



**AUSTRALIAN  
PHYSIOTHERAPY  
COUNCIL**

# **CLINICAL ASSESSMENT INFORMATION BOOKLET**

**UPDATED AUGUST 2023**

# TABLE OF CONTENTS

INTRODUCTION TO THE CLINICAL ASSESSMENT .....	3
CLINICAL ASSESSMENT ALLOCATION .....	3
FORMAT OF THE CLINICAL ASSESSMENT .....	3
READING TIME .....	4
VERBAL SUMMARY TIME.....	4
PATIENT TIME .....	4
ORAL REPORTING TIME.....	4
CLINICAL ASSESSOR PANEL .....	5
ASSESSING PERFORMANCE.....	5
DOMAINS (AREA OF PRACTICE) .....	5
ITEMS (CRITERIA).....	6
GLOBAL RATING.....	6
ORIENTATION FOR CLINICAL ASSESSMENTS .....	6
360 PRE - ORIENTATION VIDEO.....	7
WHAT TO EXPECT ON THE ASSESSMENT DAY .....	7
DRESS CODE FOR THE CLINICAL ASSESSMENT .....	7
DO'S AND DON'TS OF THE CLINICAL ASSESSMENT .....	7
ASSESSMENT OUTCOME.....	9
APPLICATION FOR INTERNAL REVIEW.....	9
FEEDBACK ON THE ASSESSMENT PROCESS.....	10
APPENDIX .....	10
DOMAINS AND PERFORMANCE INDICATORS.....	10
SIMULATION LAB FLOOR PLAN .....	14

## INTRODUCTION TO THE CLINICAL ASSESSMENT

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

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

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

## CLINICAL ASSESSMENT ALLOCATION

When you apply for your Clinical Assessment or Clinical Assessment Resit through your Candidate Dashboard, you will be asked to select your preferred clinical assessment dates from a list of available sessions.

This gives you the flexibility to customise your schedule based on your availability and preferences, either choosing to complete all clinical assessment components on the same day or choosing separate dates for each individual assessment.

If this is your first time applying for Clinical Assessment, you will need to select and pay for all three (3) assessment dates.

The available assessment dates will keep rotating so if your preferred date is unavailable, we encourage you to check availability regularly for another suitable time.

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

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

**IMPORTANT:** If you have booked an assessment session but are unable to attend, please notify the assessment team via email ([assessment@physiocouncil.com.au](mailto:assessment@physiocouncil.com.au)) *within two weeks of booking your Clinical Assessment exam* to avoid cancellation fees. We would kindly ask that you refrain from requesting to change the assessment dates unless absolutely necessary, as Clinical Assessments are in high demand and varying your date may impact other candidates. It also may incur a **cancellation fee**.

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

Please refer to the [Fees and Processing times](#) page for further details.

## FORMAT OF THE CLINICAL ASSESSMENT

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

- I. Ten (10) minutes of Reading Time for the candidate to inspect background information about the patient.

2. Five (5) minutes of Verbal Summary Time for the candidate to provide a verbal summary to the Assessors.
3. Fifty (50) minutes of Patient Time
4. Ten (10) minutes for oral clarification (Oral Reporting Time)

## READING TIME

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

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

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

## VERBAL SUMMARY TIME

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

## PATIENT TIME

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

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

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

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

## ORAL REPORTING TIME

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

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

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

## CLINICAL ASSESSOR PANEL

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

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

## ASSESSING PERFORMANCE

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

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

### DOMAINS (AREA OF PRACTICE)

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

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

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

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

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

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

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

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

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

## ITEMS (CRITERIA)

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

## GLOBAL RATING

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

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

**Risk Management Incidents** are rated as

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

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

## ORIENTATION FOR CLINICAL ASSESSMENTS

Orientation is provided via the Council's orientation video, which candidates can view on the Council [website](#).

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

During the orientation, Candidates will be familiarised with:

- Simulation lab space including the treatment rooms and reading rooms.
- Equipment available in the equipment cupboard (*also see separate equipment list available on the website*)
- Operation of beds
- Structure and timing for the assessments
- Information specific to simulated assessments
- What to expect on arrival, emergency evacuation procedures, and other housekeeping information.

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

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

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

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

## 360 PRE - ORIENTATION VIDEO

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

## WHAT TO EXPECT ON THE ASSESSMENT DAY

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

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

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

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

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

## DRESS CODE FOR THE CLINICAL ASSESSMENT

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

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

## DO'S AND DON'TS OF THE CLINICAL ASSESSMENT

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

### **Do**

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

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

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

## **2. Conduct A Thorough Assessment**

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

## **3. Educate the Patient About Your Findings**

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

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

## **4. Manage Your Time Independently**

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

## **5. Consider Health and Safety Issues**

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

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

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

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

## **Don't**

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

This is one of the most important tips of all. You may wish to go into the assessment with an outline of a treatment plan, but it is imperative that you **adjust** it to be suitable for the patient you are treating on the day of your assessment. Whilst the



overarching patient diagnosis may be the same, no patient has exactly the same history, symptoms and work/home environment, so a set treatment plan that you use for all patients with that particular diagnosis will not be appropriate.

## 2. Assume Orientation Will Educate You How to Use Equipment

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

## ASSESSMENT OUTCOME

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

- A Candidate who has **successfully completed all the three physiotherapy areas** (musculoskeletal, cardiorespiratory and neurology) in their first attempt has demonstrated they are suitable for independent practice in Australia. The candidate will be **issued with a Final Certificate** which can be presented to the Physiotherapy Board of Australia (the Board) to demonstrate that the Candidate has met the **General Registration standard for qualification**. There are several other requirements for General Registration. Please check these with the [Board](#) directly.
- A Candidate who is **unsuccessful with any of the assessment component(s)** in their first attempt (musculoskeletal, cardiorespiratory or neurology), will be eligible to apply to resit any unsuccessful assessments. The option to apply for a resit will appear in candidate's dashboard 14 days after receiving notification of the result. Please note: if a candidate needs to complete a resit of an assessment, whilst the same patient won't be used on the day, it is possible to receive a patient with the same condition for the resit.
- A Candidate who **successfully completes all additional resit(s)** is deemed to be **suitable** for independent practice in Australia and will be issued with a **Final Certificate**. The certificate can then be presented to the Board to demonstrate the candidate has met the **General Registration standard for qualification**.

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

## APPLICATION FOR INTERNAL REVIEW

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

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

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

<https://physiocouncil.com.au/internal-review/>

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

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

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

## FEEDBACK ON THE ASSESSMENT PROCESS

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

# APPENDIX

## DOMAINS AND PERFORMANCE INDICATORS



Identification Details (to be completed by Administrator)			
Assessor ID		Candidate ID	

IA Collect Patient Information and Form a Preliminary Hypothesis	
IA.1	<p>Collect patient information</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Obtained consent from the patient to conduct assessment</li><li><input type="checkbox"/> Collected patient information and history</li><li><input type="checkbox"/> Explored presenting signs and symptoms</li><li><input type="checkbox"/> Obtained relevant measurable data (including supplementary information, for example radiological or pathological reports or reports from other service providers)</li><li><input type="checkbox"/> Identified goals, values and expectations of the patient</li></ul>
IA.2*	<p>Form a preliminary hypothesis</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Analysed the information collected</li><li><input type="checkbox"/> Identified potential influencing presentations and hypothesised differential diagnoses</li><li><input type="checkbox"/> Identified assessment needs including priority</li><li><input type="checkbox"/> Checked the patient's needs against his/her scope of expertise</li></ul>

IB Design and Conduct a Safe Assessment	
IB.1	<p>Design an assessment</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Prioritised and ordered assessment and included tests to measure impairment and activity limitation</li><li><input type="checkbox"/> Identified potential problems and contraindications to assessment</li></ul>

	<input type="checkbox"/> Selected tests and assessment instruments appropriate to the patient's presentation, and according to the reliability, validity, accuracy and availability of the tests
<b>IB.2</b>	<p>Conduct an assessment</p> <input type="checkbox"/> Physical examination of appropriate depth and breadth (e.g. relevant observational, manual and analytical testing, appropriate sequence for procedures, modifications according to patient response, completed in a timely manner)
	<input type="checkbox"/> Modified assessment in recognition of factors such as patient's age, occupation, pain, co-morbidities, communication ability and the assessment environment
	<input type="checkbox"/> Used tests and assessment instruments correctly
	<input type="checkbox"/> Progressively interpreted findings as guide the nature and extent of the assessment
	<input type="checkbox"/> Compared assessment findings against the preliminary hypothesis
<b>IB.3</b>	<p>Safely assess</p> <input type="checkbox"/> Identified and assessed risks
	<input type="checkbox"/> Made modifications to address risks for the patient and self

2 Interpret and Analyse the Assessment Findings	
2.1	<p>Compare findings with 'normal' status of patient</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified normal status of the patient and compared the assessment findings against these</li> <li><input type="checkbox"/> Determined extent of pathology/disorder and discussed with the patient to develop a course of action</li> </ul>
2.2*	<p>Compare findings with what is expected for the condition, and include or exclude alternative diagnoses</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Defined clinical expectations of presenting condition including aetiology, signs, symptoms, clinical course; relationship of signs and symptoms to stage of disorder.</li> <li><input type="checkbox"/> Related symptoms to pathology/disorder</li> <li><input type="checkbox"/> Considered other features of the patient including patient environment, psychosocial and psychological elements when comparing presenting symptoms and expected clinical findings</li> <li><input type="checkbox"/> Compared actual and expected findings and considered differential diagnoses</li> </ul>
2.3	<p>Prioritise patient needs</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified problems and priorities in collaboration with the patient</li> <li><input type="checkbox"/> Identified presenting symptoms and interrelationships</li> <li><input type="checkbox"/> Considered possible sources/mechanisms of presenting symptoms and compared with preliminary diagnosis</li> </ul>
2.4*	<p>Re-evaluate as required to develop a justifiable and sustainable hypothesis</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outlined in order of probability the differential diagnoses</li> <li><input type="checkbox"/> Refined diagnoses on appropriate tests performed</li> <li><input type="checkbox"/> Reinforced and negated clinic diagnostic hypotheses</li> <li><input type="checkbox"/> Reached justifiable conclusions and correlated with additional information to reach justifiable conclusions on Physiotherapy assessment findings</li> <li><input type="checkbox"/> Incorporated current scientific argument and clinical reasoning into the decision-making process</li> </ul>
2.5*	<p>Where indicated, identify areas that are outside their own skills and expertise and discuss appropriate referral</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified conditions not amenable to physiotherapy or are beyond own skills and knowledge</li> <li><input type="checkbox"/> Made appropriate referrals to other practitioners including physiotherapists, based on knowledge of presenting condition and management options</li> </ul>

3 Develop a Physiotherapy Intervention Plan	
3.1*	<p>Develop a logical rationale for physiotherapy intervention based on the assessment findings</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified significant features of the assessment findings and determined implications for the intervention</li> <li><input type="checkbox"/> Identified potential impact of patient lifestyle, culture, values and attitudes plus environment on a plan of intervention</li> <li><input type="checkbox"/> Developed rationale for intervention</li> </ul>
3.2*	<p>Set realistic short and long-term goals with the patient</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provided appropriate education of the patient concerning the assessment findings</li> <li><input type="checkbox"/> Determined patient expectations</li> <li><input type="checkbox"/> Acknowledged the goals of referring practitioner</li> <li><input type="checkbox"/> Where appropriate, discussed the lack of intervention</li> <li><input type="checkbox"/> Established realistic goals in consultation with the patient</li> <li><input type="checkbox"/> Implemented strategies for modifying the goals developed with the patient</li> </ul>
3.3	<p>Select appropriate and effective interventions to address the patient problems that are identified</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Considered patient needs</li> <li><input type="checkbox"/> Considered indications, contraindications and risks associated</li> <li><input type="checkbox"/> Considered assessment findings from other providers</li> <li><input type="checkbox"/> Considered up to date, best evidence and followed best practice</li> </ul>
3.4	<p>Plan for possible contingencies that may affect the intervention plan</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified factors about the patient that may affect their motivation or ability to participate in the intervention</li> <li><input type="checkbox"/> Took appropriate precautionary action</li> <li><input type="checkbox"/> Developed a contingency plan</li> <li><input type="checkbox"/> Gave appropriate warnings to the patient</li> <li><input type="checkbox"/> Evaluated the environment to determine impediments to intervention</li> </ul>
3.5	<p>Prioritise the intervention plan in collaboration with the patient</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Established priorities</li> <li><input type="checkbox"/> Set realistic timeframes</li> </ul>
3.6	<p>Determine plan of evaluation using valid and reliable outcome measures</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Specified relevant evaluation procedures</li> <li><input type="checkbox"/> Selected suitable functional outcomes</li> </ul>

4 Implement Safe and Effective Physiotherapy Interventions	
4.1	Obtain informed consent for the intervention <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified appropriate consent giver</li> <li><input type="checkbox"/> Ensured consent giver had sufficient understanding of the interventions including risks and benefits, realistic expectations</li> <li><input type="checkbox"/> Obtained consent</li> </ul>
4.2	Prepare equipment and the treatment area <ul style="list-style-type: none"> <li><input type="checkbox"/> Checked that appropriate equipment was selected and that it was safe and ready for operation</li> <li><input type="checkbox"/> Prepared the treatment area to maximise effectiveness, efficiency, safety and privacy of the patient</li> </ul>
4.3	Implement safe and effective physiotherapy interventions for the patient and for the physiotherapist For the patient: <ul style="list-style-type: none"> <li><input type="checkbox"/> Interventions were safe and effective</li> <li><input type="checkbox"/> Identified and managed risks to the patient</li> <li><input type="checkbox"/> Applied appropriate precautions</li> <li><input type="checkbox"/> Used appropriate mechanical equipment to assist in patient transfer and handling</li> <li><input type="checkbox"/> Implemented infection control</li> <li><input type="checkbox"/> Minimised distress to the patient; including understanding the effect of pain relief or other medications relevant to patient care during and after intervention, aspects of intervention that may impact on co morbidities</li> <li><input type="checkbox"/> Intervention was consistent with agreed program</li> <li><input type="checkbox"/> Used strategies to motivate the patient to participate: including communication throughout the intervention, gave accurate instructions and feedback related to performance</li> <li><input type="checkbox"/> Monitored the patient throughout the intervention and appropriate modifications were made for patient comfort and the patient's condition</li> <li><input type="checkbox"/> For the physiotherapist:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified and managed risks to self</li> <li><input type="checkbox"/> Positioned self for safety and comfort</li> <li><input type="checkbox"/> Exhibited effective psychomotor skills</li> </ul> </li> </ul>
4.4	Where indicated, manage adverse events <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified potential adverse events, relevant precautions were taken</li> <li><input type="checkbox"/> Considered strategies for managing the therapist's personal safety</li> <li><input type="checkbox"/> Appropriately recognised, managed and reported</li> </ul>
4.5	Provide strategies for patient self-management <ul style="list-style-type: none"> <li><input type="checkbox"/> Gave the patient clear instructions and where necessary, demonstrated to the patient to ensure they understood the intervention</li> <li><input type="checkbox"/> In terms of defined goals, gave regular feedback on performance and progress</li> <li><input type="checkbox"/> Developed a realistic self-management program</li> <li><input type="checkbox"/> Used effective motivation strategies to encourage active participation by the patient</li> </ul>
4.6	When indicated, implement health promotion activities <ul style="list-style-type: none"> <li><input type="checkbox"/> Advocated self-management of health and wellbeing (includes early identification of disease, risk avoidance, principles of health care, health promotion and ergonomics)</li> <li><input type="checkbox"/> Where appropriate, made the patient aware of links to community networks</li> </ul>

5 Evaluate the Effectiveness and Efficiency of Physiotherapy Intervention(s)	
5.1	Monitor the outcomes of the intervention <ul style="list-style-type: none"> <li><input type="checkbox"/> Measured changes safely, accurately and appropriately (used specific and relevant outcomes)</li> </ul>
5.2	Evaluate the outcomes of the intervention <ul style="list-style-type: none"> <li><input type="checkbox"/> Determined the effectiveness and efficiency of intervention</li> <li><input type="checkbox"/> Determined relative contribution of change to function, health status etc</li> <li><input type="checkbox"/> Identified factors limiting or confounding effectiveness</li> </ul>
5.3*	Determine modifications to the intervention Modifications to the intervention: <ul style="list-style-type: none"> <li><input type="checkbox"/> were based on outcomes of intervention</li> <li><input type="checkbox"/> reflected changes in patient status, and</li> <li><input type="checkbox"/> were made in consultation with the patient</li> <li><input type="checkbox"/> Referral was made to other professionals as indicated by outcomes</li> </ul>

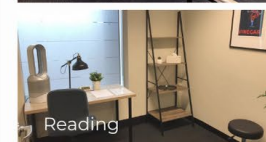
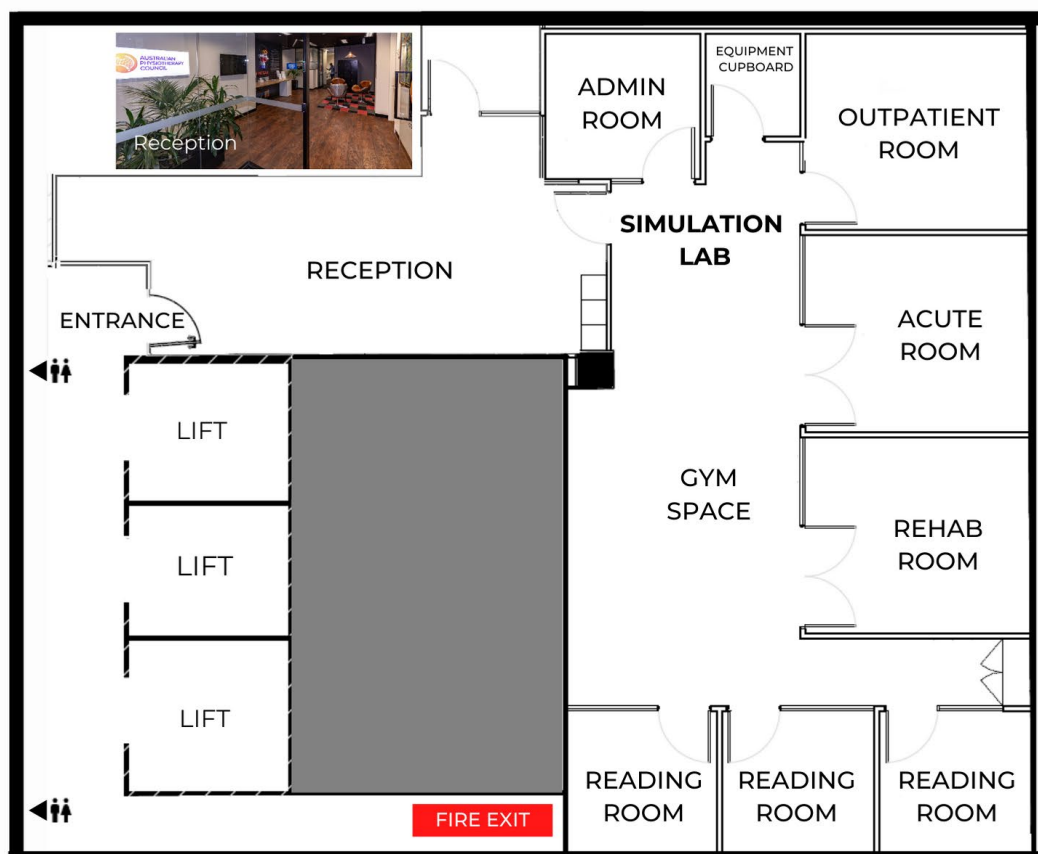
6 Communicate Effectively	
6.1	<p>Communicate effectively with the patient</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Established a rapport with the patient</li> <li><input type="checkbox"/> Adapted verbal and nonverbal communication to the needs and profile of the patient</li> <li><input type="checkbox"/> Communicated In a manner and environment that ensured confidentiality, privacy and sensitivity</li> <li><input type="checkbox"/> Discussed and agreed the goals, nature, purpose and expected outcomes of the physiotherapy intervention</li> <li><input type="checkbox"/> Employed appropriate strategies to address communication difficulties, e.g. use of written communication, other technology or other persons</li> </ul>
6.2	<p>Demonstrate effective English language ability</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrated the ability to use the English language effectively when communicating with the patient (and any person acting as a consent giver or interpreter) and the assessors.</li> </ul>

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

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

## SIMULATION LAB FLOOR PLAN

### Simulation Lab Floor Plan



Version 1.0  
October 2020