Charles Sturt University

4th Year Physiotherapy Work Integrated Learning Handbook 2025

Manually prepared and compiled by Dr Rosemary Corrigan, Kelly Woosnam and Brendan Ware | 2025

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Contents

How to Contact Staff at Charles Sturt University

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,** contact the Work Integrated Learning Coordinator **Rosemary Corrigan.**

- If the issue concerns the **administration of clinical placements,** please contact the Work Integrated Learning Team.

Name	Position	Phone / Email
Dr Rosemary Corrigan	Work Integrated Learning Coordinator (Academic) (Albury Campus) Monday – Friday	**Phone:** 02 6051 9206 **Email:** SAHESS-PHYSIO-WPL@csu.edu.au
Brendan Ware	Lecturer in Physiotherapy (Orange-Campus) Monday, Tuesday, Thursday	**Phone:** 02 63657279 **Email:** SAHESS-PHYSIO-WPL@csu.edu.au
Kelly Woosnam	Lecturer in Physiotherapy (Port Macquarie Campus) Monday – Friday	**Phone:** 02 5534 1532 **Email:** SAHESS-PHYSIO-WPL@csu.edu.au
Lorraine Bennet	Physiotherapy Work Integrated Learning Administration Support Monday - Friday	**All student email inquiries need to contain the following in the Subject heading:** Student ID, Student name and Course **Email:** FOSH-WPL@csu.edu.au
CSU Emergency Contact	Campus Security	**Phone: 1800 931 633** **CSU Emergency Management page:** https://www.csu.edu.au/emergency
CSU After Hours Crisis Support Contact		**Phone: 1800 572 516 Text: 0480 087 002** www.csu.edu.au/current-students/safety-wellbeing
Compliance		**WPL Compliance Instructions** https://science-health.csu.edu.au/workplace-learning/ahess/physiotherapy

Charles Sturt University

2025 PHYSIOTHERAPY WORKPLACE LEARNING CALENDAR

	Nov 2024	Dec 2024	Jan 2025	Feb 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	Sept 2025	October 2025	Nov 2025	Dec 2025
2nd Years	**Block 9A** 28/10/24 – 08/11/24		**Block 9D** 13/01/25- 24/01/25										**Block 9A** 03/11/25 – 14/11/25	
	Block 9B 11/11/24 – 22/11/24		**Block 1A** 27/01/25-07/02/25										**Block 9B** 17/11/25 - 28/11/25	
		Block 9C 25/11/24 – 06/12/24		**Block 1B** 10/02/25- 21/02/25									**Block 9C** 01/12/25-12/12/25	
4th Years	**Block 9 (2024)** 28/10/24-29/11/24		**Block 1** 27/01/25-28/02/25											
					Block 2 03/03/25 -04/04/25	**Block 3** 07/04/25-09/05/25								
							Block 4 12/05/25-13/06/25							
								Block 5 16/06/25-18/07/25						
									Block 6 21/07/25-22/08/25					
										Block 7 25/08/25-26/09/25				
											Block 8 29/09/25-31/10/25		**Block 9** 03/11/25-05/12/25	
University Dates					Session 1 classes commence 03/03/25	Session 1 Mid-Session break 07/04/25 – 18/04/25		Session 1 Exams 09/06/25-20/06/26 Mid-Year Break 23/06/25-11/07/25	Session 2 classes commence 14/07/25	Session 2 Mid-Session Break 25/08/25-05/09/25		Session 2 Exams 20/10/25-31/10/25		

Introduction

This Work Integrated Learning manual provides important information for students and supervisors for 4th year work integrated learning opportunities.

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

This manual should be read in conjunction with the Allied Health Work Integrated Learning Manual. Students are required to read both manuals and the subject outlines for PHS416, PHS417, PHS418, PHS419 and PHS424. Students enrol in PHS416 (91 Session), PHS417 and PHS418 (30 Session) and in PHS419 and PHS424 Capstone Placement (60 Session).

4th Year - Physiotherapy Competency Placement One - PHS416

The five (5) week sustained period of clinical practice completed in this subject is undertaken in Blocks 1-7 of the National Clinical Calendar and follows successful completion of studies in areas of physiotherapy practice including musculoskeletal, cardiorespiratory, neurological, and paediatric practice.

The purpose of this clinical placement is to enable students to develop and consolidate knowledge, skills, and attributes in professional physiotherapy practice; client assessment; clinical reasoning; intervention planning; implementation of physiotherapy interventions; and evaluation of management strategies.

The placement experience undertaken in PHS416 will differ from the experience in other work integrated learning subjects to ensure students cover the full range of areas required to be registrable with AHPRA (Australian Health Practitioner Regulation Agency) and ensure course completion.

Students' learning will be enabled through direct client contact under the supervision of qualified physiotherapists and other health professionals. Students will integrate knowledge from their university studies into clinical practice. Students will be assessed for their achievement of the Australian Standards for Physiotherapy using the criteria and forms developed for use in the Assessment of Physiotherapy Practice (APP).

4th Year – Physiotherapy Competency Placement Two - PHS417

This five (5) week sustained period of physiotherapy clinical practice in a placement setting is undertaken.in the period of Blocks 1-7 of the National Clinical Calendar. The purpose of this five (5) week clinical placement is to enable students to further develop knowledge, skills, and attributes in: professional physiotherapy practice; client assessment; clinical reasoning; intervention planning; implementation of physiotherapy interventions; and evaluation of management strategies.

The placement experience undertaken in PHS417 will differ from the experience in other work integrated learning subjects to ensure students cover the full range of areas required to be registrable with AHPRA (Australian Health Practitioner Regulation Agency) and ensure course completion.

Students' learning will be enabled through direct client contact under the supervision of qualified physiotherapists and other health professionals. Students will integrate knowledge from their university studies into clinical practice. Students will be assessed for their achievement of the Australian Standards for Physiotherapy using the criteria and forms developed for use in the Assessment of Physiotherapy Practice (APP).

4th Year – Physiotherapy Competency Placement Three - PHS418

This five (5) week sustained period of physiotherapy clinical practice in a placement setting is undertaken in the period of Blocks 1-7 of the National Clinical Calendar. The purpose of this five (5) week clinical placement is to enable students to further develop knowledge, skills, and attributes in: professional physiotherapy practice; client assessment; clinical reasoning; intervention planning; implementation of physiotherapy interventions; and evaluation of management strategies.

The placement experience undertaken in PHS418 will differ from the experience in other work integrated learning subjects to ensure students cover the full range of areas required to be registrable with AHPRA (Australian Health Practitioner Regulation Agency) and ensure course completion.

Students' learning will be enabled through direct client contact under the supervision of qualified physiotherapists and other health professionals. Students will integrate knowledge from their university studies into clinical practice. Students will be assessed for their achievement of the Australian Standards for Physiotherapy using the criteria and forms developed for use in the Assessment of Physiotherapy Practice (APP).

4th Year – Physiotherapy Competency Placement Four - PHS419

This five (5) week sustained period of physiotherapy clinical practice in a placement setting is undertaken in the period of Blocks 1-8 of the National Clinical Calendar. The purpose of this five (5) week clinical placement is to enable students to further develop knowledge, skills, and attributes in: professional physiotherapy practice; client assessment; clinical reasoning; intervention planning; implementation of physiotherapy interventions; and evaluation of management strategies.

The placement experience undertaken in PHS419 will differ from the experience in other work integrated learning subjects to ensure students cover the full range of areas required to be registrable with AHPRA (Australian Health Practitioner Regulation Agency) and ensure course completion.

Students' learning will be enabled through direct client contact under the supervision of qualified physiotherapists and other health professionals. Students will integrate knowledge from their university studies into clinical practice. Students will be assessed for their achievement of the Australian Standards for Physiotherapy using the criteria and forms developed for use in the Assessment of Physiotherapy Practice (APP).

4th Year – Physiotherapy Capstone Placement - PHS424

The physiotherapy capstone placement provides physiotherapy students with the opportunity to undertake a five (5) week sustained period of physiotherapy clinical practice in a placement setting. This placement will be undertaken in the period of Blocks 8-9 in the National Clinical Calendar.

This is the final placement experience for the 4th year students. Students will be required to demonstrate knowledge, skills, and attributes in professional physiotherapy practice; client assessment; clinical reasoning; intervention planning; implementation of physiotherapy management; and evaluate the effectiveness of management strategies and physiotherapy management to a range of clients who present with complex care needs.

The placement setting undertaken in PHS424 will differ from other work integrated learning subjects to ensure students cover the full range of areas required for registration with AHPRA (Australian Health Practitioner Regulation Agency) and program completion.

Students' learning will be enabled through direct client contact under the supervision of qualified physiotherapists and other health professionals. Students will integrate knowledge from their university studies into clinical practice. Students will be assessed for their achievement of the Australian Standards for Physiotherapy using the criteria and forms developed for use in the Assessment of Physiotherapy Practice (APP).

Successful engagement in this capstone clinical placement will enhance students' abilities to apply their professional skills and knowledge and attain professional practice competency expected of a new graduate, as consistent with contemporary standards of physiotherapy clinical practice.

Learning outcomes

Learning outcomes on successful completion of the subject PHS416:

Upon successful completion of this subject, students should be able to:

- Integrate and apply knowledge gained from academic subjects into a variety of clinical settings.
- Demonstrate achievement of the standards required of an entry level physiotherapist according to the Physiotherapy Practice Thresholds in Australia and Aotearoa, New Zealand (2015).

- Articulate and demonstrate their achievement of entry-level competency and the CSU Graduate Learning Outcomes (GLOs).

- Effectively integrate skills in assessment, clinical reasoning, planning and implementation of physiotherapy intervention in the management of a client's condition.

Learning outcomes on successful completion of the subject PHS417:

Upon successful completion of this subject, students should:

- Integrate and apply knowledge gained from academic subjects into a variety of clinical settings.

- Demonstrate achievement of the standards required of an entry level physiotherapist according to the Physiotherapy Practice Thresholds in Australia and Aotearoa, New Zealand (2015).

- Articulate and demonstrate their achievement of entry-level competency and the CSU Graduate Learning Outcomes (GLOs).

- Effectively integrate skills in assessment, clinical reasoning, planning and implementation of physiotherapy intervention in the management of a client's condition.

Learning outcomes on successful completion of the subject PHS418:

Upon successful completion of this subject, students should:

- Integrate and apply knowledge gained from academic subjects into a variety of clinical settings.

- Demonstrate achievement of the standards required of an entry level physiotherapist according to the Physiotherapy Practice Thresholds in Australia and Aotearoa, New Zealand (2015).

- Articulate and demonstrate their achievement of entry-level competency and the CSU Graduate Learning Outcomes (GLOs).

- Effectively integrate skills in assessment, clinical reasoning, planning and implementation of physiotherapy intervention in the management of a client's condition.

Learning outcomes on successful completion of the subject PHS419

Upon successful completion of this subject, students should:

- Integrate and apply knowledge gained from academic subjects for a range of clients within the specific clinical setting.

- Demonstrate achievement of the standards required of an entry level physiotherapist as defined by the Physiotherapy Practice Thresholds in Australia and Aotearoa, New Zealand (2015) relevant to the clinical setting.

- Articulate and demonstrate their achievement of entry-level competency relevant to the clinical setting.

- Effectively integrate skills in assessment, clinical reasoning, planning and implementation of physiotherapy management for a range of clients within the specific clinical setting.

Learning outcomes on successful completion of the subject PHS424

Upon successful completion of this subject, students should be able to:

- Integrate and apply knowledge gained from academic subjects for a range of clients within the specific clinical setting.

- Demonstrate achievement of the standards required of an entry level physiotherapist as defined by the Physiotherapy Practice Thresholds in Australia and Aotearoa, New Zealand (2015) relevant to the clinical setting.

- Articulate and demonstrate their achievement of entry-level competency relevant to the clinical setting.

- Effectively integrate skills in assessment, clinical reasoning, planning and implementation of physiotherapy management for a range of clients within the specific clinical setting.

- Deliver effective physiotherapy management to a range of clients who present with complex care needs.

Charles Sturt University Physiotherapy Graduate Attributes

A graduate of the Charles Sturt University Bachelor of Physiotherapy Program should meet the **Australian Physiotherapy Standards**. In addition, they are expected to:

- Be a competent practitioner.

- Be able to work in multidisciplinary and teamwork care models.

- Use effective means of communication.

- Exercise reflective and critical judgement.

- Use appropriate information and communication technologies.

- Be able to work in national and international settings and have specific skills in rural practice.

- Be an agent of change.

- Practice in a professional manner.

- Be a practitioner that works in a client centred care model.

- Have a capacity for, and commitment to, continuing personal and professional development.

- Have an appreciation of the need for a balance between economic development and environmental sustainability.

Physiotherapy Work Integrated Learning at Charles Sturt University

Overview of Work Integrated Learning

Students undertake Work Integrated Learning (WIL) during the 2nd and 4th years of the Bachelor of Physiotherapy course. Placement experiences cover hospital, outpatient and community based musculoskeletal, neurological and cardiopulmonary practice. Work Integrated Learning experiences encompass, physiotherapy practice in a range of acute, sub-acute and community settings across the lifespan in the private and public healthcare sector.

To ensure that students experience a range of physiotherapy practice areas and settings during their WIL placements, they must complete an online log book to record any direct client care for each WIL experience. This log book is used to individualise placement allocation.

Students completing 4th year placement subjects will undertake five, 5-week WIL clinical placements in 2025. All WIL experiences are competency-based experiences and students are assessed using the 'Assessment of Physiotherapy Practice' (APP), see Appendix 1.

Students undertaking clinical placements will be expected to travel to placements allocated to them. The costs of travel and accommodation, maintenance of compliance and uniform requirements are the responsibility of the student.

Students, their friends, or extended family are NOT ABLE to source placements or approach any site to organise their own placement. This is a requirement of health facilities and relevant health departments. A breach of this health policy will be deemed academic misconduct.

The following guidelines have been developed to assist supervisors prepare for the student learning experience at their site.

Guide for Supervisors

Planning the placement

- Students are provided with an orientation to the facility and introduced to key staff members.

- Educators discuss the expectations and structure of the clinical placement with students including anticipated caseload, expected revision, plans for assessment and feedback etc.

- Students are made aware of policies and procedures relevant to the facility including, but not limited to occupational health and safety procedures.

- Where appropriate, students are included in, and contribute to, relevant departmental activities such as in-services.

- Students are provided with access to facilities such as available learning resources and computer/internet access where available.

- Students are provided with a safe and appropriate physical environment for learning.

- Students attend WIL clinical placements for a minimum of 35 hours per week. Students are permitted two days off WIL for illness and personal reasons if needed, and at the discretion of the site.

- Core client experiences able to be provided in this placement can include, but are not restricted to, cardiorespiratory, musculoskeletal, neurological, and paediatric physiotherapy. These placements can be undertaken in a range of settings, for example, hospitals, rehabilitation facilities, private practices and community health and community outreach services and are suited to specialist and generalist areas of practice.

Supervision

- If the principal supervisor is a Grade 1 physiotherapist, a more experienced physiotherapist should also be involved in the student's supervision.

- The supervisor is to discuss with the student at the beginning of the Work Integrated Learning experience the expectations of professional behaviour, client contact, communication, and self-directed learning.

- Where there is more than one supervisor, students are to be provided with instructions regarding lines of communication.

- Where possible the supervisor should provide the student with a placement schedule which details activities such as, but not limited to, meetings, feedback times, educational activities, and community-based visits.

Learning and Teaching

- Students are provided with a range of learning opportunities from those available.

- The supervisor allocates time to be available for regular student supervision, feedback, and instruction.

- Students are provided with direction as to accessing learning resources.

- Students should be encouraged to engage in a process of self-directed and reflective learning while on WIL. To facilitate this process, supervisors are asked to discuss students' learning goals and progress throughout the WIL experience. The following process is suggested as a guide:

First 1-2 days of placement

- The student discusses with the supervisor at the beginning of the Work Integrated learning experience their Clinical Placement Learning Profile Appendix 6. The student must have completed personal details, learning styles and interests as a platform for discussion and area of focus and improvement. Strategies to support learning can be developed during the first week and refined as the placement progresses.

End of each week

- Revisit the learning profile. Determine what interests and learning needs are being, or have not been, met and what new learning needs and interests the student has identified. The Clinical Placement Learning Plan (Appendix 5) can also be used as a way to plan with the student and focus on specific learning needs for the week.

When completing the mid and final assessment (OPTIONAL)

- Ask students to complete a self-assessment using the assessment grid (APP) prior to receiving their feedback. Use this as part of the discussion of their mid and final assessments.

> Students are **NOT** required to submit the clinical placement learning profile to InPlace. Students are required to cc SAHESS-PHYSIO-WPL@csu.edu.au into their original introductory email to the placement site and ensure they have attached their clinical placement learning profile to that email (as detailed in the subject outline).

Assessment Guidelines

- The assessment (APP) should be scored based on what you would reasonably expect for a **new graduate physiotherapist on their first day of employment.** Scoring a 2 (adequate) on the APP item demonstrates a passing standard for that item and would mean that the student has been assessed as achieving the minimum acceptable entry level standard of performance. Educators should contact the university if unsure of what this standard is.

- The supervisor completes an assessment form for students midway and at the end of the Work Integrated learning experience.

- Where there are multiple supervisors, all supervisors should have input into the completion of the students midway and final assessment.

- **The supervisor must notify the student and university as soon as any concerns arise regarding the student's performance. The educator should also complete a marginal placement form. A copy is available in** Appendix 4 **.**

- The supervisor provides regular and ongoing feedback throughout the clinical placement to assist students to improve clinical performance. The student is encouraged to reflect on their own performance prior to delivering feedback to enable open discussion of performance.

- The supervisor regularly observes student performance with a varied and, where appropriate, complex caseload, and provides timely feedback to the student on their performance throughout the experience.

- Educators are encouraged to assess the students based on sampling performance across the entire 5-week period.

- **Where the placement experience includes telehealth and assessment of the student performance in this format, please refer to the Work Integrated Learning Telehealth Settings Guide (Appendix 3) where you will find examples of APP performance descriptors.**

Assessment criteria for this placement

For these work integrated learning experiences all students should be assessed using the online Assessment of Physiotherapy Practice (APP) linkup System

Areas of Physiotherapy Practice Undertaken in Work Integrated Learning

When undertaking placements in this subject, academic studies in musculoskeletal, cardiorespiratory, paediatric and neurological physiotherapy practice have been successfully completed.

The approach to teaching in these four areas is detailed in separate sections below.

Each section provides information on curriculum content, work integrated learning objectives and the skill level of students (scope of practice), as well as expectations of what the students would hope to achieve during the WIL experience specific to each area of practice.

Musculoskeletal Physiotherapy

Approach to Teaching Musculoskeletal Physiotherapy

The approach to teaching musculoskeletal physiotherapy acknowledges that the spine is significant in the manifestation of many peripheral problems. Therefore, a curriculum has been developed that integrates the spine and periphery rather than the more traditional approach of teaching the management of peripheral and spinal disorders in distinctly separate subjects. In addition, we feel that the academic environment should mirror that which the students will experience in clinical practice.

A problem-solving approach using case studies forms the basis of this subject, to enable students to develop clinical reasoning skills. Orthopaedic cases are used, in part, to prepare students for their introductory hospital Work Integrated Learning experience.

An emphasis is also made on client-centred care, where the focus is on the client's problems and the factors that contribute to them. Students are encouraged to develop management goals that are meaningful to the client and that focus on enabling the client to participate fully in their life.

Work Integrated learning experience is vital to students' ability to acquire the skills and attributes necessary to be skilled musculoskeletal practitioners. The role of Work Integrated learning experience is to provide students with the opportunity to crystallise and apply academic knowledge according to the unique demands of the clinical environment. The collaborative amalgamation of academic and Work Integrated learning experiences can enable students to develop to their full potential.

Curriculum Content

Musculoskeletal physiotherapy is taught over two sessions. In session one, students complete the subject *Musculoskeletal Physiotherapy Practice (PHS313).*

PHS313 covers the following topics:

- Theoretical principles of musculoskeletal management.
- Specific musculoskeletal history taking, imaging and physical examination procedure.
- Musculoskeletal disorders and their implications for physiotherapy assessment and intervention.
- The implications of signs and symptoms to the assessment and management of clients with musculoskeletal disorders.
- Appropriate application of physiotherapy skills in the management of musculoskeletal disorders.
- Outcome measures relevant to musculoskeletal physiotherapy intervention.
- Background theory and practical applications of electro-physical agents as relevant to the practice of musculoskeletal physiotherapy, and.

- Evidence-based practice in musculoskeletal physiotherapy.

Upon successful completion of PHS313 students should be able to:

- Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to musculoskeletal physiotherapy practice.

- Communicate effectively in written and oral forms as relevant to the practice of musculoskeletal physiotherapy.

- Articulate and demonstrate a sound application of clinical reasoning processes and evidence-based practice in musculoskeletal physiotherapy.

- Develop an appropriate musculoskeletal physiotherapy intervention plan.

- Implement musculoskeletal physiotherapy interventions in a manner that will be safe and effective for clients.

- Evaluate the effectiveness and efficacy of musculoskeletal physiotherapy interventions, and

- Demonstrate professional behaviour appropriate to physiotherapy.

In Session 2, students complete the subject, *Musculoskeletal Physiotherapy Practice (PHS314).*

PHS314 covers the following topics:

- Assessment and management of the wrist and hand
- Assessment and management of the elbow
- Assessment and management of the shoulder complex
- Assessment and management of the thoracic spine
- Assessment and management of the cervical spine
- Assessment and management of systemic inflammatory conditions

Upon successful completion of PHS314, students should:

- be able to plan and apply a range of physiotherapy assessment and evaluation techniques using tests, tools and outcome measures relevant to the upper limb, thoracic and cervical spine.

- be able to demonstrate and articulate sound clinical reasoning processes which explore, explain and analyse assessment findings.

- be able to plan safe and effective physiotherapy intervention for disorders of the upper limb, thoracic and cervical spine.

- be able to justify situations in which physiotherapy intervention is no longer required and cease intervention or refer to another practitioner.

- be able to locate, evaluate and use evidence-based information to inform decision making and develop and guide their own knowledge, learning and practice.

- be able to apply professional standards of quality musculoskeletal physiotherapy practice.

- be able to make and act on informed and appropriate decisions about acceptable professional and ethical behaviours.

- be able to communicate effectively to involve the client and relevant others in the planning and implementation of musculoskeletal physiotherapy practice.

- be able to critically analyse resources, synthesise the information and communicate effectively according to the context and audience.

- be able to reflect on professional practice to determine the actions they need to undertake to continually improve; to recognise situations outside their competence; and to take timely and appropriate actions.

Other subjects directly relevant to musculoskeletal physiotherapy practice include biomechanics, and electro physical agents. The place of these subjects within the whole structure of the course is contained in Appendix 8.

Textbooks

Brukner, Peter, & Khan, Karim (2017). Brukner and Khan's Clinical Sports Medicine (5th Ed). Sydney, McGraw-Hill. Dutton, M (2017). Dutton's Orthopaedic Examination Evaluation and Intervention (4th Ed).Sydney, McGraw-Hill.

Aims of Musculoskeletal Work Integrated Learning Experiences

During these experiences' students are allocated to a setting where they further their experience in musculoskeletal physiotherapy practice. Students are increasingly exposed to demands of practice more consistent with that required of a new graduate, including clients of increased complexity, increased caseloads and time demands, increased variety and increased participation as a member of a clinical team.

The actual experience that a student may have on each Work Integrated learning experience is dependent on the circumstances at the facility. As a priority, students should be provided with the opportunity to see:

- Clients across the lifespan.
- Clients with impairments related to acute, subacute or tertiary musculoskeletal pathologies.
- Multidisciplinary or interdisciplinary teamwork
- Inpatients

Where possible, other desirable experiences can include:

- Aged care
- Hydrotherapy
- Group treatment programmes for sub-acute or chronic musculoskeletal pathologies
- Community outreach programmes including education.
- Observation of surgical procedures e.g., THR, TKR.

Students are to have responsibility for a caseload commensurate with the requirements of a new graduate, the availability of clients, client complexity and level of impairment and the students' ability.

Neurological and Paediatric Physiotherapy

Approach to Teaching Adult Neurological and Paediatric Physiotherapy Practice

Students are introduced to material relevant to adult neurological physiotherapy practice during the third year of their undergraduate studies, through the subjects *Fundamentals of Adult Neurological Physiotherapy (PHS318) and Supporting Participation Physiotherapy across the Lifespan (PHS329).*

Students are aware that knowledge and practical skills acquired from the other core subjects of musculoskeletal and cardiopulmonary physiotherapy practice are required in this area of practice.

Curriculum Content

PHS318 provides students with a knowledge base that will enable them to successfully complete a neurological assessment and develop a collaborative management plan for clients with a movement disorder acquired as the result of a neurological impairment.

PHS318 covers the following topics:

- Theoretical foundations of physiotherapy in neurological rehabilitation practice.
- Physiotherapy assessment and management of common, acute, sub-acute and chronic neurological disorders using motor control, motor learning and neuro facilitation frameworks.
- Functional and collaborative goal setting for adults within the ICF framework.
- Assessment of neural and non-neural components of movement disorders in adults.
- Assessment tools for measurement of movement and function in adults with neuromuscular disorders.
- Communication strategies for adults with communication impairments, families and their carer's.
- Team approaches to assist people living with a disability.

Upon successful completion of PHS318, student should be able to:

- demonstrate professional and ethical behaviour appropriate to adult neurological physiotherapy practice.

- safely and effectively apply a range of physiotherapy assessment tests, tools, and evaluation or outcome measures, relevant to adult neurological physiotherapy practice.

- demonstrate appropriate clinical reasoning to justify assessment findings and inform evidence-based physiotherapy management plans.

- plan and deliver safe and effective evidence-based physiotherapy interventions relevant to adult neurological physiotherapy practice.

- communicate effectively with clients, peers and relevant others in the planning and implementation of adult neurological physiotherapy.

- reflect critically on their clinical reasoning and professional practice in order to propose actions for continuous improvement.

- demonstrate skills in producing well-argued and carefully constructed accounts of complex thinking relevant to the evaluation of neurological physiotherapy scenarios.

- locate, evaluate and use evidence-based information to inform decision making and develop and guide their own knowledge, learning and practice.

In the subject PHS329 (Supporting Participation Physiotherapy across the Lifespan), students further develop knowledge and skills in physiotherapy assessment, treatment and management for clients presenting with a variety of congenital, neurological and complex movement disorders across the lifespan. Students build upon and consolidate their knowledge of neurological physiotherapy and consider global health and humanitarian issues impacting client care.

Students use a strengths-based, culturally responsive approach to physiotherapy assessment and treatment that is underpinned by the International Classification of Functioning, Disability and Health (ICF) framework, and client and family-centred practice.

Students gain knowledge and skills to assess child development and obtain an understanding of the variety of ways in which child development unfolds, depending on complex cultural, social and individual factors. Effective communication with clients, families and healthcare providers are highlighted.

Students apply ethical decision making and skills in evidence-based clinical reasoning to inform assessment, and to develop collaborative, culturally sensitive, holistic and innovative solutions for infants, children, adolescents and young adults presenting with congenital, neurological, and complex movement disorders.

PHS329 covers the following topic areas:

- Supporting success of individuals, families and carers including client and family centred practice in the context of the ICF, influence of culture on development, strengths-based approach to practice, communication with children and adults and goal setting including use of the Goal Attainment Scale.
- Infant development, assessment and treatment including principles of motor and cognitive development, physiotherapy assessment and treatment of infants and common congenital paediatric conditions of infancy.
- Child development, play-based assessment and treatment including physiotherapy assessment and treatment of older children, lower limb alignment issues, working with children with developmental coordination disorder, autism spectrum disorder and idiopathic toe walking.
- Overcoming challenging environments in a global health context to support participation with a focus on brain and spinal cord injuries including concussion and traumatic brain injury, physiotherapy assessment and treatment for clients with cerebral palsy across the lifespan, assessment and treatment of clients with cerebellar dysfunction and spinal cord injury (including spina bifida).

- Innovation and equipment prescription with a focus on working with clients with neuromuscular conditions spinal muscular atrophy and Duchenne's muscular dystrophy.
- Dealing with dizziness and vestibular dysfunction including physiotherapy assessment and treatment of BPPV and principles of vestibular rehabilitation.

Upon successful completion of PHS329, students should:

- be able to demonstrate knowledge and skills in safe and effective physiotherapy assessment, treatment and evaluation to support participation for infants, children, adolescents and young adults.

- be able to demonstrate effective and clear communication with simulated clients/families, peers and relevant others.

- be able to demonstrate sound, evidence based, decision making processes to analyse and explain assessment findings and anticipate the future impacts of growth, development and disability across the lifespan.

- be able to create targeted, collaborative, culturally safe goals and evaluate these when planning safe and effective physiotherapy intervention for infants, children, adolescents and young adults.

- be able to evaluate the impact of global health and humanitarian issues on physiotherapy practice and client care across the lifespan.

- be able to explain the principles of child development and identify the influence of culture on development, function and participation.

- be able to apply principles of child, family and person-centred practice, and demonstrate knowledge of the ethical and legal issues when working with clients across the lifespan.

- be able to demonstrate appropriate decision making about collaborative practice and advocacy for client care across the lifespan.

Recommended readings

- Palisano, R. J., Orlin, M., & Schreiber, J. (2016). *Campbell's Physical Therapy for Children.* (5th ed). Elsevier Health Sciences.
- Lazaro, R. T., Reina-Guerra, S. G., & Quiben, M. (Eds.). (2019). *Umphred's Neurological Rehabilitation.* (7th ed). Elsevier Health Sciences.

Aims of Neurological Rehabilitation and Paediatric Work Integrated Learning Experiences

Aims of a Neurological Work Integrated Learning Experience

The primary aim is to further students experience in this clinical area and expose students to the demands of contemporary professional neurological practice consistent with that required of a new graduate, including clients of greater variety and complexity, increased time demands and participation as a member of a clinical team. Students are also to have responsibility for a caseload, commensurate with the requirements of a new graduate, the availability of clients, level of client impairment and the students' ability.

The actual experience that a student may have on each Work Integrated learning experience is dependent on the circumstances at the facility. As a priority, students should be provided with the opportunity to see adult neurological clients as inpatients or outpatients with impairments related to acute, subacute or chronic pathologies and to work in multidisciplinary or interdisciplinary teams to plan and collaborate in client care.

Where possible, other desirable experiences can include aged care; aquatic physiotherapy, community outreach programmes and observation of surgical procedures e.g. amputation.

Aims of Paediatric Work Integrated Learning Experience

The primary aim is for students to have the opportunity to develop the foundation skills and attitudes in the practice of paediatric physiotherapy. By the end of the experience students need to be able to independently assess, plan and manage a child and family with a **non-complex** developmental and musculoskeletal presentation. They need to be capable of adapting their physiotherapy practice to the family and cultural setting and to the model of service delivery.

Students must:

- Demonstrate effective levels of communication with children, family and team members.
- Be able to discuss and implement an appropriate assessment, clinical reasoning and intervention, and handling strategies for common presentations.
- Demonstrate safe and professional behaviour at all times.
- Demonstrate insight into when further referral or assistance is required from an experienced clinician (It is acknowledged that students will still require support from a supervising paediatric physiotherapist upon graduation).

We have emphasised the need for a basic level of skill in paediatric physiotherapy as many graduates of CSU will practice in rural and remote areas, where physiotherapy services have traditionally been scarce. It is important that graduates have a basic level of ability to manage the needs of children in these areas, but also recognise the role of the physiotherapist with more specialised skills in paediatrics.

Due to the variety of settings for this work integrated learning experience, it is anticipated that each student's experience will be unique. We anticipate that students will develop many other valuable skills associated with working with children in different educational, medical, geographical and cultural settings.

As a priority, students should be provided with the opportunity for:

- Close interaction with children across a range of ages, developmental levels, and physical abilities, seen by your service.
- Interviewing parents, carers, or teachers about the child's experiences, needs, management and progress.
- Performing a physical assessment for a child with a neuro-developmental and/or musculoskeletal problem and to discuss their findings with the supervisor, and
- Planning and implementing interventions for children in the appropriate setting under supervision.

Desirable experiences may include:

- Family conferences, education and individual service plan meetings, case conferences.
- EI playgroups, home based visits, school visits, inpatients, and outpatients.
- Time with other disciplines contributing the team and child's management, and.
- Presentation of a client case or program plan to peers.

Students can, but are not expected to, manage their own cases if the supervisor is satisfied with the students' level of independent practice.

The goals for the graduating student in paediatrics are, that they:

- Are competent to effectively assess and manage a child and family with non-complex problems using indirect support.
- Know when, where and how to seek specialist physiotherapy assistance and involvement of other disciplines.
- Demonstrate professional practice and can communicate clearly and effectively with children across a range of ages and their families to achieve optimal outcomes.
- Can work effectively as part of a therapy team.
- Develop and adapt home physiotherapy programmes to address the child's and family's needs.

Charles Sturt University

Cardiorespiratory Physiotherapy

Approach to Teaching Cardiorespiratory Physiotherapy Practice

The approach to teaching acute and chronic cardiorespiratory care in physiotherapy (PHS301) involves preparing individuals for the reality of practice. In practice this means using case studies extensively to structure the acquisition of knowledge, the development of clinical reasoning skills and the application of management strategies. In keeping with this approach, Work Integrated learning experience is an essential component in the development of competency.

The contribution of the academic setting is to provide students with the foundations necessary for clinical practice. The role of the Work Integrated learning experience is to provide students with the opportunity to crystallise their academic knowledge according to the unique demands of the clinical environment. Both the academic and clinical settings need to collaborate to facilitate the transition between these two environments.

Curriculum Content

Cardio-respiratory Physiotherapy is taught in PHS301.

The content is based around categories of client presentation. These categories relate to common client presentations, problems and pathophysiology. The terminology used to describe these categories of problems is based on Tucker and Jenkins chapter from the text reference. While the focus of assessment and problem identification is based around impairments to the cardio-respiratory system, students are taught to consider the functional limitation that result from this impairment in determining approaches to treatment.

PHS301 covers the following topics:

- Overview of physiotherapy in acute care settings.
- Conducting a cardiopulmonary physiotherapy assessment.
- Gathering and interpreting supplementary clinical information available in acute care settings including chest x-rays, medication charts, ECGs and arterial blood gases.
- Appropriate application of physiotherapy skills in the assessment and management of diseases and dysfunction of the cardiopulmonary system for adults and children.
- Clinical reasoning in cardiopulmonary physiotherapy.
- Common presentations and pathology of cardiopulmonary disorders.
- Identifying goals of physiotherapy and physiotherapy intervention strategies as relevant to cardiopulmonary physiotherapy, and
- Legal and ethical requirements of acute care practice.

Upon successful completion of PHS301, students should be able to:

- plan and apply a range of physiotherapy assessment and evaluation techniques using tests, tools and outcome measures relevant to cardiorespiratory physiotherapy practice.

- demonstrate and articulate sound clinical reasoning processes which explore, explain and analyse assessment findings.

- plan and apply safe and effective physiotherapy intervention for cardiorespiratory physiotherapy practice.

- demonstrate professional behaviour appropriate to cardiorespiratory physiotherapy practice.

- communicate effectively to involve the client and relevant others in the planning and implementation of acute care physiotherapy.

- reflect on professional practice to determine the actions they need to undertake to continually improve; to recognise situations outside their competence; and to take timely and appropriate action.

- collaborate effectively with peers to critically evaluate information and derive recommendations for the target client group, using the best available evidence.

Textbook

Main, E., & Denehy, L. (2016). Cardiorespiratory Physiotherapy: Adults and Paediatrics 5th Edition.

Aims of Cardiorespiratory Work Integrated Learning Experiences

The primary aim is to further students experience in the core area of acute cardio-respiratory physiotherapy practice. Students are increasingly exposed to demands of practice more consistent with that required of a new graduate, including clients of increased complexity, increased caseloads and time demands, increased variety and increased participation as a member of a clinical team.

To assist the supervisor in the development of students' acute care work integrated learning experience we have developed the following desirable standards for the experience and would encourage supervisors to use these to assist in planning.

Core client experiences to be provided in this experience are:

- Acute care hospital experiences
- Post cardiothoracic and/or upper abdominal surgery
- Respiratory medical
- Pulmonary rehab or cardiac rehab

Desirable experiences include:

- ICU and /or HDU
- Clients from a range of ages – (paediatrics to the older adult)
- Inpatients and outpatients/community

As a guide, 4th year, students are to be initially responsible for 4 to 6 client interventions per day in the first week. By the 4th week, it is expected that students be performing 6 to 10 client interventions per day. This guide will be influenced by client complexity and student capability.

Integrated Chronic Health Condition Management

Approach to Teaching Integrated Chronic Health Condition Management

In 3rd year, students complete a subject Integrated Chronic Health Condition Management PHS350.

This subject emphasises the integrated nature of physiotherapy practice in the management of chronic health conditions. Students will develop a deeper understanding of the lived experience of chronic health conditions, holistic perspectives of health and wellbeing, collaborative practice and culturally responsive approaches to chronic health care and other conditions. Students undertaking this subject will further develop skills in general physiotherapy assessment and management, evidence-based practice, and demonstrated skills in clinical reasoning. Students will develop their understandings of person-centred care through development of skills in interviewing, goal setting and physiotherapy management for people with chronic conditions living in rural and remote settings.

Upon successful completion of PHS350, students should:

- be able to demonstrate and articulate sound clinical reasoning processes which analyse assessment findings in relation to physiotherapy for chronic health conditions.

- be able to plan and implement person centred, ethical, evidence based, collaborative, safe and effective individual and group physiotherapy, for people with chronic health conditions.

- be able to recognise the complex and interrelated factors that may impact on the client, their needs and response to physiotherapy, including for clients in rural and remote settings.

- be able to recognise situations outside their scope of practice; and describe and justify appropriate ways in which to respond to these situations.

- be able to reflect on their performance in a manner that demonstrates professional growth.

- be able to demonstrate effective and professional communication to interact with patients/clients and other health professionals.

Application to Work Integrated Learning Settings

Work Integrated Learning experiences throughout 4th year will enable application and consolidations of skills undertaken in this subject. This includes clinical; reasoning, collaborative practice, information gathering, person centred practice, goal setting and evidenced based practice for clients with chronic health conditions and from culturally diverse backgrounds.

Assessment

Preamble

Charles Sturt University uses the Assessment of Physiotherapy Practice (APP) form. This tool is used for all competency placements. At Charles Sturt these placements occur in the 4th and final year of the physiotherapy programme. The APP has been developed as a National Assessment of physiotherapy students' achievement of the Australian Physiotherapy Standards and has rigorously been tested for its reliability and validity. The information about the APP and good assessment practices and the APP assessment and feedback forms have been reproduced from the APP Instrument Clinical Educator Resource Manual pp 4-22. We acknowledge the work of:

Dalton M., Keating J., Davidson M (2009). Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy. [Australian Learning and Teaching Council (ALTC) Final report PP6- 28]. Brisbane: Griffith University.

Clinical Educators Manual:
https://www.clinedaus.org.au/files/resources/2012_app_resource_manual_1.pdf

Minimum Pass Requirements

Fourth Year Placements:

- **Competency Placement 1**

To be adequate on the APP, students must achieve:

- Items 1-6 (Professional Behaviour and Communication) mark 50% or greater (≥ 12/24)
- Items 7-20 mark 50% or greater (≥ 28/56)
- Global Rating ≥ Adequate
- Item 20 (Risk Management) marked ≥ a score of 2

- **Competency Placement 2**

To be adequate on the APP, students must achieve:

- Items 1-6 (Professional Behaviour and Communication) awarded 50% or greater (≥ 12/24)
- Items 7-20 awarded 50% or greater (≥ 28/56)
- Global Rating ≥ Adequate
- Item 20 (Risk Management) marked ≥ a score of 2

- **Competency Placement 3**

To be adequate on the APP, students must achieve:

- Items 1-6 (Professional Behaviour and Communication) awarded 50% or greater (≥ 12/24)
- Items 7-20 awarded 50% or greater (≥ 28/56)
- Global Rating ≥ Adequate
- Item 20 (Risk Management) marked ≥ a score of 2

- **Competency Placement 4**

To be adequate on the APP, students must achieve:

- Global Rating Scale ≥ Adequate
- All individual APP Items 1-20 marked ≥ a score of 2

- **Capstone Placement**

To be adequate on the APP, students must achieve:

- Global Rating Scale ≥ Adequate
- All individual APP Items 1-20 marked ≥ a score of 2

Responsibility for Student Assessment

The responsibility for the final grade awarded for clinical education will rest with the University. Assessment of student performance in the clinical setting is conducted by the facility clinical educator using continuous, criterion-based assessment. The assessment is completed by the educator who has assumed primary responsibility for the student placement coordination and education. Input to the assessment of the student by others in the facility involved in their education is recommended and desirable.

Structure of Assessment

To enable a grade to be awarded, the University requires the clinical educator to provide a detailed report on the student's performance. Information about student performance is provided by forms completed by the clinical educator which include:

- **The mid-unit and end-of-unit assessment forms**
- **Mid-unit formative feedback**
- **End-of-unit formative feedback**

Where insufficient supporting information exists, there is a lack of consistency between the written comments and the grade awarded, or the clinical educator has not felt that they are able to award a grade with certainty, the clinical coordinator will contact the educator to discuss the student's performance.

Once the University receives the recommended assessment from the clinical educator, the relevant Work Integrated Learning Coordinator or Subject Coordinator will either; ratify the assessment or contact the supervisor to confirm the criteria used in the assessment and the key attributes of the student that were taken into consideration.

Clinical educators are encouraged to discuss the final grade with the Charles Sturt Subject Coordinator as appropriate. The clinical educator should provide sufficient written support for the grade they have given the student to allow for ratification of the grade by the University.

> **If the supervisor is uncertain about grading the final assessment, they should contact the academic lead for Work Integrated Learning to discuss the assessment.**

Additional Assessment Strategies:

- Observe the student's performance with clients and other professionals. This includes structuring situations where the student is required to undertake an assessment/treatment, communicate with team members or carers, or adapt or modify their practice to deal with varying contexts with supervisor observation (where the educator has only observed and not intervened at any stage, i.e., an examination type situation).

- Directly question students about their knowledge and reasoning.

- Repeatedly sample student's performance with reference to the assessment criteria.

- Use other team members to conduct evaluations of the student's performance and compare findings.

Conversion of Supervisor's Assessment to a Substantive University Grade

The responsibility for awarding a final grade for each clinical placement will rest with the University. On receipt of the recommended assessment the clinical coordinator or relevant subject coordinator will either, ratify the assessment, or contact the educator to confirm the criteria used in the assessment and the key attributes of the student that were taken into consideration. Grades may be altered to reflect more accurately the student's level of ability.

Notifying Students about Results

When notifying students at the end of the placement of the recommended grade, it should be made clear by the clinical educator to the student that this is a **recommended grade only**.

Assessment Support for Supervisors

Additional strategies that are helpful include:

- Use of the 'Assessment Guide for Observing Student Treatments' which has been provided in Appendix 2. This guide is to assist supervisors in taking notes, providing feedback, and evaluating student performance. This form does not need to be returned to the University.

- Observing the students' performance with clients. This includes structuring situations where the student is required to complete a full, independent assessment and treatment of at least one client, where the supervisor has only observed and not intervened at any stage (i.e., in an examination type of situation).

- Directly question students about their knowledge and reasoning.

- Repeatedly sample students' performance with reference to the assessment criteria.

- Use other team members to conduct an evaluation of the students' performance and compare findings.

Students who are Demonstrating an Inadequate Level of Performance

As soon as any concerns arise relating to a student's performance, either at or before the mid-way assessment, the clinical educator should immediately contact the university.

It is essential that a situation, where concerns are raised, be managed in a prompt, clear and organised way. At no point should either party feel that it is "just a personality clash" or that they are being unfairly discriminated against.

No matter how well this situation is handled, the associated stress for all involved is inescapable.

It is possible to minimise this by following the steps given below once the supervisor has identified that there is a significant problem, and that the student is likely to be at risk of not meeting competencies for practice:

1. **Contact the Work Integrated Learning Coordinator at Charles Sturt University**
   It is essential that skills and behaviours are the focus in all discussions regarding a student's performance. Personality and style differences cannot form the basis of 'at risk'. While these differences can make for very real stress and difficulty, the focus must remain upon the competencies and behaviours that the Work Integrated learning has been designed to develop.

2. **Document all interactions with the student.**
   This should include the content and occurrence of supervision sessions, feedback received from others regarding the supervisor's and student's behaviour, and discussions held with other key players. While such documentation can seem excessively formal and tedious, it may prove very useful in future interactions.

3. **The student must be made aware that they are at risk of not meeting competencies for practice, in writing as soon as the risk becomes clear and ideally before or at the midway point of the WIL placement.**
   At this point, please complete and email a **Marginal Placement Performance** (Appendix 4) form to SAHESS-PHYSIO-WPL@csu.edu.au.

   The supervisor must complete a Marginal Placement Performance Form, which must also be signed by the student, prior to forwarding to the University. Students should also be provided with clear and constructive feedback regarding the areas in which they are at risk of failing to achieve competency both in writing and verbally. In addition, goals for improved performance should be collaboratively developed with the student. A copy of the feedback and goals should be provided to the student, supervisor, and Work Integrated Learning Coordinator. If concerns persist, ensure that performance evaluations undertaken, or feedback given, clearly indicate where competency standards are not being met.

4. **Complete the Clinical Placement Learning Plan** (Appendix 5)**.**
   This form can accompany completion of the Marginal Placement form and / or mid unit feedback and focuses learning needs on domains and criterion of the APP with reference to specific performance descriptors.

5. **Maintain confidentiality of all aspects of the student's risk of not meeting competencies.**
   To successfully manage this situation, it is essential that issues are not discussed in the placement setting or larger community.

6. **Retain all documentation for 12 months after work integrated learning has concluded.**
   If the student chooses to appeal, the supervisor may be contacted regarding the outcome and process.

Suggested Course of Action for Students:

1. **Ensure that you organise opportunities with your educator to demonstrate what you can do**. If there are performance indicators you are finding difficult, ask questions and identify ways to improve in these areas.

2. **When receiving feedback ensure you understand the issues**. If your educator's opinion of your performance is different to what you think of yourself, try to understand why they have formed this opinion. If you think that there are factors affecting your performance, it is often wise to disclose these.

3. **Contact the University to discuss your placement**. It is often best if your educator can join in these discussions so you can work as a team.

4. T**he University may recommend that a Marginal Placement Performance Form should be completed.** This does not mean that a fail (FL) grade will follow, but opens the opportunity to clearly address any issues. The "at risk of failure process" includes suggestions to support students to achieve the required level of performance. Some students may not achieve the required level despite this support.

> **Note: Whilst students reserve the right to decline provision of educator feedback to their next supervisor, where safety, professional or medico-legal issues have been identified on a placement, it will be deemed mandatory that these concerns are passed on to the next educator to protect client and staff safety, and the reputation of the University.**

What is Unsafe Clinical Practice?

Adherence to a policy of safety whilst on a clinical placement is essential. The following actions may be considered unsafe when considering the issue of safety in clinical practice:

- Not adhering to the principles of infection control and not following universal precautions.
- Not leaving treatment areas clean and safe.
- Not identifying contraindications.
- Inadequate set up of assessment or treatment environment to manage potential safety issues.
- Not monitoring clients regularly and/or responding appropriately to deteriorating clients.
- Not recognising emergency situations and responding appropriately.
- Not handling and applying equipment safely.
- Not following OH&S guidelines in accordance with the host institution, and not reporting any damaged equipment, spills or potentially dangerous situations.
- Instituting or changing treatment without prior discussion with the clinical educator.
- Inaccurate or incomplete documentation resulting in unsafe client care.
- Requiring a large amount of supervisory support which does not allow the supervisor to manage a client caseload.
- Unsatisfactory professional conduct affecting care and safety of clients and colleagues.
- Communication skills that pose a safety risk to client care

Failure of a Clinical Placement

A student will usually be awarded a fail (FL) grade when they have not met the minimum pass criteria specified for the placement within the usual duration allowed for the placement.

A fail grade will also be awarded for the placement if:

- The placement is not attempted, OR
- The student has not met pre-clinical compliance requirements, OR
- The student refuses the offer of a placement or self withdraws without approved special consideration

A student may fail a placement due to ongoing key learning issues (e.g., inadequate knowledge, poor preparation or engagement ,poor clinical reasoning skills or safety), inadequate time for the student to meet the required levels despite progressive improvements, unsatisfactory professional behaviour or absence from placement of sufficient duration to not allow the criteria to be met.

Please note that it is important that clinical educators contact Dr Rosemary Corrigan via email: SAHESS-PHYSIO-WPL@csu.edu.au if there are any questions or concerns regarding students.

Please note that it is important that students who are unable to meet the standards are <u>not</u> given the benefit of doubt when assessing.

Placement Paperwork to be Completed

<u>By the Educator</u>

The formative mid-unit and summative end-unit placement documentation is required to be completed online using the Assessment of Physiotherapy Practice (APP) Linkup system – applinkup.com

1. Go to the following link to register as either a FacCEC or CE - https://www.applinkup.com/Register.aspx

2. Once you have registered and your account is approved; you will receive a welcome email from APPLinkup containing your account details with your username and password.

3. You will need to log into the system and update your password. Please check your details are correct.

4. Go to the 'Help' icon and you will see a list of helpful tutorial videos to access further information on how to use the system.

Assessment Forms - APP Mid-Unit and End-of-Unit

This is based on a students' level of ability; it represents a summation of the students' performance at the time of the assessment. The mid and end of unit grids can be used to provide students with feedback on their level of performance in various areas.

These assessment forms are to be completed mid-way and at the end of the Work Integrated learning experience using the APPLinkup system (Assessment of Physiotherapy Practice Online Management System). If this system is not accessible to you, please contact FOSH-WPL@csu.edu.au and they will forward the appropriate forms for completion.

Supervisor Evaluation

The University values supervisors' feedback on the Physiotherapy Work Integrated Learning Program. It would be appreciated if supervisors could take the time to please complete the **Supervisors' Evaluation: online evaluation form**. A link and further instruction will be circulated towards the end of student's placement.

By the Students

Online Logbook

The online logbook is available for students to document the range of client conditions, client details and interventions undertaken whilst on work integrated learning. It provides a record for both the student and the University of experiences and time spent with clients and in client related activities and is used for accreditation purposes. Students are required to refer to the WIL Subject Outlines and Brightspace sites regarding the marking rubric and submission timeframes for the log book.

It is a mandatory requirement that the online logbook is completed for 2nd and 4th year student placements.

Log books are accessible via InPlace

InPlace link: https://myWork Integrated learning.csu.edu.au

For further information please refer to the InPlace Log Book Quick Reference Guide in this Handbook (Appendix 6). If students require any additional assistance accessing the log book, please contact the FOSH WPL Team immediately - FOSH-WPL@csu.edu.au

Feedback to Work Integrated Learning - Online Evaluation

Students are asked to complete a placement evaluation upon completion of work integrated learning experience. This information is collated by the University to provide an overall picture of placement quality, student experience and support for students' learning. This data can be provided to supervisors to enable comparison with feedback selected by sites.

Please ensure you have completed all logbook entries as per the timeframe in your Subject Outline.

APPENDICES

Clinical Educator Appendices

Charles Sturt University

Appendix 1

Performance Descriptors APP

Professional Behaviour

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

2. Demonstrates commitment to learning
- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required

- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

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

4. Demonstrates teamwork
- demonstrates understanding of team processes

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

Communication

5. Communicates effectively and appropriately - Verbal/non-verbal
- greets others appropriately
- questions effectively to gain appropriate information
- listens carefully and is sensitive to patient/client and carer views
- respects cultural and personal differences of others
- gives appropriate, positive reinforcement
- provides clear instructions
- uses suitable language & avoids jargon
- demonstrates an appropriate range of communication styles (e.g. patients/clients, carers, administrative and support staff, health professionals, care team)
- recognises barriers to optimal communication
- uses a range of communication strategies to optimize patient/client rapport and understanding (e.g. hearing impairment, non-English speaking,

cognitive impairment, consideration of non-verbal communication)
- appropriately uses accredited interpreters
- maintains effective communication with clinical educators
- actively explains to patients/clients and carers their role in care, decision-making and preventing adverse events
- actively encourages patients/clients to provide complete information without embarrassment or hesitation
- communication with patient/client is conducted in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities
- negotiates appropriately with other health professionals

6. **Demonstrates clear and accurate documentation**
- writes legibly
- completes relevant documentation to the required standard (e.g., patient/client record , statistical information, referral letters)
- maintains records compliant with legislative medico-legal requirements
- complies with organisational protocols and legislation for communication
- adapts written material for a range of audiences (e.g. provides translated material for non-English speaking people, considers reading ability, age of patient/client)

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

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

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

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

Analysis & Planning

10. Appropriately interprets assessment findings

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

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

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

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

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

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

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

Intervention

14. Performs interventions appropriately

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

15. Is an effective educator/health promoter

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

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

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

17. Progresses intervention appropriately
- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence

- discontinues treatment in the absence of measurable benefit

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

Evidence Based Practice

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

Risk Management

20. Identifies adverse events and near misses and minimises risk associated with assessment and interventions
- monitors patient/client safety during assessment and treatment
- complies with Work Integrated guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe

Charles Sturt University

Appendix 2
Assessment Guide for Observing Student Treatments
(optional)

Student Name: _____   **Date:** _____

Task	Criteria	Comments
Introduction and communication with the client	• Establishes and maintain rapport with client	
History taking	• Obtains relevant information from the client and supplementary sources	
Physical examination	• Chooses appropriate examination procedures and performs effectively • Is able to explain to clinical educator significance of findings	
Clinical reasoning and treatment plan	• Demonstrates reasoning through action and discussion • Demonstrates evidence of background knowledge	
Treatment application	• Effective in the use of the chosen techniques	
Evaluation of treatment effectiveness	• Reassesses client to determine treatment effectiveness Meta-cognition /self-assessment of performance	
Plan for future treatment	• Presents to client and clinical educator a plan for future intervention	
Safety	• Has performed assessment and treatment with regard for client safety	
Overall quality of performance	• Has considered client's comfort and general conduct has been appropriate • Is able to perform the assessment and treatment confidently • an appropriate amount of assistance and prompting required	
Informed consent	• Student has properly informed the patient of the purpose and methods for all procedures, potential risks and has obtained patient's consent to proceed	

Workplace Learning Clinical Placements in Telehealth Settings

Support for APP Examples for Telehealth

The examples and information included in this document have been developed in collaboration with professional practice educators at University of Canberra Student Led Clinic and University of Sydney. You are welcome to distribute and modify at your own discretion. We would respectfully request that you acknowledge the collective efforts from physiotherapists and other allied health workers, specifically Occupational Therapy colleagues who have contributed to the development of this document.

APP Domain	Examples relating to Telehealth
Professional behaviour	
Demonstrates an understanding of patient/participants rights and consent	• Respects the rights of participants to decline telehealth services. • Maintains a private and confidential telehealth service. For example, use of private room, headphones, identifies all participants in the telehealth meeting. • Clearly explains and provides information to the participant on their roles and responsibilities, privacy, and data security methods. • When recording sessions, clearly explains the purpose, obtains consent from the participant and relevant others and explains and adheres to data security and storage requirements. • Sets up telehealth services using approved programs and protocols. For example, secure meeting invitations, use of passwords. • Obtains and documents participant consent.
Demonstrates commitment to learning	• Engages in work 'chat rooms' appropriately. This could be to informally check in with supervisor and other team members or for quick questions that do not require confidentiality.

	• Meeting invitations are sent in a timely manner to supervisors for meeting requests.
	• Students use email or more direct methods of communication (i.e. synchronous methods) to obtain more formal support from supervisors (rather than chat rooms).
	• Actively contributes to online team meetings.
	• Raises any issues and ask for support/feedback as required.
	• Prepares resources and activities in a timely fashion in preparation for meetings and telehealth consultations.
	• Provides supervisor with digital access to resources / session plans / documents in a timely manner to allow adequate time to review and provide feedback.
	• Completes all preparation, research and follow up tasks in a timely manner.
	• Utilises resources and materials available from the organisation relating to telehealth services. For example, local guidelines, webinars, orientation resources.
	• Identifies own level of skill and comfort with using telehealth as a medium for service delivery. Seeks and completes additional learning opportunities to increase skills and confidence in this area of practice as required.
	• Allocates time to familiarise self with telehealth technology e.g. computers, camera, audio, settings, video, screen sharing, document sharing and seeks support when required.
	• Completes 'practice' telehealth sessions with student peer / supervisor if required and available.
	• Shares appropriate electronic documents effectively as required.

Demonstrates ethical, legal and culturally sensitive practice	- Understands the context and impact of telehealth on service users and stakeholders. - Clear understanding of how telehealth impacts service provision and outcome, orientation to ethos, values of service and delivery to improve specific measures of evaluation. - Uses appropriate culturally centred practice when working with participants. - Follows all legal requirements throughout consultation including appropriate note taking.
Demonstrates teamwork	- Effectively uses email, digital calendars, invitations, and schedules to negotiate and engage with colleagues / MDT. - Collaborates with co-workers on how to use the telehealth platforms, and which platforms the team needs to use to deliver the service. - Actively contributes to online team meetings and follows through with roles and responsibilities assigned to them during the meeting. - Adheres to documentation tasks required e.g. taking minutes of the meeting. - Invites relevant members of the health care team to meetings and telehealth sessions as appropriate. - Demonstrates flexibility to adapt communication to use appropriate questioning skills, turn taking and clear instructions on how to participate in group session via telehealth. - Adjusts session activities to ensure session timeframes and flow is adhered to.

	• Ensures other people involved in the session are adequately prepared, aware of their roles, and sends information as required (i.e. to carers, other MDT members, support staff).
	• Uses respectful language and clearly articulates messages via digital means i.e. avoids 'text talk'; emojis', etc.

Communication	
Communicates effectively and appropriately- verbal and non-verbal	• Clearly introduces themselves, outlines the role of the physiotherapist and sets clears expectations for all participants in the telehealth sessions.
	• Uses language which is clear and suitable for the interaction and avoids using 'technical' jargon during sessions with participants.
	• Clearly explains telehealth services, risks and scope of service.
	• Monitors tone and speed of voice relevant to the participant within a telehealth session.
	• Demonstrates flexibility to adapt communication style (verbal and nonverbal) to suit telehealth modality and to build rapport (telephone or video conferencing) For example, alters/monitors tone of voice, level of formality, pace, volume.
	• Adapts verbal and non-verbal communication to enable therapeutic rapport building and engagement.
	• Positions self, camera, and environment to ensure adequate visual contact and presence is achieved and maintained. For example, limits distractions, has an appropriate and professional background, ensures adequate lighting and maintains privacy.
	• Explains to the participant that they (the therapist) may be required to look at alternate screens whilst completing the telehealth consultation.
	• Considers cultural needs of the participant when communicating through telehealth modalities (by both synchronous and asynchronous methods).

	• Uses appropriate verbal and non-verbal skills whilst communicating using telehealth. For example, use of multiple views, appropriate body position, eye contact, minimising distractions, appropriate use of screen sharing, professional background, maintains a private and confidential environment.
Demonstrates clear and accurate documentation	• Uses relevant written materials / screen sharing to support communication with co-workers. For example, treatment plans, assessment outcomes, clinical reasoning, short and long-term goals and project plans.

Assessment

Conducts an appropriate participant interview	• Chooses an appropriate telehealth modality for the participant interview. • Performs a pre-consultation phone call prior to a telehealth participant interview when appropriate to instruct the participant on how the consultation will take place, assist with technology, direction, and set-up. • Articulates how telehealth format may change / impact the quality of the information gathered. • Aware of factors that may influence the clinical interaction / engagement with participant. For example, participant's vision, hearing, cognition, attention, anxiety, mood, digital literacy.
Selects and measures relevant health indicators and outcomes	• Selects appropriate formal or informal evaluation methods relevant to a telehealth context (I.e. Can discuss how service is delivered and adapted in the context of telehealth). • Selects the appropriate assessment tools to use with participants during a telehealth consultation and adapts the assessments appropriately to fit a telehealth format where necessary. • Seeks feedback from participants about their experience and selects relevant tools/methods to evaluate the participant's telehealth experience.

Performs appropriate physical assessment procedures	• Identifies suitable resources required for the telehealth assessment session. For example, identifies resources participants have at home that can be used during the assessment/treatment. • Ensures the participant has received all information and resources in a timely manner. For example, sends things ahead on time, provides adequate time for participant to get resources required, sends appointment invitations in a timely manner, sends copy of assessments / intervention plans. • Makes appropriate adjustments to the assessment procedures to ensure the safety of the participant during assessment and treatment.
Analysis and planning	
Appropriately interprets assessment findings	*NOTE: Telehealth may limit the ability for observing the wider environment, the 'full' participant and their context. e.g. participant may only be visible from shoulders up, unable to see lower limbs / foot tapping / out of camera distractions.* • Monitors participants' performance during telehealth session for signs of anxiety, dysregulation, disengagement, fatigue, confusion, attention difficulties, difficulty hearing / seeing instructions. • Interprets and verifies assessment findings appropriately within a telehealth context and identifies barriers that may limit the ability to accurately assess some elements. • Recognises the impact that a telehealth format has on quality and range of information gathered.
Identifies and prioritizes patient goals and problems	• Uses telehealth consultations with the participant to identify and prioritise participant goals. • Uses technology to track outcomes and progress. For example, apps, photos, online surveys. • Prioritises interventions based on telehealth opportunities and capacity.

Sets realistic short- and long-term goals	• Sets appropriate short- and long-term goals in accordance with current practice and includes parameters that may be related to telehealth requirements as appropriate. For example, goals of self-management may be prioritised as they may need to be able to manage their home program or session more independently.
Selects appropriate intervention in collaboration with patient	• Utilises information from the assessment of the participant to select an appropriate intervention that can be performed via telehealth in a safe and effective manner. • Identifies suitable resources available to the participant during their telehealth session. For example, determines equipment participants have access to at home to assist with their treatment.

Intervention

Performs intervention appropriately	• Performs interventions that comply with e-safety, including: confidentiality, risk management, home safety, falls prevention, privacy of session. • Adjusts the intervention during the session as appropriate based on participant response, session timeframes and flow of telehealth intervention. • Treatment plan has included contingency planning in the event of technology failure (i.e. internet drops out, audio difficulties) and utilises this when required.
Is an effective educator	• Ensures the participant has received information and resources within a timely manner. For example, sends things ahead on time, provides adequate time for participant to receive and view resources, sends appointment invitations in a timely manner, sends copies of reports and home programs within an adequate timeframe. • Provides the participant with information on 'how to use telehealth' and details of alternate ways to contact the therapist if technology issues arise. • Ensures other people involved in session are adequately prepared and sends information as required including to carers, other MDT members and support staff.

	• Accesses technical support if required.
Monitors the effect of the intervention	• Reviews current service provision and suggests modification based on best practice and professional reasoning, including cessation of telehealth as appropriate. • Identifies appropriate methods to monitor the effect of the intervention via telehealth and considers aspects of reliability and validity of outcome measures when identifying these. • Utilises innovative strategies to monitor/evaluate intervention.
Progresses intervention appropriately	• Reflects on participant performance and progresses/modifies interventions appropriately to suit the telehealth mode of service delivery. • Reflects on service outcomes and performance (I.e. telehealth usability, ways to improve participant connectedness, progression).
Undertakes discharge planning	• Undertakes discharge planning with supervisors and other health workers using telehealth and other e-heath technologies and identifies appropriate methods of participant follow-up. • Uses appropriate telehealth technologies to support both written and oral handovers of service provision. For example, screen sharing as appropriate, use of reports, intervention plans and project summaries. • Schedules and completes handover / discharge appointments in a timely manner
Evidenced based practice	
Applies evidenced based practice	• Undertakes research to determine current evidence regarding the use of telehealth in assessing and treating participants with specific needs and utilises this information when making informed decisions about their participant's service provision and use of telehealth. • Follows a quality assurance process or determines evaluation method based on project type (E.g. resource development).

Risk management	
Identifies adverse events/near misses and minimises risks associated with assessment and interventions	• Informs and educates participants on risks and limitations of telehealth services. • Identifies suitability of participant for telehealth service • Obtains information on participant's knowledge and confidence in using telehealth. • Informs and educates participants on how to safely set up a telehealth session including room set up, lighting, position of device/camera, speakers/audio. • Establishes 'back up' communication systems if the technology is not optimal or fails. • Informs participant of everyone's roles and responsibilities for managing their own health and safety if completing a requested task. For example, the right to decline an activity or the need to stop a task if requested. • Completes a risk screening prior to instructing participants to complete a task or activity. For example, identifies potential risks in pre-session interview, discusses functional ability and risks prior to instructing participant to attempt a task, engages other carers/family members in session to assist with managing risks and safety, observes participants complete a sit to stand with support. • Provides clear and safe instruction to the participant when asking them to 'show' a skill or the home environment. For example, not to walk with device or walk whilst being distracted using the device.

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Appendix 4
Marginal Placement Performance Feedback
CONFIDENTIAL

Student name: _____

Supervisor(s) name(s): _____ **Phone number:** _____

_____ **Phone number:** _____

Facility Name: _____

Facility Address: _____

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

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Proposed strategies to address concerns

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Marginal Placement Performance Feedback cont:

Time lines for review of student's performance towards addressing concerns

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Please ensure that the student is aware that their current performance level is marginal and may be at risk of not meeting the pass requirements of the placement.

Your signature: _____   **Date**   /   /

Student's signature:_____   **Date**   /   /

Note: The student's signature indicates that they have read this report; it does not imply agreement with the above comments.
To provide additional learning support, the Clinical Placement Learning Plan (Appendix 6) can also be completed by the supervisor and student to guide growth in meeting competency.

Once completed please email this form to:

Dr Rosie Corrigan - SAHESS-PHYSIO-WPL@csu.edu.au

Copy to - FOSH-WPL@csu.edu.au

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Appendix 5
Clinical Placement Learning Plan

Student Name:

Placement Site: **Date Developed:**

APP Domain	APP Item	Performance Indicator Requiring Improvement	Specific Student Strategy to Address Area of Concern	Performance review Date
Example: *Communication*	*6: Demonstrates clear and accurate documentation*	*Has difficulty adapting written material for a range of audiences*	• *Prepare the written information prior to the activity and provide copy to educator* • *Consider and identify the wide variety of communication styles for the target audience* • *Investigate current established health educational resources used by health facilities*	*12th August 2025*

Student Appendices

Clinical Placement Student Learning Profile (An editable student version can be found on the Brightspace Site)

1. Student Details

Student Placement Subject Code (please highlight):	PHS416	PHS417	PHS418	PHS419	PHS424
Name:		**Placement Dates:**			
Email:		**Phone:**			
Upcoming Placement Site and Area of Physiotherapy Practice:					

2. Previous clinical placement experiences (please include details of the types of experiences undertaken, skills you learnt, and opportunities provided):

Please type your responses here....

3. Other relevant experiences and interest areas (include any previous study, work experience or interest areas of physiotherapy practice):

Please type your responses here....

4. Preferred learning style (please highlight):

- Visual
- Auditory
- Tactile / kinaesthetic
- A combination of the above (please highlight which apply)

CLINICAL PLACEMENT
STUDENT LEARNING PROFILE

5. **Preferred timing and delivery of feedback (please <mark>highlight</mark> any that apply):**

   - Immediately following session
   - At the end of each day
   - At the end of each week
   - Prefer written feedback
   - Prefer Verbal feedback

   Any Additional Comments:

6. **Learning goals/aims for this upcoming placement (e.g., specific types of physiotherapy assessments and intervention approaches, exposure to clients with particular conditions, exposure to multidisciplinary activities such as surgery):**

   Please type your responses here....

7. **Additional support required during the clinical placement (e.g., health related, concerns and issues raised from previous placements, additional education support required):**

   Please type your responses here....

CHARLES STURT UNIVERSITY

2

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InPlace Log Book

Quick Reference Guide for Physiotherapy Students

Introduction

This guide will provide information on how to login to InPlace and how to complete your log book details with all of the information that is available on this platform.

Log into InPlace

Accessing Log Book – 2 methods

1. Select outstanding Log Book to complete in the to Do list
2. Select the placement in the Confirmed panel menu and go to the Schedule tab

How to complete your Log Book

1. To view or edit the Date of your Log Book entry, select the Log Book icon in the action column
2. Once you have navigated to your Log Book entry, please complete the following actions:
    a) Enter Start and End time using 24hr format - (Timesheet area)
    b) Add Client details as required
    c) Add the Setting/Condition as required - there are 8 options for Setting and 9 options for Condition)
    d) Add Intervention as required (13 options)
    e) Add Intervention Type
    f) Add Additional Comments

Functions available for Log Book

1. Reset - to clear your entry and start again as required
2. Copy Session - allows you to copy information about a client to another day as required
3. Add Session - use this function to add additional client
4. Save as Draft - enables you to save information entered and return at a later date to continue
5. Submit - All entries must be submitted for approval by the University
6. Withdraw - becomes available after you have submitted, enables you to withdraw your Log Book if editing is required. This cannot be withdrawn if it has already been ratified

A member of the WIL team may contact your supervisor to discuss any entries or request that entries be revised where there is concern about the accuracy of the log book entries made. It is compulsory to complete the log book for each placement.

FAQ

1. Add Start and End times to all entries (including days absent)
2. You are only required to enter the days that you have Log Book entries
3. You are not required to download or print your Log Book
4. You are not required to have your supervisor sign your Log Book.
5. You are not required to upload your Log Book to InPlace

Contacts:
Name FOSH-WPL@csu.edu.au

InPlace Log Book Quick Reference – Physiotherapy Student

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General Appendices

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Appendix 8

OPTIONAL Weekly Feedback /Progress Summary Report

If a site has no formal weekly feedback process, this form can be used. This form is completed by the student and then discussed with the Clinical Educator at the end of each week. Both parties should sign to indicate that they believe it to be an accurate record. Students can use this form to develop their learning contract/action plan for the next week.

Week No: (Please Circle)

Student Name: _____   1 2 3 4 5

Placement Site: _____

Placement Dates: _____ to _____

	Student Comments	Clinical Educators Comments
Current Main Strengths: Knowledge: Communication: Professional Practice:		
Key areas for improvement and means of doing so: Knowledge: Communication: Professional Practice:		
Reflecting on your practice this week: Give one example of good practice: Give one example of how you would do something differently:		
Learning Activities not met this week:		

	Student Comments	Clinical Educators Comments
Action points for next week:		
Any other issues you would like to discuss:		

Student Signature: _____ **Date:** **/ /**

Clinical Educator Signature: _____ **Date:** **/ /**

Appendix 9

Bachelor of Physiotherapy course structure

For information regarding the Charles Sturt University Bachelor of Physiotherapy course structure; please refer to the online Handbook