

AUSTRALIAN PHYSIOTHERAPY COUNCIL CLINICAL PLACEMENT AND ACCREDITATION FAQ'S

1. How many clinical placement hours must a student complete within their physiotherapy program?

Standard 3.3 states, "The education provider must demonstrate that the quality and quantity of clinical education for each student is sufficient to produce a graduate competent to practise across the lifespan in a range of environments and settings."

As such, there are no specified minimum clinical placement hours that a student must complete during their entry-level program. Currently accredited graduate entry Masters and Undergraduate programs provide a range of clinical learning hours ranging between 750 – 1368 hours. The APC does not dictate the number of hours, it assesses the clinical education model in the context of the whole curriculum and whether it achieves the program objectives.

2. Who can supervise a physiotherapy student during a clinical placement?

Standard 1.4 states, "Students should be supervised by suitably qualified and registered physiotherapy and health practitioners during clinical education."

This standard does not specify the amount of time, nor the designation of the professionals supervising the student during a placement. Rather, supervision may be provided by a physiotherapist and/or another healthcare practitioner depending on the goal of the placement activity. Registered health professionals such as nurses and occupational therapists may contribute to the supervision of physiotherapy students during their clinical placement, if relevant to the focus of the placement activity. The amount of supervision provided by physiotherapist and/or other health professionals should be based on the nature and expected learning outcomes of the placement.

Examples include:

- For a student on placement in a rural/remote centre without a physiotherapist, it would be reasonable for the student to be under the direct supervision of a nurse practitioner with access to a physiotherapist who will guide and assess their performance by collaborating remotely.
- If the focus of the placement is to develop interprofessional and collaborative practice skills through the delivery of services in conjunction with other health professional students in aged care, then it would be reasonable to expect that an interprofessional team undertakes supervision.

3. Who can assess a physiotherapy student on clinical placement?

Standard 5.5 states, “Suitably qualified and experienced physiotherapists must undertake the assessment of physiotherapy specific competence.”

The assessment of a student’s competence must be undertaken by a suitably qualified and experienced physiotherapist. If a student has been supervised by a range of health professionals who provide feedback, it should be the qualified and experienced physiotherapist who is responsible for the student’s assessment.

There is no suggestion in this standard that to assess the student, the physiotherapist must be with the student supervising them at all times. It would be reasonable to assume that if the student’s learning was facilitated by other health professionals, that these people would be consulted by the physiotherapist who was undertaking the assessment of the student against the Physiotherapy Practice Threshold statements. It would also be reasonable to assume that the other health professional supervising the student have a degree of understanding and training in teaching and learning strategies such as feedback provision.

There is also no specification here that the experienced physiotherapist needs to be qualified for a specific length of time e.g., 2-3 years post-graduation. The level of experience needed to assess a student's competence will depend on the scope and nature of the placement activity.

4. What types of clinical placements must a physiotherapy student complete during their degree?

Standard 3.3 states, “The quality and quantity of clinical education is sufficient to produce a graduate competent to practise across the lifespan in a range of environments and settings.”

Clinical placements for each individual student must be of sufficient diversity to ensure that students have experience with clients across the life span and in a range of contexts, environments and settings. The APC will assess student’s placements to ensure that each student has a well-rounded experience. There is no indication in the wording of this standard to suggest that students must complete a cardiothoracic, neurological and musculoskeletal placement. Rather, each individual student must complete a placement across acute, community and rehabilitation settings.

The APC acknowledges that contexts have changed and students who attend an acute care setting are likely to experience a range of clinical populations and areas of clinical practice, including acute cardiorespiratory, neurology or orthopaedic conditions. Similarly, students who attend a private practice setting are likely to experience more diversity including sports injuries, paediatrics, general musculoskeletal, disability and aged care clients. The APC encourages education providers to summarise the nature of placement learning activity that the student is likely to encounter when attending a specific setting.

5. Is a tele-health or simulated placement a valid clinical placement?

The APC will recognise simulated placements as a valid experience. This is supported by research in the field demonstrating that a simulated placement can provide effective training in core skills.

A tele-health placement is also a valid experience for the student. If one placement was only tele-health, there would be an expectation that the remaining placements involved the delivery of patient services in-person, unless there were extenuating circumstances (e.g., another pandemic!)

Another example of a tele-health experience would be a student contributing to multidisciplinary tele-rehabilitation services for one day per week across their 5-week community placement.

6. Can a student undertake other activities on placement outside physiotherapy service provision?

The development of learning activities during a placement should be agreed in partnership with the placement provider. Rather than being an adjunct to the placement, placement providers/supervisors should be encouraged to include students in all aspects of the clinical service. For example, students should be able to participate in activities including staff meetings, away days, ward rounds, strategic planning sessions, writing reports, service provision planning, referrals, marketing, etc.

Students can also undertake a range of activities during their placement to meet the learning outcomes of their course and program and enable appropriate assessment. These activities may include observation of another health professional service, project or service-learning activities, service development, resource development, health promotion and outreach activities. For example, a student may lead a service development project for one day per week during their 5-week full-time placement with support from registered health professionals within their host organisation. The skills demonstrated during this student-led project should contribute to their placement assessment.

Finally, the APC welcomes conversation and collaboration to develop new models of placement activity. Please feel free to contact the Council if you have any questions or would like to discuss a new innovative approach to clinical placements.

Email: Accreditation@physiocouncil.com.au

Phone: 1300 528 003

References:

Accreditation Standard for Entry Level Physiotherapy Practitioner Programs December 2016

Physiotherapy practice thresholds in Australia and Aotearoa New Zealand 2015