meeting

Prior to the meeting the student should individually complete the student self-assessment section of the assessment form.

At the meeting the supervisor and student discuss and compare their responses. The areas and strategies for improvement and consolidation should be negotiated and documented on the 'Mid-point assessment form' to meet the end point objectives. It should then be evident that the student will likely achieve a satisfactory result or is 'at risk of failure' at the end of placement. (Please see Unsatisfactory Performance below for more information).

NOTE: A student is **not expected** to be 'meeting expectation' for all sections at the mid-point assessment and a formal meeting will involve the development of strategies to assist the student to meet expectations prior to the End-point assessment

## End-Point (Week 7) Assessment Meeting

Prior to the meeting the student should individually complete the student self-assessment section of the assessment form.

At the meeting the supervisor and student discuss and compare their responses. The supervisor provides students with formal feedback on progress made throughout the placement. The clinical educator will determine one of the following outcomes:

- If a student has received a score of '1' for **all** criteria they have met placement objectives at graduate-entry level
- If a student has received a score of '0' for **any of the criteria**, meaning skills are still emerging, they have not achieved all of the placement objectives and the student will be required to repeat the placement block at another site.



*Please email any notes that are made during these meetings along with the relevant Assessment Forms in the following timelines:*

### **Mid Point (Week 4) Assessment Form**

Completion of the **Mid Point (Week 4)** form needs to commence no later than the beginning of Week 4 and should be submitted to the university **no later than the end of Week 4.**

### **End Point (Week 7) Assessment**

Completion of the **End Point (Week 7)** form needs to commence no later than the end of Week 7 and should be submitted to the university **no later than one week after the placement is completed.**

*Forms should not be given to the student to submit to the university.* They should be emailed to [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)

## Unsatisfactory Performance

A student who is identified early in their placement as being likely to be deemed 'not meeting expectation at a 4<sup>th</sup> year level' needs to be advised of this by the midpoint (Week 4) of the placement so that they have the opportunity to improve. Supervisors should discuss relevant issues and concerns with the student and contact the university.

- If a student is identified as being 'at risk of failing' a supported learning plan will be documented in a 'supported learning' form and should include specified tasks and objectives to help facilitate the student's skill acquisition and clinical learning. Refer to the 'supported learning' form which should be completed and sent to the WIL Coordinator.

**The Podiatry Staff at Charles Sturt would like to thank you for your valuable contribution to this assessment procedure.**



## Community Health & High-Risk Placement Assessment (Mid & End Point)

### MID-POINT (WEEK 4) PLACEMENT ASSESSMENT



The Mid Point Assessment should be completed in consultation with the student and sent to the WIL Officer at the completion of Week 4 of the placement. Assessment forms will be sent as a separate attachment to this handbook

### END POINT (WEEK 8) PLACEMENT ASSESSMENT



The End Point Assessment should be completed in consultation with the student and sent to the WIL Officer at the completion of Week 7 of the placement. Assessment forms will be sent as a separate attachment to this handbook

**Table 1: Scoring guide.**

The following assessments are based upon the Podiatry Board of Australia 'Professional capabilities for podiatrists (2022)'. As the professional competencies describe the expectations of a registered practitioner, these capabilities will be interpreted and assessed based upon the following assumptions:

- The student is being assessed at a level where they are consolidating practice towards meeting the threshold of professional capability needed to practice as a podiatrist in Australia;
- These competency criteria should be applied relative to the placement context and any patient who is seen within the clinical environment including: a new patient; musculoskeletal patient; general footcare patient; or a complex client presentation (e.g. wound care; multiple chronic health conditions).

0	1
<b>Not meeting expectation at a 4<sup>th</sup> year level</b>	<b>Meeting expectation at a 4<sup>th</sup> year level</b>
<p>Required significant prompting, supervision and guidance. Student skills are emerging in this area.</p> <p><b>Supervisor's note:</b> If a student is scoring a 0 for an item, it indicates that their performance is <i>not yet adequate</i> for a podiatry student at their level.</p> <p>Feedback to the student on specific behaviours that require development must be provided to the student along with some strategies to assist in knowledge and skill development.</p>	<p>Completed independently or with minimal prompting, supervision and guidance.</p> <p><b>Supervisor's note:</b> A score of 1 reflects the student is completing the task <i>in line with expectations</i> for a podiatry student at their level.</p>

### Assessment Criteria

The student:

- Selects appropriate clinical assessments that allow development of accurate diagnoses;
- Safely assesses the patient, considering patient context and their presenting health issues;
- Presents a range of management options to the patient when appropriate, discussing the benefits and material risks relevant to each option;

- Works with the patient and other members of the healthcare team to co-develop appropriate, evidence-based management plans;
- Provides information about implementation of a proposed management plan in a way the patient and other members of the healthcare team can understand and action;
- Management plans are evaluated and revised in time frames that are appropriate for the condition(s) being managed;
- Uses a range of strategies to effectively communicate and record information relating to a patient's health status and podiatric management, including the processes of obtaining informed consent;
- Understands, acknowledges, and respects the skills, roles and responsibilities of members of the patient's healthcare team, and works effectively and collaboratively in the interests of shared patient care.
- Demonstrates culturally appropriate, safe, empathetic and sensitive practice that facilitates trust and the building of respectful relationships, including with Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds;
- Practices in an ethical and professional manner, consistent with relevant legislative and regulatory requirements, including identifying and responding to examples of unsafe or unprofessional practice;
- Demonstrates skills in reflection, can identify personal strengths and limitations, and seeks input from supervisors to confirm their own learning needs;
- Demonstrate safe and effective use of pharmaceutical products within own scope of practice;
- Complies with infection prevention, control, and sterilisation requirements to provide a safe clinical environment.

## Appendix 6: Assessment 3<sup>rd</sup> Year

### Assessment

Students are required to complete a number of assessment criteria associated with this placement experience:

- Professional Behaviour
- Communication Skills
- Background Knowledge
- Clinical Skills

Assessment provides students with an opportunity to receive feedback on their performance, facilitate reflection on their practice and allows them to make changes or improvements where necessary. It may also enable them to feel more confident in their abilities.

### Student Placement Goal Setting

Students are asked to complete a placement goal setting form prior to their first day. The basis of this form is for the student to identify their own learning goals and to discuss with their supervisor what they would like to achieve from their clinical placement. Students are advised to bring this along with them on their first day and discuss with their clinical supervisor.

### Feedback

Below are some suggestions for giving feedback to students:

- Feedback needs to be given at an appropriate time, generally this should be as close to when an event occurred as possible.
- Feedback needs to be specific; it needs to refer to behaviour that you have observed.
- Positive feedback is appropriate, students are still very much in the discovery and exploratory stages of learning. Knowledge and skills are still being consolidated so do feedback on things that they are doing well rather than only areas that need consolidation.
- Feedback is best given in private, especially if it is negative.

*(These suggestions are from Ladyshewsky, R (1995). Clinical Teaching ACT: Higher Education Research and Development Society of Australasia)*

### Mid-placement Check In

It is strongly recommended that mid-way through the placement there is a formal discussion between the supervisor and the student. This discussion is an opportunity for the student to identify persistent areas of weakness or uncertainty, which there may be time to address in the final day or two of the placement. It is also an opportunity for the supervisor to seek feedback on the WPL experience. Examples and a structured template that can be used to form the basis of the discussion can be found in the appendices.

### Assessment Forms

The Assessment Form located in the appendices are to be completed at the end of the placement. The assessment criteria are based upon the Podiatry Board of Australia 'Professional capabilities for podiatrists (2022)'. As the professional competencies describe the expectations of a registered practitioner, these capabilities will be interpreted and assessed based upon the following assumptions:

- The student being assessed is at a stage where they are consolidating their knowledge and skills;
- A typical patient will be either a new patient, a musculoskeletal patient, or a general footcare patient. It will not be appropriate for these assessments to be applied based on a complex client presentation (e.g. wound care; multiple chronic health conditions).

Feedback sessions are intended to be a positive experience for the student and provide a formal opportunity for reflective learning. You may also wish to have informal meetings with students.

- Where there are multiple supervisors, all supervisors should have input into the completion of assessment forms.
- The supervisor must notify the student and university as soon as any concerns arise regarding the student's ability.
- The student is asked to engage in self-evaluation by completing their own version of the assessment grid prior to formal feedback sessions.
- The supervisor observes the student with a variety of cases and provides timely feedback to the student on their performance throughout the unit.
- The supervisor conducts at least one assessment of the student's performance with a new patient (assessment, treatment, and discussion of reasoning) towards the end of the placement for the purpose of assessing the student's independent performance. During this assessment the supervisor does not contribute to the intervention unless patient safety is threatened.



**Please email any notes that are made during these meetings along with the relevant Assessment Forms (see Appendices) to the WPL Officer no later than one week after the placement finishes.**

**The supervisor should forward these forms to the WPL Officer and give a copy to the student.**



**Please note that it is important that we receive the assessment forms, as the students cannot obtain a substantive grade for this subject without them.**

### **Unsatisfactory Performance**

A student who is identified early in their placement as being likely to be deemed 'at risk of failing' needs to be advised of this by the midpoint of the placement so that they have the opportunity to improve. Supervisors should discuss the issue with the student and develop strategies to allow the meeting of expectations prior to the end of the placement. Please contact the university for an "supported learning plan" if required.

**The Podiatry Staff at Charles Sturt would like to thank you for your valuable contribution to this assessment procedure.**

## Assessment Form (End of placement)

<b>Student Name:</b>	
<b>Supervisor's Name:</b>	
<b>Work-integrated Learning Site:</b>	
<b>Placement Dates:</b>	

Supervisor to complete and return to the Workplace Learning Officer – [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)

0	1
<b>Not meeting expectation at a 3<sup>rd</sup> year level</b>	<b>Meeting expectation at a 3<sup>rd</sup> year level</b>
<p>Required significant prompting, supervision and guidance. Didn't respond to feedback.</p> <p><b><u>Supervisor's note:</u></b> If a student is scoring a 0 it indicates that expectation in performance assessed by an item is not yet adequate.</p> <p>Feedback to the student on specific behaviours that require development must be provided to the student along with some strategies to assist in development.</p>	<p>Completed independently or with minimal prompting, supervision and guidance.</p> <p><b><u>Supervisor's note:</u></b> A score of 1 reflects the student is completing the task in line with the expectations of podiatry students at their level.</p> <p>The student will be able to manage a neurological assessment and a vascular assessment. The student is aware of their limitations and where to seek assistance.</p>

The assessment the scoring should be first completed by the student, and then by the Clinical Supervisor. Both the student and the Clinical Supervisor will then meet to discuss the results.

<b>Professional Behaviour</b>				
Demonstrates culturally appropriate, safe, empathetic and sensitive practice that facilitates trust and the building of respectful relationships, including with Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds (please circle)	<b>Student</b>		<b>Clinical supervisor</b>	
	0	1	0	1
Practices in an ethical and professional manner, consistent with relevant legislative and regulatory requirements, including identifying and responding to examples of unsafe or unprofessional practice (please circle)	<b>Student</b>		<b>Clinical supervisor</b>	
	0	1	0	1
Seeks input from peers and supervisors to aid learning and improve patient outcomes (please circle)	<b>Student</b>		<b>Clinical supervisor</b>	
	0	1	0	1
Demonstrates safe and professional practice in a clinical environment when managing cutaneous and musculoskeletal presentations (please circle)	<b>Student</b>		<b>Clinical supervisor</b>	
	0	1	0	1

### Communication Skills

Provides information about implementation of a proposed management plan in a way the patient and other members of the healthcare team can understand and action (please circle)

Student		Clinical supervisor	
0	1	0	1

### Knowledge of Theory and Practice

Uses the evidence-base to identify appropriate management options for a patient (please circle)

Student		Clinical supervisor	
0	1	0	1

### Clinical Skills

Independently evaluates a patient's social, medical, neurological, vascular, musculoskeletal and cutaneous status, and use that information to formulate differential diagnoses (please circle)

Student		Clinical supervisor	
0	1	0	1

Presents a range of management options to the patient when appropriate, discussing the benefits and material risks relevant to each option (please circle)

Student		Clinical supervisor	
0	1	0	1

Works with the patient and other members of the healthcare team to co-develop a management plan (please circle)

Student		Clinical supervisor	
0	1	0	1

Under supervision, appropriately prescribes, fabricates and modifies a range of orthomechanical devices with attention to environmentally sustainable practice (please circle)

Student		Clinical supervisor	
0	1	0	1

### Overall Comments

**Signed (Supervisor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Mid-Week Check In

You may wish to use this form as a basis for discussion, on how the student is going on the placement, as well as areas that they are uncertain about as well as areas that they would value more guidance from.

Areas requiring further development/clarification	Proposed action to address the specific issue
E.g. <ul style="list-style-type: none"> <li>• Efficient and appropriate use of tests for biomechanical assessment</li> <li>• Orthotic prescription writing</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisor to explain section of and demonstrate, assessment techniques on an appropriate patient</li> <li>• Student to practice writing an orthotic prescription for a client, with subsequent feedback from the supervisor</li> </ul>



## STUDENT PLACEMENT GOAL SETTING

Students are to complete this form prior to their first clinical day. Please discuss with your clinical supervisor on day 1.

Student Name:	
Work-Integrated Learning Site:	
Placement Dates:	

What are my expectations of this placement?

What clinical skills/knowledge do I want to extend upon during my placement?

What are my clinical strengths and weaknesses?

Strengths:

Weaknesses:

What strategies might I find useful from my clinical supervisor to enhance my overall learning experience?

Additional comments or goals:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix 7: Assessment 2<sup>nd</sup> Year

Students are required to complete several assessment criteria associated with this placement experience:

- Professional Behaviour.
- Communication Skills.
- Background Knowledge.
- Clinical Skills.
- Safety.

Assessment provides students with an opportunity to receive feedback on their performance, facilitate reflection on their practice and allows them to make changes or improvements where necessary. It may also enable them to feel more confident in their abilities.

### Student Placement Goal Setting

Students are asked to complete a placement goal setting form prior to their first day. The basis of this form is for the student to identify their own learning goals and to discuss with their supervisor what they would like to achieve from their clinical placement. Students are advised to bring this along with them on their first day and discuss with their clinical supervisor.

### Feedback

Below are some suggestions for giving feedback to students:

- Feedback needs to be given at an appropriate time, generally this should be as close to when an event occurred as possible, however, if both parties are tired and/or stressed it can be appropriate to defer giving feedback.
- Giving feedback can be simple or complex, it may involve saying things like “you did that well” rather than focusing on the things that are not up to speed.
- Feedback needs to be specific, it needs to refer to behaviour that you actually observed;
- Positive feedback is appropriate, these students are still very much in the discovery and exploratory stages of learning. Knowledge and skills are still being consolidated so try to focus on the things that they are doing well rather than the things that they are not quite up to speed with. Encourage them that they will improve.
- Feedback is best given in private, especially if it is negative.

*(These suggestions are from Ladyshefsky, R (1995). Clinical Teaching ACT: Higher Education Research and Development Society of Australasia)*

### Mid-placement Check In

It is strongly recommended that mid-way through the placement there is a formal discussion between the supervisor and the student. This discussion is an opportunity for the student to identify persistent areas of weakness or uncertainty, which there may be time to address in the final day or two of the placement. It is also an opportunity for the supervisor to seek feedback on the WPL experience. Examples and a structured template that can be used to form the basis of the discussion can be found in the appendices.

### Assessment Forms

Assessment is an important part of the learning process. It provides students with an opportunity to receive feedback on performance. It also allows the student to reflect on their performance and make changes or improvements where necessary. It may also enable the student to feel more confident in their abilities.

The Assessment Forms **at the end of this handbook** are to be completed at the end of the placement.

Feedback sessions are intended to be a positive experience for the student and provide a formal opportunity for reflective learning. You may also wish to have informal meetings with students.

- Where there are multiple supervisors, all supervisors should have input into the completion of assessment forms.
- The supervisor must notify the student and university as soon as any concerns arise regarding the student's ability.
- The student is asked to engage in self-evaluation by completing their own version of the assessment grid prior to formal feedback sessions.
- The supervisor observes the student with a variety of cases and provides timely feedback to the student on their performance throughout the unit.



**Please email any notes that are made during these meetings along with the relevant Assessment Forms to [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au) no later than one week after the placement finishes.**

**The supervisor should forward these forms to the university and give a copy to the student.**



**Please note that it is important that we receive the assessment forms, as the students cannot obtain a substantive grade for this subject without them.**

### **Unsatisfactory Performance**

A student who is identified early in their placement as being likely to be deemed 'at risk of failing' needs to be advised of this by the midpoint of the placement so they have the opportunity to improve. Supervisors should discuss relevant issues and concerns with the student and develop strategies to allow the meeting of expectations prior to the end of the placement. Please contact the university for an "supported learning plan" if required.

**The Podiatry Staff at Charles Sturt would like to thank you for your valuable contribution to this assessment procedure.**

## Assessment Form

Student Name:	
Supervisor's Name:	
Work-Integrated Learning Site:	
Date:	

**Supervisor to complete:** Please rate the student's performance by ticking the appropriate box.  
**Supervisor to complete and return to the Workplace Learning Officer – [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)**

Professional Behaviour					
	Never	Rarely	Often	Mostly	Always
Punctual					
Appropriate dress					
Appeared interested					
Actively participated in all clinical activities					
Maintained a professional code of conduct					

Communication Skills					
	Never	Rarely	Often	Mostly	Always
Interacted well with clients					
Used appropriate language with staff					

Background Knowledge					
	Never	Rarely	Often	Mostly	Always
Asked relevant questions					

Clinical Skills					
	Never	Rarely	Often	Mostly	Always
Demonstrated good observational skills					

Safety					
	Never	Rarely	Often	Mostly	Always
Acted in a safe manner					
Followed all clinical policies and procedures					
Maintained a safe working environment					

### OVERALL:

Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Requires Additional Placement <input type="checkbox"/>
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**General Comments**

**Please make comments on the following if appropriate:**

Objective	Completed (please date and tick)
Observed / participated in procedures surrounding appointments	
Discussed issues around access to podiatric service provision	
Observed/ taken part in subjective assessment procedures	
Observed / taken part in vascular assessment	
Observed / taken part in neurological assessment	
Observed / taken part in nail debridement	
Observed / taken part in callous debridement	
Observed / taken part in helomata debridement	
Explored themes surrounding podiatry in the private sector	
Number of hours of placement completed (minimum30)	

**Comments:**

Signed: \_\_\_\_\_  
Supervisor

Date; \_\_\_\_\_

Signed: \_\_\_\_\_  
Student

Date; \_\_\_\_\_

## Clinical Assessment

This assessment form should be completed at the end of the placement.

<b>Knowledge and Skills</b>	<b>Satisfactory</b>	<b>Specific Tasks</b>
<b>Communication Skills</b>	<ul style="list-style-type: none"> <li>Student demonstrates appropriate and respectful communication with the client, modifying their use of technical language during the consultation.</li> <li>Student provides a reasonably fluent and mostly accurate summary of the client's presentation including assessment findings and proposed management plan, to the Clinical Educator</li> <li>Student produces legible, relevant and accurate written documentation as a record of the consultation, including SOAP clinical notes and supporting documentation as required.</li> </ul>	Student is able to specifically interact with a <b>minimum of 10 patients</b> and gain relevant information on social history, updated medical history, medications list and recent surgical history and report findings to the clinical educator.
<b>Neuro-vascular assessment</b>	<ul style="list-style-type: none"> <li>Student performs appropriate neuro-vascular assessment as appropriate to the client's presentation.</li> </ul>	Student undertakes a baseline neuro and vascular assessment of a <b>minimum of 10 patients</b> . (Assessments may include but not limited to: monofilament, vibration, proprioceptive assessments, muscle testing, reflexes, visual vascular assessment (including arterial, micro, and venous signs), palpation of DP and TP pulses, temperature gradient, CFT, buergers test, identification of night pain or claudication, Doppler assessment if available, ABPI or TBPI if available)
<b>Dermatological assessment</b>	<ul style="list-style-type: none"> <li>Student performs appropriate and relevant assessment of skin and nails.</li> </ul>	Student undertakes a visual dermatological assessment of a <b>minimum of 10 patients</b> and identifies any relevant skin or nail pathology
<b>Basic interpretation of the client's presentation and assessment findings</b>	<ul style="list-style-type: none"> <li>Student explains, at a foundational level, the relevance of neurovascular and dermatological assessment findings to the client's ongoing management.</li> </ul>	For the patients that the student has undertaken a neuro/vascular and dermatological assessment they are required to discuss the relevance of these findings to the patients subjective assessments (social and medical history) and how these findings may influence podiatric management at a foundation level.
<b>Management planning</b>	<ul style="list-style-type: none"> <li>The student is able to develop an appropriate management plan for the client, in collaboration with the Clinical Educator. <i>(The management plan should include consideration of health education, self-care, topical medicaments, simple podiatry interventions e.g. adhesive padding; silicone devices.)</i></li> </ul>	For the patients that the student has undertaken the above assessments on they are required to develop a short term and long term management plan. This plan can be done on a separate non-identifiable sheet and not in the patients file if necessary.
<b>Preparation for Podiatry treatment</b>	<ul style="list-style-type: none"> <li>Student demonstrates competency in preparing the treatment room and relevant infection control procedures.</li> </ul>	Student is able to set up the room for treatment, including relevant infection control procedures and collect sterilisation packs for treatments as well clean the room for the next patient and remove any instruments appropriately in preparation for sterilisation on a <b>minimum of 10 occasions</b>
<b>Additional criteria if</b>	<ul style="list-style-type: none"> <li>Student demonstrates competency in treating nails, corns or callus</li> </ul>	Student is able to undertake relevant podiatry treatment skills on 5 patients

possible but not mandatory		
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**ASSESSMENT FORM**

Knowledge and skills	Satisfactory	Needs More Time	Unsatisfactor y	Number of Patients	Specific Feedback
Communication skills					
Neuro-vascular assessment					
Dermatological assessment					
Basic interpretation of the client's presentation and assessment findings					
Management planning					
Preparation for Podiatry treatment					
Additional criteria if possible but not mandatory					

**Areas done well**

**Areas that could be improved on**

Please email this form to Workplace Learning Admin Team

**Email:** [FOSH-WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au)

