

# B.Sc. (Hons) in Physiotherapy Clinical Education Student Handbook 2011











THE HONG KONG
POLYTECHNIC UNIVERSITY

香港理工大學



香港理工大學

**Department of Rehabilitation Sciences** 

## B.Sc. (Hons) in Physiotherapy

## C LINIC A LEDUC A TIO N STUDENT HANDBOOK 2011

This document applies to the 2011-2014 intake cohort

#### Table of Contents

Philosophy		1
Programme St	ructure	2
Components		4
Table 1: CE su	ubjects – durations and credit values	4
Table 2: Progr	ramme Sequence	5
Practice expec	etations for the physiotherapist graduate	6
Staff responsib	ble for clinical education	7
Student's roles	s & responsibilities	7
The role of a v	visiting lecturer/university representative	7
Checklist for s	student preparation of clinical placement	7
Attendance red	quirement to clinical education	8
Regulations go	overning clinical education	9
Clinical Educa	ation Units	11
Guidelines for placement	student physiotherapists in handling patients' data in clinical	13
Safety guideli Hospital Author	ines for physiotherapy students during clinical placements in ority Centre	14
Year one Budo	dy attachment form	19
Subject Descri	iption Forms	
CLINICAL H	EDUCATION I (RS2710)	21
CLINICAL H	EDUCATION II-1 (RS3750)	24
CLINICAL H	EDUCATION II-2 (RS3800)	27
CLINICAL H	EDUCATION III-1(RS4700)	30
CLINICAL H	EDUCATION III-2 (RS4720)	33
CLINICAL H	EDUCATION III-3 (RS4780)	36
Clinical Asses	sment Form (RS2710)	39
Clinical Asses	sment Form (RS3750)	44
Clinical Asses	sment Form (RS3800)	49
	sment Form (RS4700, RS4720)	54
Clinical Asses	sment Form (RS4780)	59
Appendix I:	Definition of Terms	64
	Examples of behaviour for each of the clinical performance criteria	65
Appendix III:	Student evaluation of learning experience in institutions for clinical education	69

This Clinical Education Manual is subject to review and changes which the Department of Rehabilitation Sciences can decide to make from time to time. Students will be informed of the changes as and when appropriate.

#### Clinical Education

#### **Philosophy**

"Integration between the Clinical Education component and the University-based Education is based on the rationale that education of health care professionals reflects 'theory in practice'.

"Theory is developed and validated by practitioners by reflecting critically in an informed way on what is happening in practice. And by then engaging in informed debate and dialogue with relevant others. Practice then is fundamental to theory. It is through reflecting analytically and critically with others as to what is happening in practice, that theory develops" (Carter et al., 1992).

Applying the principles of physiotherapy practice under the guidance of a clinical educator and within specifically designed clinical learning experience assists in the transition of the student therapist to an entry-level practitioner. By progressing through the series of clinical placements, the student acquires entry-level 'clinical experience'. This clinical experience is acquired through the progressive application and integration of professional skills to the assessment and management of a range of clients who reflect different ages (life span) and different levels of physical activity (e.g. sedentary to athletic).

Students are encouraged to adopt a problem-solving, holistic approach to professional practice in conjunction with developing strong, logical evaluative skills. As the student becomes increasingly competent in client management together with gaining a high level of evaluative, recording, communicative and organisational skills, the degree of guidance provided is gradually decreased.

To be considered eligible to practice, a graduate must successfully complete a minimum of 1000 contact hours (approximately 1025 hours including Buddy attachments and pre-placement briefing sessions) in health care settings. This is consistent with the requirement for international recognition of the programme which allows the graduate reciprocal registration or to apply for licensure examinations in other countries."

1

<sup>1.</sup> Hong Kong Polytechnic University, Department of Rehabilitation Sciences, Bachelor of Science (Honours) Degree in Physiotherapy, Credit-Based Curriculum, Definitive Document, 2011.

#### Programme Structure

The clinical education component provides an environment for the application of skills in specific practice environments and further professional skill development. The clinical placement blocks are coordinated with the educational focus and are identified by body systems and/or practice settings:

Clinical Education I	Musculoskeletal System
Clinical Education II-1	Cardiopulmonary and/or Musculoskeletal Systems
Clinical Education II-2	Neurological, continue with Musculoskeletal and/or Cardiopulmonary Systems (multi-systems)
Clinical Education III-1	Multi-systems at a variety of settings (Acute Care, Ambulatory Care, Extended Care and/or
Clinical Education III-2	Rehabilitation centre
Clinical Education III-3	Community –Based Placement at a variety of settings (Primary health care centres, community centres, geriatric, paediatric or other settings)  Or Overseas placement in various countries that have established affiliation agreements with our department.

Placements in each successive year require more integrated work by the students. The Year 1 placement consists of a longer orientation to the hospital setting and most of the work by the students is in the form of observation and paired or group work, which is heavily supervised by the clinical educator. As the placements progress to Year 2 and Year 3, there is an increase in student-led tutorials and case-presentations. As well, the patient caseload becomes more complex, especially in Year 3 and the expectations of the students are to become more independent. The credit weighting for the clinical placements, therefore, reflect this changing mode of learning and the increasingly complex and independent work that is expected of the students from year to year.

The framework of the programme for each placement is based on appropriate client selection, specific informed visits, and attachments to specialised units, case conferences, and observation of surgical procedures. Programmes in different hospitals may vary according to the types of client available.

Throughout the clinical placement blocks in Year 3, students will be provided with the additional opportunity for exposure to physiotherapy services in community-based or non-governmental organization (NGO) settings (e.g. special schools and other community settings or physiotherapy services in overseas countries.

The student is made aware of the expected standards of clinical performance in accordance with the placement objectives. Both the clinical educator and the student should frequently evaluate together an individual student's learning schedule.

Feedback of the student's performance (in oral and written format) forms an integral and important part of the continuing assessment method, which in turn is within the context of the teaching-learning process. Both the clinical educator and lecturer collaborate to maximise the specific nature of the feedback.

At the end of each placement, students are required to complete an online evaluation (links and details are available in the WebCT-Clinical Education) before they receive the final evaluation from their clinical educators. The feedback provided by the students will be considered by the Clinical Coordinating Team for improvement of future clinical education arrangement. Throughout the Clinical Education programme, students are encouraged to discuss any learning or other problems with the clinical educator or the lecturer attached to that clinical centre. If the need for counselling or remedial teaching is identified, steps to provide help and advice can be taken and if necessary, the Clinical Education Co-ordinator is advised accordingly. If considered appropriate, the student is referred to the most appropriate professional to deal with the problem.

When a student has to redeem an unsuccessful placement, the Clinical Education Co-ordinator, the Clinical Educator and lecturer concerned, together with the student, will devise arrangements and design for a repeated placement. Pre-placement guided learning and assistance with the formulation of a 'specific' learning contract will be organised. This remedial placement will take place at a different clinical centre. The focus of the placement remains the same.

#### **Components**

The clinical education component provides an environment for the application of skills in specific practice environments and further professional skill development. The clinical placement blocks are coordinated with the educational focus and are identified by body systems and/or practice settings

- ❖ All components of Clinical Education are **COMPULSORY**
- ❖ Credit values and durations of CE subjects may be subject to change from time to time, depending on the availability of CE centres. All changes need to be approved by the Programme Committee first before implementation.

Table 1: CE subjects – durations and credit values

Components / Course code	Duration	Year	Credit value
Buddy attachments	One half day	During Year I	0
CE I – RS2710 Musculoskeletal	3 weeks	Summer of Year I	1
CE II-1 – RS3750 Cardiopulmonary Musculoskeletal	5 weeks	Year II (Dec. – Jan.)	4
CE II-2 – RS3800  Neurology Cardiopulmonary Musculoskeletal	5 weeks	Year II (May – July)	4
CE III-1 – RS4700  Multi-Systems  • Acute Care  • Ambulatory Care  • Extended Care	6 weeks	Year III	6
<ul> <li>Rehabilitation Settings</li> <li>CEIII-2 –RS4720</li> <li>Multi-Systems</li> <li>Acute Care</li> <li>Ambulatory Care</li> <li>Extended Care</li> <li>Rehabilitation Settings</li> </ul>	6 weeks	Year III	6
CEIII-3 – RS4780  Multi-Systems  Community based settings  Primary health care settings  Overseas placement	4 -6 weeks	Year III	4

**Table 2: Programme Sequence** 

Wk	PT – Year 1	PT – Year 2	PT – Year 3
1.			
2.			
3.			
4.			Clinia d Education III 1/2
5.			Clinical Education III-1/3
6.			(6 weeks) #
7.		rsity Class	
8.	(14	weeks)	
9.			
10.			Clinical Education III-1/2/3
11.		(6 weeks) #	
12.		(o weeks) "	
13.			
14.			
15.			
16.	Examination	Clinical Education II-1	
17.	Brannllation	(5 weeks)	
18.		{	University Class
18.			University Class (8 weeks)
20.			(o weeks)
21.			
22.			
23.			
24.			
25.		Clinical Education CE III-2/3	
26.	Univer	(6 weeks) #	
27.		weeks)	
28.	(- )		
29.			
30.			
31.			
32.			
33.			University Class
34.			(8 weeks)
35.	Exan	nination	
36.			
<i>37</i> .			
38.		Clinical Education II-2	
39.		(5 weeks)	
40.		(3 weeks)	
41.			
42.	Clinia-1E4 / I		
43.	Clinical Education I		
44.	(3 weeks)		
45.			
46.			
47.			
48.			
49.			<u> </u>
7/.			

<sup>\*</sup>Week 1 usually begins on the first week of September in each academic year. # Each student needs to complete one 4-week local community placement or 4 to 6-week Overseas placement in one of these 3 periods for CEIII-3.

#### Practice expectations for the physiotherapist graduate<sup>2</sup>

#### Relating to the delivery of physiotherapy services

- Identify and assess the health needs of individuals, groups, and communities including screening, prevention, and wellness programmes appropriate to physiotherapy.
- Demonstrate an awareness of the economic, psychological, cultural and sociological factors, which may influence the context of a physiotherapy practice.
- Select and critically evaluate published studies and information on techniques / technology in order to apply relevant findings to physiotherapy practice, research and education.
- Evaluate the outcome(s) of all levels of physiotherapy service: individual treatment, plan of care and/or intervention programme.
- Demonstrate professional behaviour and effective written, verbal, and non-verbal communication with clients, caregivers, colleagues and the public.
- Provide consultation and education to others on physiotherapy services using methods that meet the needs of the group.

#### Relating to patient/client care

- Demonstrate a holistic approach to client care (i.e., 'patient/client-centred care').
- Demonstrate a questioning and/or investigative approach to professional and clinical problems.
- Demonstrate clinical decision-making skills including clinical reasoning, clinical judgement, and reflective practice.
- Assess the physical, mental and environmental factors influencing the client and propose a physiotherapy diagnosis.
- Synthesise knowledge and assessment findings to establish functional goals with the patient/client that are achievable within a specified time period and within resource constraints.
- Collaborate with clients, family members, and other professionals to determine a plan of care that is realistic and acceptable to the patient/client, family and therapist.
- Implement a physiotherapy plan of care that is safe, efficient and cost-effective.
- Monitor and adjust the plan of care in response to client status.
- Supervise and manage support personnel to whom tasks have been delegated.
- Interact with clients, family members, other health care providers and communitybased organisations for the purpose of coordinating activities for optimal client care.

#### *Relating to the profession*

- Formulate and implement a plan for personal and professional career development based upon self-assessment, reflection and feedback from others.
- Participate in clinical education.
- Recognise his/her responsibility to maintain and promote the highest professional and ethical standard and to contribute to the development of the profession.

<sup>2.</sup> Hong Kong Polytechnic University, Department of Rehabilitation Sciences, Bachelor of Science (Honours) Degree in Physiotherapy, Credit-Based Curriculum, Definitive Document, 2011.

#### Staff responsible for clinical education

- Clinical Educators (Hospital Authority / Non Governmental Organisations (NGO) /local community centres, Special Centres including The Hong Kong Polytechnic University Physiotherapy Clinic)
- Experienced Physiotherapists (Hospital Authority / Department of Health)
- Faculty members of Physiotherapy programme of The Hong Kong Polytechnic University

#### Student's roles & responsibilities

At ALL times during the Clinical Studies, students are expected to:

- Display acceptable standards of safety.
- Demonstrate care and compassion for the client.
- Maintain all records and conform to the administrative procedures and duties specified at the beginning of the placement by the clinical supervisor.
- Maintain a professional standard of dress and behaviours (e.g. wear appropriate uniform, tidy and neat hairstyle, no excess jewellery).
- Be able to communicate with patients in Cantonese.
- Maintain an accurate record of the conditions observed and managed in each clinical placement by using the clinical logbook provided

#### The role of Visiting Lecturer / University Representative

To ensure that students are placed in an environment which facilitates their clinical learning, the Clinical Coordinating team allocates a representative (either a visiting lecturer or a departmental staff member) to visit each clinical centre, two to six times per placement (taking into account the duration of the placement as well as the student needs during the placement). The role of the University Representative is to enhance students' clinical learning through

- meetings and discussions with the students as well as the clinical educator;
- clarification of 'perceived' differences in concepts, theories or techniques taught at the University and at the clinical setting;
- identification of problems / obstacles which may hinder student learning in a particular setting;
- liaise with University Clinical Coordinating Team or Student Affairs Office should further help for a student be deemed necessary.

While the University Representative may have acquired some understanding of the performance of each student in a particular placement, he/she will NOT participate in the grading of the student's performance.

#### Checklist for student preparation of clinical placement

Students should have completed the followings before their placement:

- 1. first aid training organized by the accredited parties (e.g. St John, Red Cross)
- 2. infectious control trainings organized by the clinical team with the relevant organizations (PolyU & Hospital Authority)

- 3. mask fitting test organized by the clinical team
- 4. Professional Enhancement Programme and psychological test offered by SAO
- 5. Buddy attachment
- 6. Immunity and vaccination screening \*
- \* Immunity and Vaccination Screening for Chicken Pox and Measles for physiotherapy year one students

For the protection of patients and benefit of the PT students' learning opportunity in the hospital, it is the departmental policy that all year 1 physiotherapy students should have immunity against Chicken Pox and Measles. You should provide written evidence of immunity against Chicken Pox and Measles to our PolyU secretary for clinical education (Ms Candy Choy, General office, Tel: 2766 5399) 2 months before your first clinical placement.

#### Evidence of immunity includes:

- Record of Chicken Pox and Measles vaccination
- Doctor's record/certificate of your history of previous chickenpox disease
- Documentation of positive chicken pox antibody.

If you are unable to provide any of the above evidence, you must take vaccination on your own at least 2 months before the first clinical placement and submit the record to our PolyU secretary for clinical education. Should any student fail to do so, it would result in postponing clinical placement.

#### Attendance requirement to clinical education

**FULL attendance** at every component of the Clinical Education Series is compulsory. If for any reason the student cannot attend his/her placement, the student must inform by telephone BOTH the clinical educator and the PolyU secretary for clinical education (Ms. Candy Choy: 2766 5399) BEFORE 8:30 am of that day. Students who are absent due to illness for **half day or more** will be required to produce a doctor's certificate. The doctor's certificate should clearly state that sick leave is granted and the specific date(s) or period(s) of the sick leave.

If you must be absent from your placement for any other legitimate reason (one day or more) you must submit a prior request, well in advance, in writing to your CE and the Clinical Team, requesting permission for the absence, stating legitimate reasons. If a student is absent for more than 20% of any one placement due to medical reason, he/she will be awarded a grade 'I' (Incomplete) and will have to make up for the missed hours or retake the whole placement (or equivalent as endorsed by the Subject Assessment Review Panel) at a later date. After completion of the make-up hours, the respective grade based on the student's performance will replace the initial grade 'I'. A student, who does not complete a clinical placement without legitimate reason, he/she will be awarded a grade 'F' and need to retake the whole placement when it is offered at a later time.

#### Regulations governing clinical education<sup>3</sup>

- 1. Students must complete satisfactorily a minimum of 1000 hours of clinical education.
- 2. The Clinical Education component comprises one buddy attachment, an induction unit and six clinical placements. The buddy attachment, and induction unit are assessed by written report and attendance. Full attendance is required. Students failing to attend any component of the Buddy attachment will be required to show evidence of reasonable cause for their absence.
- 3. Several subjects are pre-requisites for some clinical placements, and it is compulsory for student to pass all the pre-requisite subject(s) before attending the corresponding clinical placement. If not, there would be a delay in his/her study progress.
- 4. Full attendance is a pre-requisite for progression to any subsequent clinical placements. If a student is absent, with legitimate reasons, for more than 20% of any one placement, he/she will be required to make up for missed hours (or equivalent as endorsed by the Subject Assessment Review Panel) when it is offered at a later time
- 5. The Clinical Educators will assess the clinical placements. A grade is awarded to the student as a result of continuous assessment of the student's performance during the placement.
- 6. For passing any clinical education placement, the student must reach a 'SATISFACTORY' level of performance (grade 'C' or above).
- 7. If under the stated level of guidance for a clinical placement, the student's clinical performance is unsatisfactory, the student will be awarded a grade 'F' (Failed) and is required to retake a placement of similar focus of practice and must perform at or above a SATISFACTORY level. The maximum grade of the retaken placement will be awarded a grade 'C'.
- 8. If a student fails to 1) practice in a safe manner that minimises risk to clients, self, and others, or 2) adhere to ethical and/or legal practice standards, or 3) complete any one placement without legitimate reasons, or 4) achieve a satisfactory level of performance, he/she will be awarded a grade 'F'. If allowed to remain in the programme, the student will be required to retake the clinical placement (similar focus of practice), if he/she passes the second attempt of the placement, he/she will obtain a SATISFACTORY grade i.e. grade C. In accordance with The Hong Kong Polytechnic University academic regulations and procedures. Only the grade obtained in the final attempt of retaking the subject will be included in the calculation of Grade Point Average (GPA). The grades obtained in previous attempts will only be reflected in transcript of studies.

<sup>3</sup> This should be read in association with Hong Kong Polytechnic University, Department of Rehabilitation Sciences, B.Sc. (Hons) in Physiotherapy, Credit-Based Curriculum, 2011.

- 9. If a student fails in a clinical placement, he/she needs to retake the placement at another clinical block to be offered in the following semester or year. This may delay the study progress of the student and may postpone the graduation of the student. In the event a student is awarded an 'F' grade in two consecutive placements, he/she is required to withdraw from the programme.
- 10. In Year III, if a student's clinical performance is unsatisfactory, the degree will not be awarded until all clinical placements have been satisfactorily completed.

#### Clinical Education Units (Physiotherapy Section)

#### 1. HA Clinical Education Units:

Centre	Setting
1. Caritas Medical Centre (CMC)	Out-patient
2. Kowloon Hospital (KH)	Out-patient
	Extended
	Rehabilitation
3. Kwong Wah Hospital (KWH)	In-patient
4. MacLehose Medical Rehabilitation Centre (MMRC)	Extended
	Rehabilitation
5. Prince of Wales (PWH)	In-patient
	Out-patient
6. Shatin Hospital/Prince of Wales Hospital (SH/PWH)	Extended
	Rehabilitation &
	Out-patient
7. Princess Margaret Hospital (PMH)	In-patient
8. Queen Elizabeth Hospital (QEH)	Out-patient
9. Queen Mary Hospital (QMH)	In-patient
10. Tuen Mun Hospital (TMH)	Out-patient
11. Tung Wah Hospital (TWH)	Extended
	Rehabilitation
12. United Christian Hospital (UCH)	In-patient

## For detailed information about each CEU, refer to the WebCT site on Clinical Education

<sup>\*</sup>Footnote – the exact centres to be allocated for each clinical placement are subject to change from time to time.

#### 2. Non-HA Clinical Education Units:

Centre	Setting
Chi Lin Care and Attention Home (CLCA)	Geriatrics &
	neurological
Centre of Health Promotion and Health Education,	Primary health care
The Chinese University of Hong Kong (CU-CHP)	
Centre of Osteoporosis Care and Control,	Osteoporosis
The Chinese University of Hong Kong (CU-COS)	programme, primary
	health care
Department of Health, Elderly Health Service (DH-EHS)	Geriatrics, primary
	health care
Fu Hong Society	Mental rehabilitation
Hong Kong Red Cross John F. Kennedy Centre (JFK)	Paediatrics,
	developmental training
The Hong Society for Rehabilitation	Community service &
(Community Rehabilitation Network) (CRN)	primary health care
Disneyland, HK	Primary health care
The University of HK Physiotherapy Unit	Musculoskeletal out-
	patient
Precious Blood Hospital Chan Dang Rehabilitation Centre	Musculoskeletal out-
	patient
New Life Psychiatric Rehabilitation Association, Tuen Mun	Psychiatric
Spastics Association HK	Paediatrics & primary
	health care
Hong Kong Christian Service	Paediatrics
Ng Chin Wang Medical Clinic	Musculoskeletal out-
	patient
Sik Sik Yuen Child Education Centre	Pediatrics
Wai Ji Christian Service	Mental rehabilitation
Tung Wah Group of Hospitals	Geriatrics
Ko Wong Mo Ching Memorial Holistic Healthcare Centre	

## For detailed information about each CEU, refer to the WebCT site on Clinical Education

<sup>\*</sup>Footnote – the exact centres to be allocated for each clinical placement are subject to change from time to time.

### Guidelines for student physiotherapists handling patients' data in clinical placement

#### 1) Patient data

- 1.1 All patient data are confidential.
- 1.2 Clinical data tagged with name and / or HKID, address, phone number are sensitive. In preparing reports or case discussion, no identifiable particulars, including ward and bed number. No identifier should be taken away from hospital.

#### 2) Data access

- 2.1 Students should access to the data for the patients under their care and organizational need-to-know basis.
- 2.2 Log off electronic data after use.

#### 3) Data retrieval and export

If students take care, patients' information in their own notes and may bring home for revising or preparation for the next day, appropriate measures must be taken to

- 3.1 protect the security of the retrieved content blind patients' identifiable like using patients' initial (TMC for Tai Man CHAN), or substitutes (patient X).
- 3.2 protect the security of the hard copies of case file and learning points in a safe and secured environment. Do not allow unauthorized person to view and protect the documents during transport. Destroy the record / document in a confidential manner if it is no longer required.
- 3.3 protect the security of the electronic self created case files by encryption and password.

#### 4) Electronic patient images

- 4.1 All clinical photos or videos without patients' face masking should be securely stored with no identifiable personal particulars.
- 4.2 Any pieces of e-files or folders should not be written with patients' names, HKID and protected with encryption and password.
- 5) Students should not take any physiotherapy record away from the hospital, no matter written by the student or not.
- 6) For any loss of patient data, the student must report to the clinical educator immediately. The clinical educator, through the department head should consider reporting the case to the police as appropriate.
- 7) Students should follow the respective departmental guideline on patient data security during clinical placement.

#### Reference:

1. Clinical Data Policy Manual (version May 08)

#### Safety guidelines for physiotherapy students during Clinical placement in Hospital Authority Centres

#### Communication with Clinical Educator (CE) (apply to all settings)

- 1. Always seek advice/clarification from CE whenever there exists anything doubtful.
- 2. Seek CE's guidance in any case that you do not feel too competent, e.g. the patient type that you are going to handle for the first time.
- 3. Report to CE immediately in case of any unexpected events.
- 4. Students should consult CE and obtain approval prior to giving any treatment to any patient, despite even the teaching staff from PolyU is present.

#### Part I. In-patient setting

#### A. General

- 1. Students should have passed the specialty focused subjects in the PolyU before they have hand-on care on patients in the clinical placement. Every student should notify his/her CE if he/she has failed in the prerequisite subjects at the very beginning of the placement without delay.
- 2. Students must go through the basic infection control training before they have any hand on treatment to patients. There may be different infection control standards of individual placement requirement, which students should comply strictly.
- 3. Read bed notes and vital signs to get the most updated information concerning the patient under care before proceeding to assessment or treatment.
- 4. Under the following conditions, you should seek advice from CE *before* performing any assessment or treatment to the patient.

	T 1	T
Laboratory results	K <sup>+</sup> level	< 3.0  or > 5.0
	Platelet count	$< 50 \times 10^9 / L$
	Haemoglobin	< 10  g/dL
	INR	> 2
	pН	< 7.25
	Abnormal cardiac enzymes	Eg. Troponin I > 1
Vital signs	Body temperature	$\geq 37.5  {}^{0}\text{C}$
	Systolic blood pressure	> 160 or < 90 mmHg
	Diastolic blood pressure	> 90 or < 50 mmHg
	Resting H.R.	> 120 or < 60 bpm
	Resting SpO <sub>2</sub>	< 90%
	CVP	< 5cm H <sub>2</sub> 0
Other	Blood glucose	<4 mmol/L
investigations/	Recent/current application of	
monitoring	continuous ECG monitoring;	
	abnormal ECG, e.g. ST changes	
	in ECG	

Subjective	Resting chest pain	
complaint	Palpitation	
	Coffee ground vomitus	
	Haematemesis	
	Haemoptysis	
Conscious status	GCS	< 8
General	Abnormal bruising of patient	
observations	Respiratory distress	Paradoxical
		breathing, nasal
		flaring, gasping,
		RR>30 breaths/min
	Seizure	
	Marked change in general condition of patient	
	Signs of deep vein thrombosis	

<sup>\*</sup>Any other signs or symptoms that may indicate deterioration of patients' condition or threaten their health.

- 5. Students should informed CE when there are new laboratory test results, new XR, new investigations results like U.S. Doppler, Echo cardiogram, OGD etc.
- 6. Students must inform CE before carrying out the following procedures:
  - a. Performing suction to patient
  - b. Head down postural drainage
  - c. Change of level of oxygen supplement to patients
  - d. Before applying any electrotherapy modalities, e.g. hot & cold treatment, traction, SWD, laser etc.
  - e. Change of treatment protocol
- 7. Students must stop and report to CE at once if any of the following occurs *during* or *after* assessment / treatment
  - a. Patient falls
  - b. Resting  $SpO_2 < 90\%$
  - c. Undue redness of skin or pain after treatment
  - d. Change in mental status e.g. increased dullness, aggressive behaviours, suicidal thoughts etc.
  - e. Severe SOB
  - f. Deterioration in motor control
  - g. Abnormal bony alignment
  - h. Un-documented abrasion, swelling or bruising
  - i. Increase in pain or discomfort
  - j. Increase in dizziness, palpitation, cold sweating, pallor
  - k. A change in systolic blood pressure >20 mmHg
  - 1. Any other changes that may indicate deterioration of patients' condition or threaten their health
- 8. Make sure that every patient under care is safe, comfortable and properly positioned before, during and after assessment and treatment. The height of bed,

bed-side rail, restrainer and urinary bags etc... should always be considered. Any patient, who is put on the restrainer, must be properly secured after finishing physiotherapy intervention, or between treatment sessions for patients to rest.

9. For applying electrotherapeutic therapy, exercise and manual therapy, please refer to the safety guidelines in part II.

#### B. Mobilizing a patient

- 1. Students must inform CE before carrying out the following procedures:
  - a. First time mobilizing a patient.
  - b. All patients' transfer, standing, level ground walking and stair walking.
- 2. Do not leave unstable, elderly or mentally deficient patients unattended during unsupported sitting, standing, walking, or attempting any other unstable positions.
- 3. The student needs to be aware of the patient's clothing and shoe wear being properly fitted before starting any weight-bearing exercise or walking training.
- 4. Whenever a patient stands or walks, the responsible student should have properly evaluated the patient's performance beforehand. He should understand the patient's ability and limitation. Then select the most appropriate walking aids and estimate the level of assistance to the patient.
- 5. Stay close to the patient (beware of the safe distance between therapist and patient, handhold and safe working posture) and be ready to give support as needed, or when the patient is practicing exercise with the risk of fall.

#### Part II. Out-patient setting

- A. Electrophysical Therapy Application
- 1. Practice the electrophysical modalities to up to standard before applying onto patients.
- 2. Discuss with and get the approval from CE for the choice and parameters of the electrophysical modality for the first time and in any case of progression of the treatment.
- 3. Check all contraindications and precautions specific to the individual electrophysical modality.
- 4. Seek verbal consent from patients.
- 5. Explain the application procedures to the patient.
- 6. Carry out the appropriate skin sensation and pre-treatment tests as well as recheck whenever indicated.
- 7. Check the machine every time before use.

- 8. Give proper instructions and warnings to patients during and after treatment. Make sure the patient fully understands.
- 9. Ensure the accurate application of the machine and the optimal comfort of the patient.
- 10. Safety cords should be given to patients wherever they are available in the equipments.

#### 11. Wait for CE to check the set up before start.

- 12. Review the patient regularly during treatment session. Stop immediately when patient feels discomfort and monitor the patient. Get a helper to report to CE.
- 13. Reassess the patient during and after treatment and check asterisks if applicable

#### B. Exercise Therapy Application

- 1. Discuss with and get the approval from CE for the choice and parameters of the exercises for the first time and in any case of progression of exercises.
- 2. Check all contraindications and precautions for the exercise to patient.
- 3. Check the vital signs for high risk group patients before doing exercises, and whenever indicated.
- 4. Explain to patient the aims and procedures of the exercise.
- 5. Demonstrate the exercise first and highlight the important points.
- 6. Give proper instructions and warnings. Make sure the patient fully understands.
- 7. Make sure the exercises to be performed accurately.
- 8. Review the patient regularly during exercise session. Stop immediately when patient feels discomfort and monitor the patient. Get a helper to report to CE
- 9. Reassess the patient after exercise and check asterisks if applicable.
- 10. Stay close to the patient and be ready to give support whenever the patient is losing stability.
- 11. Ensure the safe transfer in and out of the hydrotherapy pool. Stay close to the patient throughout the treatment session

#### C. Manual Therapy Application

- 1. Discuss with and get the approval from CE for the choice and parameters of the exercises for the first time and in any case of progression of manual techniques.
- 2. Check all contraindications and precautions for the exercise to patient.
- 3. Check the vital signs for high risk group patients before doing manual techniques, and whenever indicated.
- 4. Explain to patient the aims and procedures of the manual techniques.
- 5. Give proper instructions and warnings (possible post treatment soreness). Make sure the patient fully understands.
- 6. Make sure the manual techniques to be performed accurately
- 7. Review the patient regularly during treatment session. Stop immediately when patient feels discomfort and monitor the patient. Get a helper to report to CE.
- 8. Reassess the patient after the manual techniques and check asterisks if applicable
- 9. Stay close to the patient and be ready to give support whenever the patient is losing stability

Year One Budd	y Attachment Record	
Name of student:Centre:	Student no.: Date:	
Objective To provide the year one physiotherape exposure of physiotherapy students in attachments to year three students in hospital authority. This recording sheet followings according to your own obclinical educators and year 3 physioth This attachment record has to be sufattachment.	by student a clinical visit ex in clinical education through a different clinical settings aims to facilitate your observa- poservation, and the introduct erapy students at the centre	perience and an h two half day available within ation. Record the ion of both the you attached to.
Type of setting you attached to-		
Types/ conditions of patients-		
Specific setup and equipment-		
Things that the year 3 physiotherapy stu	idents performed on the patien	ts-

Other health care members-
Other neutri care memoers
Year 3 physiotherapy students interaction with patients, Clinical Educator and other
health care team members-
Other information that shared and discussed with year 3 students and clinical
educators-
educators-
Sharing of your first clinical exposure-

ঞ্জ The End জজ

#### **Subject Description Forms**

Subject Code	RS2710
<b>Subject Title</b>	CLINICAL EDUCATION I
Credit Value	1
Level	2, Year 1 – Summer Period
Pre-requisite	A valid First-aid Certificate RS269 Principles of Physiotherapy Practice RS273 PT Diagnosis and Management of Musculoskeletal Dysfunction I Buddy attachment
Co-requisite	Students will be excluded if they did not possess an infection control training certificate and proof of immunity.
Objectives	The focus of clinical education is on the student-therapist's integration of content knowledge and application of skills in different Physiotherapy practice settings and for a variety of patients/clients. Given the complexity of the health care environment, clinical educators facilitate the student's progression in skill acquisition and professional behaviour.
Intended Learning Outcomes	Upon completion of the subject, under full guidance and given a client with musculoskseletal dysfunctions, students will be able to:
dicomes	Professional/academic knowledge and skills  a. obtain basic data from the patient's medical notes and initiate its interpretation.  b. select and perform basic assessment procedures appropriate for patients with musculoskeletal problems.  c. contribute to the planning of a physiotherapy treatment and management for the assessed patient.  d. start to develop the appreciation of the foundation knowledge (e.g., pathophysiology) underlying the rationale and application of select physiotherapy techniques.  e. contribute to the introductory discussions of how to evaluate the outcome of short and long term management plans.  f. perform selective treatment procedures.  g. show awareness of professional conduct and communication with patients and clinical staff.  h. exhibit awareness of patient's safety, comfort and dignity in all situations.  i. begin to identify ethical behaviour in interactions between health care personnel and patients.  j. contribute to the documenting assessments, treatment methods and patient's progress.  k. practise effective written, oral, nonverbal interpersonal communication.  l. reflect on personal performance in the decision-making process and in the application of technical procedures through self-, peer- and instructor-assessment.  Attributes for all-roundedness  m. search for relevant reference materials to enhance learning n. continue to seek knowledge by referring to reference materials in related topics o. work with group mates and other members in the team in the learning activities p. present both written and verbal reports

#### Subject Synopsis/ Indicative Syllabus

- 1. Patient/ client care/ management
- 2. History analysis (current condition, medical/social/family history) by performing system reviews
- 3. Use of relevant clinical tests and measureable outcomes
- 4. Identification of intervention strategies for patient/client care/management with measureable goals and outcomes
- 5. Determination of client/patient prognosis
- 6. Formulation of plan of care underpinned by clinical reasoning
- 7. Set measurable goals and outcomes
- 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care
- 9. Best evidence-based physiotherapy treatments
- 10. Adjustment and monitoring to the plan of care
- 11. Evaluation of the effectiveness of treatment and recording of outcomes
- 12. Clear and accurate documentation
- 13. Clinical judgment and reflection

## Teaching/Lear ning Methodology

Clinical placement provides the opportunity for students to experience placements in a range of hospital settings. Students will learn to assess, evaluate and treat clients under the supervision of Clinical Educator (CE) on a daily basis. Students will have case discussion with CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice.

Self-directed learning encourages students to identify their learning objectives and continue to seek current knowledge by referring to reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

#### Assessment Methods in Alignment with Intended Learning Outcomes

Specific	%		Intended subject learning outcomes to be														
assessment	wei	as	ses	sec	l												
methods/tasks	ghti	a	b	c	d	e	f	g	h	i	j	k	1	m	n	o	p
	ng																
Clinical																	
placement	100	1							1	1	1	1	1	1	1	1	V
(continuous	100	٧	١,	١,	١,	•	•	•	٧	٧	٧	V	V	٧	V	V	V
assessment)																	
Self-																	
directed	-																
learning																	
Total	100																
	<b>%</b>																

#### Clinical placement

The nature of physiotherapy practice requires a range of complex skills which is more appropriate to be assessed by continuous assessment. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to have regular and systematic study.

	Self-directed learning Students are required to reflect critically on their clinical experience report or case presentation. Students are also required to engage is directed learning that allows them to keep abreast of current knowledges.	in appropriate self-
Student Study Effort	Class contact:	(105 Hrs)
Expected	<ul> <li>Clinical placement (35Hrs per week for 3 weeks)</li> </ul>	105 Hrs.
	Other student study effort:	(30 Hrs)
	Self-directed learning	30 Hrs.
	Total student study effort	<u>135 Hrs</u> .
Reading List and References	Students are required to integrate knowledge obtained from subjects. For specific information, policies and procedure education, please refer to the following documents:  1. Department of Rehabilitation Sciences (current year).  B.Sc. (Honours) Physiotherapy Programme Clinical Education Handbook. The Hong Kong Polytechnic University.  2. Clinical Education Information on Blackboard	s for clinical

Subject Code	RS3750
Subject Title	CLINICAL EDUCATION II-1
Credit Value	4
Level	3, Year 2-Between Semester 1 & 2
Pre-requisite	RS2710 Clinical Education I RS368 PT Diagnosis & Management of Musculoskeletal Dysfunction II RS377 PT Diagnosis & Management of Cardiopulmonary Dysfunction
Objectives	The focus of clinical education is on the student-therapist's integration of content knowledge and application of skills in different Physiotherapy practice settings and for a variety of patients/clients. Given the complexity of the health care environment, clinical educators facilitate the student's progression in skill acquisition and professional behaviour.
Intended	Upon completion of the subject, under full guidance and given a client
Learning Outcomes	with <u>musculoskseletal</u> or <u>cardiopulmonary</u> dysfunctions, students will be able to:
Outcomes	be able to:
	<ul> <li>Professional/academic knowledge and skills</li> <li>a. Demonstrate the ability to extract, interpret relevant data from the client's medical/nursing notes</li> <li>b. obtain pertinent history, identifying problems through subjective and objective examination</li> <li>c. select and perform appropriate assessment procedures for clients with disorders of neurological, cardiopulmonary and musculoskeletal systems</li> <li>d. set objectives and suggesting appropriate treatment programmes for these clients</li> <li>e. justify the rationale of treatment and the short- and long-term management programmes</li> <li>f. perform and modify as appropriate selected treatment techniques safely</li> <li>g. effectively communicate and teach skills to clients, their relatives, and/or personal care worker</li> <li>h. evaluate the effectiveness of treatment, devise and implement appropriate progression with assistance</li> <li>i. exhibit a professional and caring approach towards clients, relatives and health care colleagues</li> <li>j. record and communicate relevant findings, treatment programmes as appropriate</li> <li>k. practise effective written, oral and non-verbal interpersonal communication skills</li> <li>l. reflect on personal performance in the decision-making process and in the application of technical procedures through self-, peer- and instructor- assessment</li> <li>m. participate in general patient management, safety and organization of</li> </ul>

#### Attributes for all-roundedness

- n. search for relevant reference materials to enhance learning
- o. continue to seek knowledge by referring to reference materials in related topics
- p. work with group mates and other members in the team in the learning activities
- q. present both written and verbal reports

#### Subject Synopsis/ Indicative Syllabus

- 1. Patient/ client care/ management with focus on musculoskseletal, cardiopulmonary or neurological dysfunctions
- 2. History analysis (current condition, medical/social/family history) by performing system reviews
- 3. Use of relevant clinical tests and outcome measures
- 4. Identification of intervention strategies for patient/client care/management with measureable goals and outcomes
- 5. Determination of client/patient prognosis
- 6. Formulation of plan of care underpinned by clinical reasoning
- 7. Understanding clients' barriers and functional needs with appropriate accommodations or modification
- 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care
- 9. Best evidence-based physiotherapy treatments for musculoskeletal conditions
- 10. Adjustment and monitoring to the plan of care
- 11. Evaluation of the effectiveness of treatment and recording of outcomes
- 12. Plan for admission, discharge and follow-up care
- 13. Clear and accurate documentation
- 14. Provision of referral to other healthcare professionals when appropriate
- 15. Clinical judgment and reflection

## Teaching/Learn ing Methodology

Clinical placement provides the opportunity for students to experience placements in a range of hospital settings. Students will learn to assess, evaluate and treat clients under the supervision of Clinical Educator (CE) on a daily basis. Students will have case discussion with CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice.

**Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge by referring to reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

Assessment																				
Methods in	Specific	%	Ir	ten	de	d sı	ubi	ect	lea	arn	ing	011	tcon	nes	to h	e as	sses	sed		
Alignment with	assessment	wei				4 5	acj				<u>e</u>									
Intended	methods/	ghti	a	b	c	d	e	f	g	h	i	j	k	1	m	n	o	р	q	
Learning	tasks	ng																_	-	
Outcomes	Clinical	100																		
	placement		V												V	V				
	(continuous		'	,	,	,	•	,	,	'	'	<b>'</b>	'	'	`	<b>'</b>	<b>'</b>	\ \ \	•	
	assessment)																			
	Self- directed	-			٦/								V		V		V		V	
	learning		٧	٧	٧	٧	٧					٧	V	V	V	\ \	V	\ \	٧	
	Total	100										ļ			ļ		ļ			
	Clinical placement The nature of physiotherapy practice requires a range of complex skills which is more appropriate to be assessed by continuous assessment. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to have regular and systematic study.  Self-directed learning Students are required to reflect critically on their clinical experiences through written report or case presentation. Students are also required to engage in appropriate self-directed learning that allows them to keep abreast of current knowledge.																			
													d to							
Student Study Effort Expected	Class contact:															(	175	Hr	Irs.)	
Enort Expected	<ul> <li>Clinical pl</li> </ul>	aceme	ent	(35	Hr	s p	er v	wee	ek 1	for	5 v	vee]	ks)			175 Hrs.				
	Other student	study (	effe	ort:	•												(30	Hr	s.)	
	<ul> <li>Self-direct</li> </ul>	ted lea	rni	ng													3	0 H	rs.	
Total student study effort								205 Hrs.												
Reading List	Students are required to integrate knowledge obtained from all previous subjects.  For specific information, policies and procedures for clinical education, please refer to the following documents:  Department of Rehabilitation Sciences (current year). B.Sc. (Honours)  Physiotherapy Programme Clinical Education Handbook. The Hong Kong Polytechnic University.  Clinical Education Information on Blackboard																			

Subject Code	RS3800
Subject Title	CLINICAL EDUCATION II-2
Credit Value	4
Level	3, Year 2-Semester 3
Pre-requisite	RS2710 Clinical Education I RS368 PT Diagnosis & Management of Musculoskeltal Dysfunction II RS373 PT Diagnosis & Management of Adult Neurological Dysfunction RS377 PT Diagnosis & Management of Cardiopulmonary Dysfunction
Objectives	The focus of clinical education is on the student-therapist's integration of content knowledge and application of skills in different Physiotherapy practice settings and for a variety of patients/clients. Given the complexity of the health care environment, clinical educators facilitate the student's progression in skill acquisition and professional behaviour.
Intended Learning Outcomes	Upon completion of the subject, under <u>guidance</u> and given a client with <u>musculoskeletal</u> , <u>cardiopulmonary or neurological</u> dysfunctions, students will be able to:
	<ul> <li>Professional/academic knowledge and skills</li> <li>a. Demonstrate the ability to extract, interpret relevant data from the client's medical/nursing notes</li> <li>b. obtain pertinent history, identifying problems through subjective and objective examination</li> <li>c. select and perform appropriate assessment procedures for clients with disorders of neurological, cardiopulmonary and musculoskeletal systems</li> <li>d. set objectives and suggesting appropriate treatment programmes for these clients</li> <li>e. justify the rationale of treatment and the short- and long-term management programmes</li> <li>f. perform and modify as appropriate selected treatment techniques safely</li> <li>g. effectively communicate and teach skills to clients, their relatives, and/or personal care worker</li> <li>h. evaluate the effectiveness of treatment, devise and implement appropriate progression with assistance</li> <li>i. exhibit a professional and caring approach towards clients, relatives and health care colleagues</li> <li>j. record and communicate relevant findings, treatment programmes as appropriate</li> <li>k. practise effective written, oral and non-verbal interpersonal communication skills</li> <li>l. reflect on personal performance in the decision-making process and in the application of technical procedures through self-, peer- and instructor-assessment</li> <li>m. participate in general patient management, safety and organization of the unit</li> </ul>

#### Attributes for all-roundedness

- n. search for relevant reference materials to enhance learning
- o. continue to seek knowledge by referring to reference materials in related topics
- p. work with group mates and other members in the team in the learning activities
- q. present both written and verbal reports

#### Subject Synopsis/ Indicative Syllabus

- 1. Patient/ client care/ management with focus on musculoskseletal, cardiopulmonary or neurological dysfunctions
- 2. History analysis (current condition, medical/social/family history) by performing system reviews
- 3. Use of relevant clinical tests and outcome measures
- 4. Identification of intervention strategies for patient/client care/management with measureable goals and outcomes
- 5. Determination of client/patient prognosis
- 6. Formulation of plan of care underpinned by clinical reasoning
- 7. Understanding clients' barriers and functional needs with appropriate accommodations or modification
- 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care
- 9. Best evidence-based physiotherapy treatments for musculoskeletal conditions
- 10. Adjustment and monitoring to the plan of care
- 11. Evaluation of the effectiveness of treatment and recording of outcomes
- 12. Plan for admission, discharge and follow-up care
- 13. Clear and accurate documentation
- 14. Provision of referral to other healthcare professionals when appropriate
- 15. Clinical judgment and reflection

#### Teaching/Lea rning Methodology

Clinical placement provides the opportunity for students to experience placements in a range of hospital settings. Students will learn to assess, evaluate and treat clients under the supervision of Clinical Educator (CE) on a daily basis. Students will have case discussion with CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice.

**Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge by referring to reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

<b>A</b> 4																			
Assessment Mothods in	Specific % Intended subject learning outcomes to be assessed																		
Methods in	assessment		II	ner	iae	a s	uo	jec	t ie	arr	llli	g ot	nco.	mes	10	be a	sses	ssea	
Alignment with Intended	methods/	weig hting	a	b	c	d	0	f	~	h	i	i	k	1	m	n	_	n	
Learning	tasks	nung	a	υ	C	u	C	1	g	11	1	J	K	1	m	n	0	p	q
Outcomes	Clinical	100																	
outcomes	placement	100	,	,	,	,	,	,	١,	,	,	,	,	١,	,	,	١,	,	,
	(continuous			1															<b>V</b>
	assessment)																		
	Self-	_																	
	directed																		$\sqrt{}$
	learning																		
	Total	100																	
	%																		
	Clinical placer	Clinical placement																	
	The nature of p																	ls	
	which is more																		
	Students are pr																		
	clinical placem																		
	process. Conti		iss <del>(</del>	essi	ne	nt a	also	eı eı	ncc	our	age	es st	ude	nts	to n	ave	reg	ular	
	and systematic	study.																	
	Self-directed le	earning																	
	Students are		d t	0	ref	lec	t o	erit	ica	11v	0	n f	heir	· cl·	inic	al e	exne	erier	ices
	through writte																		
	engage in appr																		
	of current know									Ü							•		
Student Study	Class contact:															(	175		
Effort	<ul> <li>Clinical pl</li> </ul>	lacemer	ıt (.	35F	Irs	pe	r w	/ee	k f	or .	5 w	veek	(s)				17	5 H	rs.
Expected	Other student	study e	ffoi	rt:													(30	Hr	s.)
	<ul> <li>Self-direct</li> </ul>	ted lear	nin	g													3	0 H	rs.
	<b>Total student</b>	study e	ffo	rt													<u>20:</u>	5 H	rs.
Reading List	Students are re	quired	to i	nte	gra	ite	kn	ow	led	lge	ob	tain	ed 1	fron	n all	pre	vio	us	
and	subjects.	•			_					-						•			
References	For specific in									ed	ure	es fo	or cl	inic	al e	duc	atio	n,	
	please refer to	the foll	ow	ing	do	cu	me	nts	S:										
	_		_				~ .			,					. ~	/		,	
	<ul> <li>Departmen</li> </ul>												-	_		,			
	Physiother		_				ini	cal	Eα	luc	ati	on I	Han	dbo	ok.	The	Но	ng	
	Kong Polyt					-	n -	" г	)1 <sub>~</sub>	<sub>0</sub> 1-1		r.d							
	<ul> <li>Clinical Ed</li> </ul>	ucation	ın	ıor	ma	110	11 0	n E	<b>3</b> 1a	cKt	ooa	ra							

Subject Code	RS4700
<b>Subject Title</b>	CLINICAL EDUCATION III-1
Credit Value	6
Level	4, Year 3-Semester 1
Pre-requisites	RS3750 Clinical Education II-1 RS3800 Clinical Education II-2
Objectives	The focus of clinical education is on the student-therapist's integration of content knowledge and application of skills in different Physiotherapy practice settings and for a variety of patients/clients. Given the complexity of the health care environment, clinical educators facilitate the student's progression in skill acquisition and professional behaviour.
Intended Learning Outcomes	Upon completion of the subject, under guidance as necessary and given a client with musculoskseletal, cardiopulmonary or neurological dysfunctions, students will be able to:
	Professional/academic knowledge and skills  a. Demonstrate the ability to extract, interpret relevant data from the client's medical/nursing notes  b. obtain pertinent history, identifying problems through subjective and objective examination  c. select and perform appropriate assessment procedures for clients with disorders of neurological, cardiopulmonary and musculoskeletal systems  d. set objectives and suggesting appropriate treatment programmes for these clients  e. justify the rationale of treatment and the short- and long-term management programmes  f. perform and modify as appropriate selected treatment techniques safely  g. effectively communicate and teach skills to clients, their relatives, and/or personal care worker  h. evaluate the effectiveness of treatment, devise and implement appropriate progression with assistance  i. exhibit a professional and caring approach towards clients, relatives and health care colleagues  j. record and communicate relevant findings, treatment programmes as appropriate  k. practise effective written, oral and non-verbal interpersonal communication skills  l. reflect on personal performance in the decision-making process and in the application of technical procedures through self-, peer- and instructor- assessment  m. participate in general patient management, safety and organization of the unit

#### Attributes for all-roundedness

- n. search for relevant reference materials to enhance learning
- o. continue to seek knowledge by referring to reference materials in related topics
- p. work with group mates and other members in the team in the learning activities
- q. present both written and verbal reports

#### Subject Synopsis/ Indicative Syllabus

- 1. Patient/ client care/ management with focus on musculoskseletal, cardiopulmonary or neurological dysfunctions
- 2. History analysis (current condition, medical/social/family history) by performing system reviews
- 3. Use of relevant clinical tests and outcome measures
- 4. Identification of intervention strategies for patient/client care/management with measureable goals and outcomes
- 5. Determination of client/patient prognosis
- 6. Formulation of plan of care underpinned by clinical reasoning
- 7. Understanding clients' barriers and functional needs with appropriate accommodations or modification
- 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care
- 9. Best evidence-based physiotherapy treatments for musculoskeletal conditions
- 10. Adjustment and monitoring to the plan of care
- 11. Evaluation of the effectiveness of treatment and recording of outcomes
- 12. Plan for admission, discharge and follow-up care
- 13. Clear and accurate documentation
- 14. Provision of referral to other healthcare professionals when appropriate
- 15. Clinical judgment and reflection

#### Teaching/ Learning Methodology

Clinical placement provides the opportunity for students to experience placements in a range of different facilities, including public, community and private organizations. Students will learn to assess, evaluate and treat clients under the supervision of Clinical Educator (CE) on a daily basis. Students will have case discussion with CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice.

**Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge by referring to reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

<u> </u>	T																		
Assessment			_																
Methods in	Specific																		
Alignment with	assessment	wei	as	sse	SSE	<u>ed</u>			1			I		1	1		ı	1	
Intended	methods/	ghti	a	b	c	d	e	f	g	h	i	j	k	1	m	n	o	P	q
Learning Outcomes	tasks Clinical	ng																	-
Outcomes	placement	100																	
	(continuous																		$\sqrt{}$
	assessment)																		
	Self-	_																	
	directed																		$\sqrt{}$
	learning																		
	Total	100								•	•								
		<b>%</b>																	
Student Study Effort Expected	Clinical placen of complex ski assessment. So performance do monitor their of encourages stu  Self-directed lo clinical experior are also require allows them to  Class contact:  Clinical pl	lls who tudent uring own leadents earning ences red to keep	ich s ar clir arn to l g: thre abr	is re pricate ing inav	moro nl p g pi ge r e r age	ore vicolac roc reg ents wr e i	appled ap	pproperties with the second se	oprith to Co and receptor to k	rian or wh nti sy qui oor opr	te to the steel to	oo booing encous ema	reference.	sessed best the essituding the control of the contr	sed ack ne st men ly.	by on tude atio	the ents so	tinuir to on Studing	their dents
	<ul> <li>Clinical placement (35Hrs per week for 6 weeks)</li> <li>Other student study effort:</li> </ul>													(30 Hrs.)					
	Self-direct	ted lea	rni	ng														30 I	Hrs.
	Total student	study	eff	or	t												2	40 I	Irs.
Reading List and References	<ul> <li>Total student study effort</li> <li>Students are required to integrate knowledge obtained from all previous subjects.</li> <li>For specific information, policies and procedures for clinical education, please refer to the following documents:</li> <li>Department of Rehabilitation Sciences (current year). B.Sc.(Honours) Physiotherapy Programme Clinical Education Handbook. The Hong Kong Polytechnic University.</li> <li>Clinical Education Information on Blackboard</li> </ul>																		

Subject Code	RS4720
Subject Title	CLINICAL EDUCATION III-2
Credit Value	6
Level	4, Year 3-Semester 2
Pre-requisites	RS3750 Clinical Education II-1 RS3800 Clinical Education II-2
Objectives	The focus of clinical education is on the student-therapist's integration of content knowledge and application of skills in different Physiotherapy practice settings and for a variety of patients/clients. Given the complexity of the health care environment, clinical educators facilitate the student's progression in skill acquisition and professional behaviour.
Intended Learning Outcomes	Upon completion of the subject, under guidance as necessary and given a client with musculoskseletal, cardiopulmonary or neurological dysfunctions, students will be able to:
	Professional/academic knowledge and skills  a. Demonstrate the ability to extract, interpret relevant data from the client's medical/nursing notes  b. obtain pertinent history, identifying problems through subjective and objective examination  c. select and perform appropriate assessment procedures for clients with disorders of neurological, cardiopulmonary and musculoskeletal systems  d. set objectives and suggesting appropriate treatment programmes for these clients  e. justify the rationale of treatment and the short- and long-term management programmes  f. demonstrate the ability to plan for discharge and formulate a home programme for clients  g. perform and modify as appropriate selected treatment techniques safely  h. effectively communicate and teach skills to clients, their relatives, and/or personal care worker  i. evaluate the effectiveness of treatment, devise and implement appropriate progression with assistance  j. exhibit a professional and caring approach towards clients, relatives and health care colleagues  k. record and communicate relevant findings, treatment programmes as appropriate  l. practise effective written, oral and non-verbal interpersonal communication skills  m. reflect on personal performance in the decision-making process and in the application of technical procedures through self-, peer- and

instructor- assessment

n. participate in general patient management, safety and organization of the unit

### Attributes for all-roundedness

- o. search for relevant reference materials to enhance learning
- p. continue to seek knowledge by referring to reference materials in related topics
- q. work with group mates and other members in the team in the learning activities
- r. present both written and verbal reports

### Subject Synopsis/ Indicative Syllabus

- 1. Patient/ client care/ management with focus on musculoskseletal, cardiopulmonary or neurological dysfunctions
- 2. History analysis (current condition, medical/social/family history) by performing system reviews
- 3. Use of relevant clinical tests and outcome measures
- 4. Identification of intervention strategies for patient/client care/management with measureable goals and outcomes
- 5. Determination of client/patient prognosis
- 6. Formulation of plan of care underpinned by clinical reasoning
- 7. Understanding clients' barriers and functional needs with appropriate accommodations or modification
- 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care
- 9. Best evidence-based physiotherapy treatments for musculoskeletal conditions
- 10. Adjustment and monitoring to the plan of care
- 11. Evaluation of the effectiveness of treatment and recording of outcomes
- 12. Plan for admission, discharge and follow-up care
- 13. Clear and accurate documentation
- 14. Provision of referral to other healthcare professionals when appropriate
- 15. Clinical judgment and reflection

## Teaching/ Learning Methodology

Clinical placement provides the opportunity for students to experience placements in a range of different facilities, including public, community and private organizations. Students will learn to assess, evaluate and treat clients under the supervision of Clinical Educator (CE) on a daily basis. Students will have case discussion with CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice.

**Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge by referring to reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

Assessment																					
Methods in	Specific	%	It	itei	nde	ed s	sub	jec	et le	eari	nin	go	uto	con	nes	to	be				
Alignment with	assessment	ssessment wei assessed																			
Intended	methods/	ghti	ล	b	c	d	e	f	g	h	i	j	k	1	m	n	o	р	q	r	
Learning	tasks	ng	a	U	·	u	C	1	5	11	1	J	V	1	111	11	U	Р	Ч	1	
Outcomes	Clinical	100																			
	placement																				
	(continuous			·		,		·	,	·		,	,	·		·	·	,	·	, i	
	assessment)																				
	Self-	-	,	ı	1	ı	ı	,			1	1	1	1	ı	1	1	1	ı	,	
	directed		7														7	7	7	7	
	learning	100																			
	Total	100 %																			
		70																			
	Clinical placement: The nature of physiotherapy practice requires a range of compleskills which is more appropriate to be assessed by continuous assessment. Studer are provided with on-going feedback on their performance during clinical placeme which enables the students to monitor their own learning process. Continuo assessment also encourages students to have regular and systematic study.  Self-directed learning: Students are required to reflect critically on their clinic experiences through written report or case presentation. Students are also required engage in appropriate self-directed learning that allows them to keep abreast current knowledge.								lents ment uous nical												
Student Study	Class contact	·•															(2.	10	Hr	s.)	
Effort Expected	<ul> <li>Clinical j</li> </ul>	olacem	ement (35Hrs per week for 6 weeks)											210 Hrs.							
	Other studen	udent study effort:										(30 Hrs.)									
	<ul> <li>Self-direction</li> </ul>	cted le	eted learning										30 Hrs.								
	Total studen	t stud	y e	ffo	rt											240 Hrs.					
Reading List and References	Total student study effort  Students are required to integrate knowledge obtained from all previous subjects. For specific information, policies and procedures for clinical education, please refer to the following documents:  Department of Rehabilitation Sciences (current year).  B.Sc. (Honours) Physiotherapy Programme Clinical Education Handbook. The Hong Kong Polytechnic University.  Clinical Education Information on Blackboard																				

Subject Code	RS4780
Subject Title	CLINICAL EDUCATION III-3
Credit Value	4
Level	4, Year 3-Semester 1/2
Pre-requisite	RS3800 Clinical Education II-2
Objectives	The focus of clinical education is on the student-therapist's integration of content knowledge and application of skills in different Physiotherapy practice settings and for a variety of patients/clients. Given the complexity of the health care environment, clinical educators facilitate the student's progression in skill acquisition and professional behaviour. This particular CE subject is designed to broaden the students' understanding of the contemporary practice of Physiotherapy not only in the traditional hospital-based setting, but also in community-based settings that may be directed to health promotion and health enhancement. Overseas placements in different institutions are also provided for some students in this subject, and this may include sport centres, paediatric, geriatric as well as hospital settings.
Intended Learning Outcomes	<ol> <li>Upon completion of the subject, under guidance and given a client with musculoskseletal, cardiopulmonary or neurological dysfunctions across different stages of the lifespan, in local or overseas setting, students will be able to:         <ol> <li>Demonstrate a basic level of knowledge about the client</li> <li>Demonstrate the ability to extract and interpret relevant data from the resources available at the particular centres</li> <li>Carry out appropriate assessment procedures for clients</li> <li>Identify problems through assessment</li> <li>Set objectives and suggesting appropriate treatment programmes for these clients</li> <li>Discuss the rationale of treatment and the short- and long-term management programmes</li> <li>Perform and modifying as appropriate selected treatment techniques safely and correctly</li> </ol> </li> <li>Communicate and teaching skills effectively and appropriately to the age level of the clients and/or to their relatives</li> <li>Evaluate the effectiveness of the treatment, devising and implementing appropriate progression with assistance</li> <li>Exhibit a professional and caring approach towards clients, relatives and health care workers</li> <li>Record and communicate relevant findings, treatment programmes as appropriate</li> <li>Practise effective written, oral, and non-verbal interpersonal communication</li> <li>Reflect on personal performance in the decision-making process</li> </ol>

	and in the application of technical procedures through self-, peer- and instructor-assessment.
	peer- and instructor-assessment.
Subject Synopsis/	1. Patient/ client care/ management across lifespan
Indicative Syllabus	(paediatrics/geriatrics)
	2. History analysis (current condition, medical/social/family
	history) by performing system reviews
	3. Use of relevant clinical tests and outcome measures
	4. Identification of intervention strategies for patient/client
	care/management with measureable goals and outcomes
	5. Determination of client/patient prognosis
	6. Formulation of plan of care underpinned by clinical reasoning
	7. Understanding clients' barriers and functional needs with
	appropriate accommodations or modification
	8. Effective communication and collaboration with clients, family
	members, health care professionals and other individuals to
	determine a plan of care
	9. Best evidence-based physiotherapy treatments
	<ul><li>10. Adjustment and monitoring to the plan of care</li><li>11. Evaluation of the effectiveness of treatment and recording of</li></ul>
	outcomes
	12. Plan for admission, discharge and follow-up care
	13. Clear and accurate documentation
	14. Provision of referral to other healthcare professionals when
	appropriate
	15. Clinical judgment and reflection
	16. Interdisciplinary teamwork
	17. Integration of cultural competence, professional integrity and
	ethical behaviors into physiotherapy practice with guidance
	18. Practise in multiple settings and community based rehabilitation
	19. Development of community based rehabilitation, health
	promotion and education, function training programmes and/or
	instrumental activities of daily living training in community,
	school and work
	20. Facilitate injury prevention or reduction (injury prevention
	education and safety awareness) and independent living (ADL
	training, home management and self-care)
	21. Promote on fitness, wellness and mental health to improve
	quality of life for clients/patients
Teaching/Learning	Clinical placement provides the opportunity for students to
Methodology	experience placements in a range of different facilities, including
	public, community and private organizations. Students will learn to
	assess, evaluate and treat clients under the supervision of Clinical
	Educator (CE) on a daily basis. Students will have case discussion
	with CE during tutorials in order to enhance the integration of
	foundation knowledge acquired at the University into physiotherapy
	practice.

	<b>Self-directed learning</b> encourages students to identify their learning objectives and continue to seek current knowledge by referring to reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.														
Assessment Methods in	Specific % Intended subject learning or assessment weight assessed						utco	comes to be							
Alignment with Intended Learning	methods/ tasks	ing	a	b	С	d	e	f	g	h	i	j	k	1	m
Outcomes	Clinical placement (continuous assessment)	100	√	1	$\checkmark$	<b>√</b>	<b>√</b>	<b>√</b>	1	<b>√</b>	<b>√</b>	√	1	1	<b>V</b>
	Self- directed learning	-										<b>√</b>	1	1	<b>√</b>
	Total	100 %													
Student Study Effort Expected	Class contact:												(14	10 H	rs.)
Enort Expected	<ul><li>Clinical pl</li></ul>	lacement	at (35Hrs per week for 4 weeks)								s)	140 Hrs.			
	Other student	student study effort:										(20Hrs.)			
	■ Self-directed learning 20									20 I	Hrs.				
1	Total student study effort <u>160 Hr</u>														
Reading List and															

## Clinical Performance Assessment Clinical Education I (RS2710)

Three-week clinical placement from	to	
Clinical Education Unit:		
	Leave of absence:	days
Mr./Ms	Student no.	
(Name of student)	Class no.	

The following performance criteria  $(\emptyset, \emptyset)$  are considered basic elements of clinical practice. Unsatisfactory performance in either one of these areas may result in a RETAKE clinical placement and/or DISMISSAL from the programme. When concerns in these aspects are raised and the student is at risk of failing the placement, immediate attention and a telephone call to Academic Clinical Coordinator of The Hong Kong Polytechnic University are required.

## Practices in a safe manner that minimises risk to clients, self, and others.

To be SATISFACTORY, the student should:

- 1. Demonstrate a clear understanding of all safety requirements.
- 2. Not have to be constantly reminded of safety issues.

#### Examples of unsafe behaviour

- Not verifying contraindications prior to applying physiotherapy techniques that may put the client at risk.
- Not taking adequate precautions or improper handling of a client that may cause a potential or actual hazard to the client.

### *Adheres to ethical and/or legal practice standards. Adheres to ethical and/or legal practice standards.*

To be SATISFACTORY, the student should adhere to the professional code of ethics, as well as to institutional policies and procedures.

#### Examples of misconduct

- Breech of client confidentiality.
- False documentation or false report.

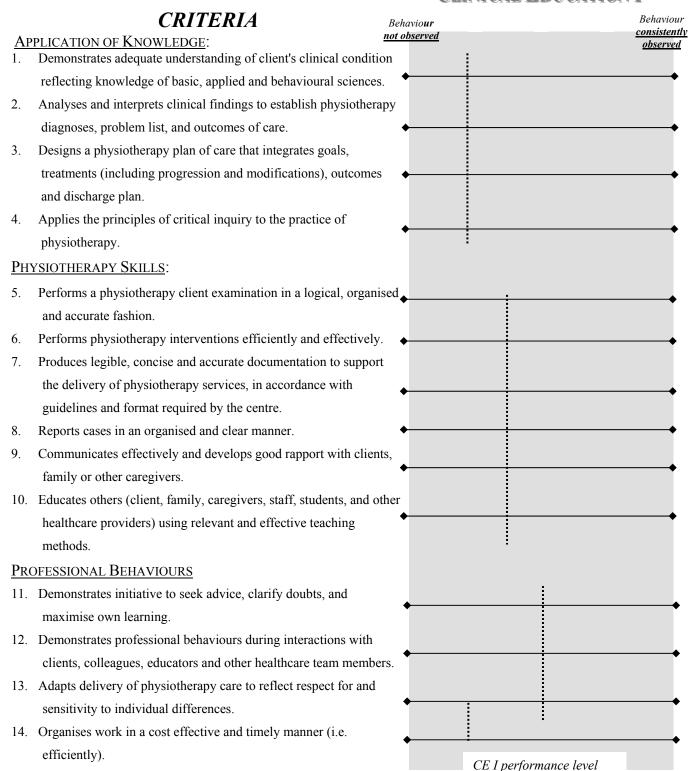
Student no	

#### UNDER FULL GUIDANCE, THIS STUDENT:

YES	NO

- Practices in a safe manner that minimises risk to clients, self, and others.
- Adheres to ethical and/or legal practice standards.

### CLINICAL EDUCATION I



\* The dotted vertical line indicates the level of 'SATISFACTORY' performance at the final feedback.

M: Mid-term F: Final NA: Not Applicable or Not Assessed

Student no.	
Student no.	

## Mid-term Evaluation

Areas of strength:		
Areas needing improvement:		
Recommendations:		
(0) 1.171	450	
(Clinical Educator's name)	(Signature)	
"This mid-term report has been discuss	ssad with ma "	
This min-term report has been discuss	sseu wiii me.	
Student's name and signature:	Date:	
Student's name and signature.	Date.	

## Final Evaluation

Recommendations / Comments		
Final grade awarded for this placement is:		
(Clinical Educator's name)	(Signature)	
"This final report has been discussed with me."	(Date)	
(Student's name and class number)	(Signature)	
(Student's Hame and Class Hamber)	(Digitato)	

**Descriptors of various grades** 

	<b>C</b> '	Descriptors of various grades
Grading	Competency Level	Clinical Placement Performance
<b>A</b> +	Exceptionally Outstanding	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and he/she performs INDEPENDENTLY WITH CONSULTATION (minimal monitoring) even for COMPLEX* tasks/environment.
A	Outstanding	The student has met the EXPECTED level of clinical performance <u>consistently</u> in the assessed areas, and monitoring is <i>infrequently</i> required for COMPLEX tasks/environment.
B+	Very Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is occasionally required for complex tasks/environment.
В	Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is required for COMPLEX tasks/environment.
C+	Wholly Satisfactory	The student has met the EXPECTED level of clinical performance in the assessed areas, though <i>intensive</i> monitoring is required for COMPLEX tasks/environment.
С	Satisfactory	Under the stated level of guidance for this clinical placement, the student has met the EXPECTED level of clinical performance in the assessed areas, though <i>intensive</i> monitoring is consistently required for COMPLEX tasks/environment.
F	Failed	The student has failed to practice in a <u>safe</u> manner that minimizes risk to clients, self, and others.  or  The student has failed to adhere to <u>ethical</u> and/or <u>legal</u> practice standards.  or  Under the stated level of guidance for this clinical placement, the student has not met the accepted level of clinical performance in the assessed areas, despite <u>intensive monitoring has been routinely provided.</u> or  The student has been <u>absent for more than 20%</u> of the placement without legitimate reasons.

<sup>\* &</sup>quot;Complex tasks" are defined according to the stage of learning of the student, e.g. complex tasks for students in CE1 would be at a lower level compared to those in CEII-1&2, which are lower than those in CEIII-1,2.

Visiting	Laaturar
VISILINO	ı <i>e</i> cilirer

, <b>8</b> —	<del>-</del>						
The Visiting Lo	ecturer represented th	e Hong Kong	g Polytechn	ic Univers	sity during	this clini	ical
placement was		who v	isited this	Clinical	Education	Centre	on
	(date). Specific learni	ng issues, if an	ny, which w	ere discus	sed with the	e student,	are
noted below							
			(Signatu	re of Univ	ersity repre	sentative)	

# **Clinical Performance Assessment Clinical Education II-1 (RS3750)**

Five-week clinical placement from to		
Clinical Education Unit:		
	Leave of absence:	days
Mr./Ms_	Student no	
(Name of student)	Class no.	

The following performance criteria  $(\emptyset, \emptyset)$  are considered basic elements of clinical practice. Unsatisfactory performance in either one of these areas may result in a RETAKE clinical placement and/or DISMISSAL from the programme. When concerns in these aspects are raised and the student is at risk of failing the placement, immediate attention and a telephone call to Academic Clinical Coordinator of The Hong Kong Polytechnic University are required.

## Practices in a safe manner that minimises risk to patients, self, and others.

To be SATISFACTORY, the student should:

- 1. Demonstrate a clear understanding of all safety requirements.
- 2. Not have to be constantly reminded of safety issues.

#### Examples of unsafe behaviour

- Not verifying contraindications prior to applying physiotherapy techniques that may put the patient at risk.
- Not taking adequate precautions or improper handling of a patient that may cause a potential or actual hazard to the patient.

## Adheres to ethical and/or legal practice standards.

To be SATISFACTORY, the student should adhere to the professional code of ethics, as well as to institutional policies and procedures.

#### Examples of misconduct

- Breech of patient confidentiality.
- False documentation or false report.

Student no.		

### UNDER FULL GUIDANCE, THIS STUDENT:

YES	NO

consistently

observed

- Practices in a safe manner that minimises risk to patients, self, and others.
- Adheres to ethical and/or legal practice standards.

#### **CRITERIA**

## CLINICAL EDUCATION II-

not observed

#### APPLICATION OF KNOWLEDGE

 Demonstrates adequate understanding of patient's clinical condition reflecting knowledge of basic, applied and behavioural sciences.

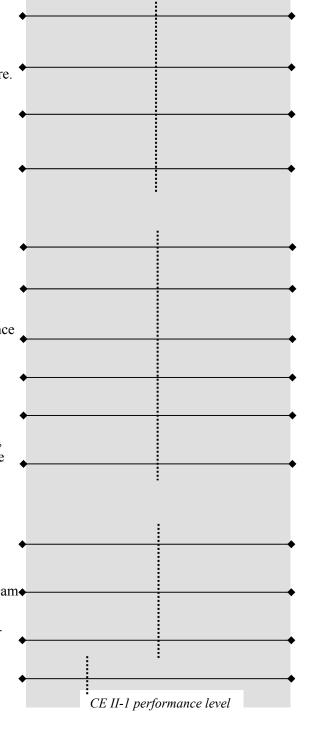
- 2. Analyses and interpreting clinical findings to establish physiotherapy diagnoses, problem list, and outcomes of care.
- 3. Designs a physiotherapy plan of care that integrates goals, treatments (including progression and modifications), outcomes and discharge plan.
- 4. Applies the principles of critical inquiry to the practice of physiotherapy.

#### PHYSIOTHERAPY SKILLS

- 5. Performs a physiotherapy patient examination in a logical, organised and accurate fashion.
- 6. Performs physiotherapy interventions efficiently and effectively.
- 7. Produces legible, concise and accurate documentation to support the delivery of physiotherapy services, in accordance with guidelines and format required by the centre.
- 8. Reports cases in an organised and clear manner.
- 9. Communicates effectively and develop good rapport with patients, family or other caregivers.
- 10. Educates others (patient, family, caregivers, staff, students, and other healthcare providers) using relevant and effective teaching methods.

#### PROFESSIONAL BEHAVIOURS

- 11. Demonstrates initiative to seek advice, clarify doubts, and maximise own learning.
- Demonstrates professional behaviours during interactions with patients, colleagues, educators and other healthcare team
   members.
- 13. Adapts delivery of physiotherapy care to reflect respect for and sensitivity to individual differences.
- 14. Organises work in a cost effective and timely manner (i.e. efficiently).



The dotted vertical line indicates the level of 'SATISFACTORY' performance at final feedback.

M: Mid-term

F: Final

NA: Not Applicable or Not Assessed

## Mid-term Evaluation

Areas of strength:	
Annua and Park Summan and	
Areas needing improvement:	
Recommendations:	
(Clinical Educator's name)	(Signature)
"This mid-term report has been discussed with me."	
Student's name and signature:	Date:

~ .		
Student no.		

## Final Evaluation

Recommendations / Comments		
Final grade awarded for this placement is:		
(Clinical Educator's name)	(Signature)	
"This final report has been discussed with me."		(Date)
(Student's name and class number)	(Signature)	

## Descriptors of various grades

Grading	Competency Level	Clinical Placement Performance		
<b>A</b> +	Exceptionally Outstanding	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and he/she performs INDEPENDENTLY WITH CONSULTATION (minimal monitoring) even for COMPLEX* tasks/environment.		
A	Outstanding	The student has met the EXPECTED level of clinical performance <u>consistently</u> in the assessed areas, and monitoring is <i>infrequently</i> required for COMPLEX tasks/environment.		
B+	Very Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is occasionally required for complex tasks/environment.		
В	Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is required for COMPLEX tasks/environment.		
<b>C</b> +	Wholly Satisfactory	The student has met the EXPECTED level of clinical performance in the assessed areas, though <u>intensive</u> monitoring is required for COMPLEX tasks/environment.		
C	Satisfactory	Under the stated level of guidance for this clinical placement, the student has met the EXPECTED level of clinical performance in the assessed areas, though <u>intensive</u> monitoring is consistently required for COMPLEX tasks/environment.		
F	Failed	The student has failed to practice in a <u>safe</u> manner that minimizes risk to clients, self, and others.  Or  The student has failed to adhere to <u>ethical</u> and/or <u>legal</u> practice standards.  Or  Under the stated level of guidance for this clinical placement, the student has not met the accepted level of clinical performance in the assessed areas, despite <u>intensive monitoring has been routinely provided.</u> Or  The student has been <u>absent for more than 20%</u> of the placement without legitimate reasons.		

<sup>\* &</sup>quot;Complex tasks" are defined according to the stage of learning of the student, e.g. complex tasks for students in CE1 would be at a lower level compared to those in CEII-1&2, which are lower than those in CEIII-1,2.

Visiting	T	00	4.,	140	•
VISIUIIY	1.	Æ	ιu	116	

Visiting Lectures							
The Visiting Lectur	er represented the	Hong Kon	g Polytechn	ic Univers	ity during	this clin	ical
placement was		who v	risited this	Clinical	Education	Centre	on
(date)	). Specific learning is:	sues, if any	, which were	discussed v	with the stud	dent, are	
noted below:							
			(Signatu	re of Unive	ersity repres	entative)	

# **Clinical Performance Assessment Clinical Education II-2 (RS3800)**

Five-week clinical placement from to	
Clinical Education Unit:	
	Leave of absence:day
Mr./Ms	Student no
(Name of student)	Class no.

The following performance criteria  $(\emptyset, \emptyset)$  are considered basic elements of clinical practice. Unsatisfactory performance in either one of these areas may result in a RETAKE clinical placement and/or DISMISSAL from the programme. When concerns in these aspects are raised and the student is at risk of failing the placement, immediate attention and a telephone call to Academic Clinical Coordinator of The Hong Kong Polytechnic University are required.

## Practices in a safe manner that minimises risk to patients, self, and others.

To be SATISFACTORY, the student should:

- 1. Demonstrate a clear understanding of all safety requirements.
- 2. Not have to be constantly reminded of safety issues.

#### Examples of unsafe behaviour

- Not verifying contraindications prior to applying physiotherapy techniques that may put the patient at risk.
- Not taking adequate precautions or improper handling of a patient that may cause a potential or actual hazard to the patient.

## Adheres to ethical and/or legal practice standards.

To be SATISFACTORY, the student should adhere to the professional code of ethics, as well as to institutional policies and procedures.

#### Examples of misconduct

- Breech of patient confidentiality.
- False documentation or false report.

Student no		
Silideni no		

UNDER	GUIDANCE.	THIS STUDENT:
UNDER	OUIDANCE,	

YES	NO

consistently

observed

- Practices in a safe manner that minimises risk to patients, self, and others.
- Adheres to ethical and/or legal practice standards.

#### **CRITERIA**

## CLINICAL EDUCATION II-2 Behaviour

not observed

### APPLICATION OF KNOWLEDGE

 Demonstrates adequate understanding of patient's clinical condition reflecting knowledge of basic, applied and behavioural sciences.

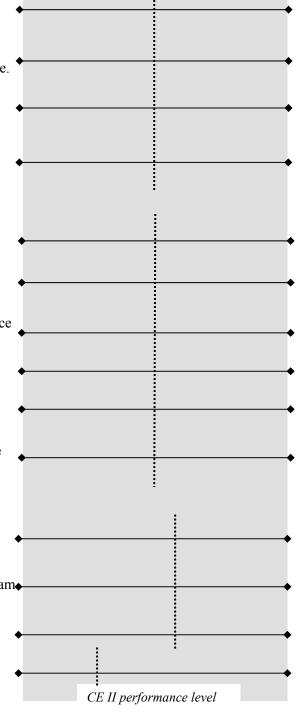
- 2. Analyses and interpreting clinical findings to establish physiotherapy diagnoses, problem list, and outcomes of care.
- 3. Designs a physiotherapy plan of care that integrates goals, treatments (including progression and modifications), outcomes and discharge plan.
- 4. Applies the principles of critical inquiry to the practice of physiotherapy.

#### PHYSIOTHERAPY SKILLS

- 5. Performs a physiotherapy patient examination in a logical, organised and accurate fashion.
- 6. Performs physiotherapy interventions efficiently and effectively.
- 7. Produces legible, concise and accurate documentation to support the delivery of physiotherapy services, in accordance with guidelines and format required by the centre.
- 8. Reports cases in an organised and clear manner.
- 9. Communicates effectively and develop good rapport with patients, family or other caregivers.
- 10. Educates others (patient, family, caregivers, staff, students, and other healthcare providers) using relevant and effective teaching methods.

#### PROFESSIONAL BEHAVIOURS

- 11. Demonstrates initiative to seek advice, clarify doubts, and maximise own learning.
- Demonstrates professional behaviours during interactions with patients, colleagues, educators and other healthcare team
  members.
- 13. Adapts delivery of physiotherapy care to reflect respect for and sensitivity to individual differences.
- 14. Organises work in a cost effective and timely manner (i.e. efficiently).



The dotted vertical line indicates the level of 'SATISFACTORY' performance at final feedback.

M: Mid-term

F: Final

NA: Not Applicable or Not Assessed

Student no		

## Mid-term Evaluation

1,1th term Lymbutton	
Areas of strength:	
Areas needing improvement:	
Recommendations:	
(Clinical Educatoria nama)	(Cionatora)
(Clinical Educator's name)	(Signature)
"This mid-term report has been discussed with me."	
Student's name and signature:	Date:

## Final Evaluation

Recommendations / Comments		
Final grade awarded for this placement is:		
(Clinical Educator's name)	(Signature)	
"This final report has been discussed with me."		(Date)
(Studently name and along number)	(Signatura)	
(Student's name and class number)	(Signature)	

## **Descriptors of various grades**

Grading	Competency Level	Clinical Placement Performance
<b>A</b> +	Exceptionally Outstanding	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and he/she performs INDEPENDENTLY WITH CONSULTATION (minimal monitoring) even for COMPLEX* tasks/environment.
A	Outstanding	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is <i>infrequently</i> required for COMPLEX tasks/environment.
B+	Very Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is occasionally required for complex tasks/environment.
В	Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is required for COMPLEX tasks/environment.
<b>C</b> +	Wholly Satisfactory	The student has met the EXPECTED level of clinical performance in the assessed areas, though <u>intensive</u> monitoring is required for COMPLEX tasks/environment.
С	Satisfactory	Under the stated level of guidance for this clinical placement, the student has met the EXPECTED level of clinical performance in the assessed areas, though <u>intensive</u> monitoring is consistently required for COMPLEX tasks/environment.
F	Failed	The student has failed to practice in a <u>safe</u> manner that minimizes risk to clients, self, and others.  or  The student has failed to adhere to <u>ethical</u> and/or <u>legal</u> practice standards.  or  Under the stated level of guidance for this clinical placement, the student has not met the accepted level of clinical performance in the assessed areas, despite <u>intensive monitoring</u> has been routinely provided.  or  The student has been <u>absent for more than 20%</u> of the placement without legitimate reasons.

<sup>\* &</sup>quot;Complex tasks" are defined according to the stage of learning of the student, e.g. complex tasks for students in CE1 would be at a lower level compared to those in CEII-1&2, which are lower than those in CEIII-1,2.

## **Visiting Lecturer**

The Visiting Lecturer represented the Hong Kong Polytechnic University	ity during this clinical
placement was who visited this Clinical	Education Centre on
(date). Specific learning issues, if any, which were discussed v	vith the student, are
noted below	
(Signature of University)	ersity representative)

## Clinical Performance Assessment Clinical Education III-1, 2 (RS4700, RS4720)

Six-week clinical placement from	to	
Clinical Education Unit:		
	Leave of absence:	days
Mr./Ms_	Student no.	
(Name of student)	Class no	

The following performance criteria  $(\emptyset, \emptyset)$  are considered basic elements of clinical practice. Unsatisfactory performance in either one of these areas may result in a RETAKE clinical placement and/or DISMISSAL from the programme. When concerns in these aspects are raised and the student is at risk of failing the placement, immediate attention and a telephone call to Academic Clinical Coordinator of The Hong Kong Polytechnic University are required.

## Practices in a safe manner that minimises risk to patients, self, and others.

To be SATISFACTORY, the student should:

- 1. Demonstrate a clear understanding of all safety requirements.
- 2. Not have to be constantly reminded of safety issues.

#### Examples of unsafe behaviour

- Not verifying contraindications prior to applying physiotherapy techniques that may put the patient at risk.
- Not taking adequate precautions or improper handling of a patient that may cause a potential or actual hazard to the patient.

## 8 Adheres to ethical and/or legal practice standards.

To be SATISFACTORY, the student should adhere to the professional code of ethics, as well as to institutional policies and procedures.

#### Examples of misconduct

- Breech of patient confidentiality.
- False documentation or false report.

Student no.	

## UNDER GUIDANCE AS NECESSARY, THIS STUDENT:

YES	NO

<u>consistently</u>

observed

- Practices in a safe manner that minimises risk to patients, self, and others.
- Adheres to ethical and/or legal practice standards.

#### **CRITERIA**

### CLINICAL EDUCATION III-1&2

Behavio**ur** 

not observed

# Demonstrates adequate understanding of patient's clinical condition reflecting knowledge of basic, applied and

- condition reflecting knowledge of basic, applied and behavioural sciences.
- 2. Analyses and interpreting clinical findings to establish physiotherapy diagnoses, problem list, and outcomes of care.
- 3. Designs a physiotherapy plan of care that integrates goals, treatments (including progression and modifications), outcomes and discharge plan.
- 4. Applies the principles of critical inquiry to the practice of physiotherapy.

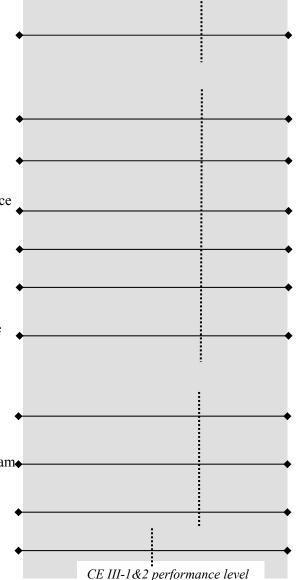
#### PHYSIOTHERAPY SKILLS

APPLICATION OF KNOWLEDGE

- 5. Performs a physiotherapy patient examination in a logical, organised and accurate fashion.
- 6. Performs physiotherapy interventions efficiently and effectively.
- 7. Produces legible, concise and accurate documentation to support the delivery of physiotherapy services, in accordance with guidelines and format required by the centre.
- 8. Reports cases in an organised and clear manner.
- 9. Communicates effectively and develop good rapport with patients, family or other caregivers.
- 10. Educates others (patient, family, caregivers, staff, students, and other healthcare providers) using relevant and effective teaching methods.

#### PROFESSIONAL BEHAVIOURS

- 11. Demonstrates initiative to seek advice, clarify doubts, and maximise own learning.
- Demonstrates professional behaviours during interactions with patients, colleagues, educators and other healthcare teamenmembers.
- 13. Adapts delivery of physiotherapy care to reflect respect for and sensitivity to individual differences.
- 14. Organises work in a cost effective and timely manner (i.e. efficiently).



The dotted vertical line indicates the level of 'SATISFACTORY' performance at final feedback.

Student no.

Areas of strength:		
Areas needing improvement:		
Recommendations:		
Accommendations.		
(Clinical Educator's name)	(Ciamatura)	-
(Clinical Educator's name)	(Signature)	
"This mid-term report has been discussed with me."		
Student's name and signature:	Date <sup>.</sup>	

Student	nο		
Student	110.		

## Final Evaluation

Recommendations / Comments		
Final grade awarded for this placement is:		
	(0:	
(Clinical Educator's name)	(Signature)	
'This final report has been discussed with me."		(Date)
(Student's name and class number)	(Signature)	

## Descriptors of various grades

Grading	Competency Level	Clinical Placement Performance
<b>A</b> +	Exceptionally Outstanding	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and he/she performs INDEPENDENTLY WITH CONSULTATION (minimal monitoring) even for COMPLEX* tasks/environment.
A	Outstanding	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is <i>infrequently</i> required for COMPLEX tasks/environment.
B+	Very Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is occasionally required for complex tasks/environment.
В	Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is required for COMPLEX tasks/environment.
<b>C</b> +	Wholly Satisfactory	The student has met the EXPECTED level of clinical performance in the assessed areas, though <u>intensive</u> monitoring is required for COMPLEX tasks/environment.
С	Satisfactory	Under the stated level of guidance for this clinical placement, the student has met the EXPECTED level of clinical performance in the assessed areas, though <i>intensive</i> monitoring is consistently required for COMPLEX tasks/environment.
F	Failed	The student has failed to practice in a safe manner that minimizes risk to clients, self, and others.  or  The student has failed to adhere to ethical and/or legal practice standards.  or  Under the stated level of guidance for this clinical placement, the student has not met the accepted level of clinical performance in the assessed areas, despite intensive monitoring has been routinely provided.  or  The student has been absent for more than 20% of the placement without legitimate reasons.

<sup>\* &</sup>quot;Complex tasks" are defined according to the stage of learning of the student, e.g. complex tasks for students in CE1 would be at a lower level compared to those in CEII-1&2, which are lower than those in CEIII-1,2.

T 70 0 . 0	<b>-</b> .
Viciting	Lecturer

	Kong Polytechnic University during this clinical Clinical Education Centre on (date).
Specific learning issues, if any, which were discu	
	(Signature of University representative)

## Clinical Performance Assessment Clinical Education III-3 (RS4780)

Four-week clinical placement from	to	
Clinical Education Unit:		
	Leave of absence:	days
Mr./Ms_	Student no.	
(Name of student)	Class no	

The following performance criteria  $(\emptyset, \emptyset)$  are considered basic elements of clinical practice. Unsatisfactory performance in either one of these areas may result in a RETAKE clinical placement and/or DISMISSAL from the programme. When concerns in these aspects are raised and the student is at risk of failing the placement, immediate attention and a telephone call to Academic Clinical Coordinator of The Hong Kong Polytechnic University are required.

## Practices in a safe manner that minimises risk to clients, self, and others.

To be SATISFACTORY, the student should:

- 1. Demonstrate a clear understanding of all safety requirements.
- 2. Not have to be constantly reminded of safety issues.

#### Examples of unsafe behaviour

- Not verifying contraindications prior to applying physiotherapy techniques that may put the client at risk.
- Not taking adequate precautions or improper handling of a client that may cause a potential or actual hazard to the client.

## Adheres to ethical and/or legal practice standards.

To be SATISFACTORY, the student should adhere to the professional code of ethics, as well as to institutional policies and procedures.

#### Examples of misconduct

- Breech of client confidentiality.
- False documentation or false report.

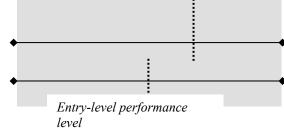
UNDER	<b>GUIDANCE</b>	THIS	STUDENT:
UNDER	UUIDANGE		DIODENI.

YES	NO

- Practices in a safe manner that minimises risk to clients, self, and others.
- Adheres to ethical and/or legal practice standards.

#### CLINICAL EDUCATION III CRITERIA Behaviour Behavio**ur** APPLICATION OF KNOWLEDGE consistently not observed observed Demonstrates adequate understanding of client's clinical condition reflecting knowledge of basic, applied and behavioural sciences. 2 Analyses and interprets clinical findings to establish physiotherapy diagnoses, problem list, and treatment goals Designs a physiotherapy plan of care that integrates goals, outcomes and long term plan. Applies the principles of critical inquiry to the practice of physiotherapy. PHYSIOTHERAPY SKILLS Performs a physiotherapy client examination in a logical, organised and accurate fashion. 6. Performs physiotherapy interventions efficiently and effectively. 7. Produces legible, concise and accurate documentation to support the delivery of physiotherapy services, in accordance with guidelines and format required by the centre. 8. Reports cases in an organised and clear manner. 9. Communicates effectively and develop good rapport with clients, family or other caregivers. 10. Educates others (client, family, caregivers, staff, students, and other healthcare providers) using relevant and effective teaching methods. PROFESSIONAL BEHAVIOURS

- 11. Demonstrates initiative to seek advice, clarify doubts, and maximise own learning.
- 12. Demonstrates professional behaviours during interactions with clients, colleagues, educators and other healthcare team members.
- 13. Adapts delivery of physiotherapy care to reflect respect for and sensitivity to individual differences.
- 14. Organises work in a cost effective and timely manner (i.e. efficiently).



\* The dotted vertical line indicates the level of 'SATISFACTORY' performance at final feedback.

M: Mid-term

F: Final

NA: Not Applicable or Not Assessed

Student no.	
Student no.	

## Mid-term Evaluation

Areas of strength:		
Areas needing improvement:		
Recommendations:		
(Clinical Educator's name)	(Signature)	
"This mid-term report has been discussed with me."		
Student's name and signature:	Date	
Student's name and signature:	Date:	

## Final Evaluation

Recommendations / Comments		
Final grade awarded for this placement is:		
(Clinical Educator's name)	(Signature)	
"This final report has been discussed with me."		(Date)
(Student's name and along number)	(Signatura)	
(Student's name and class number)	(Signature)	

## **Descriptors of various grades**

Grading	Competency Level	Clinical Placement Performance
<b>A</b> +	Exceptionally Outstanding	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and he/she performs INDEPENDENTLY WITH CONSULTATION (minimal monitoring) even for COMPLEX* tasks/environment.
A	Outstanding	The student has met the EXPECTED level of clinical performance <u>consistently</u> in the assessed areas, and monitoring is <i>infrequently</i> required for COMPLEX tasks/environment.
B+	Very Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is <i>occasionally</i> required for complex tasks/environment.
В	Good	The student has met the EXPECTED level of clinical performance consistently in the assessed areas, and monitoring is required for COMPLEX tasks/environment.
<b>C</b> +	Wholly Satisfactory	The student has met the EXPECTED level of clinical performance in the assessed areas, though <u>intensive</u> monitoring is required for COMPLEX tasks/environment.
C	Satisfactory	Under the stated level of guidance for this clinical placement, the student has met the EXPECTED level of clinical performance in the assessed areas, though <i>intensive</i> monitoring is consistently required for COMPLEX tasks/environment.
F	Failed	The student has failed to practice in a <u>safe</u> manner that minimizes risk to clients, self, and others.  Or  The student has failed to adhere to <u>ethical</u> and/or <u>legal</u> practice standards.  Or  Under the stated level of guidance for this clinical placement, the student has not met the accepted level of clinical performance in the assessed areas, despite <u>intensive monitoring has been routinely provided.</u> Or  The student has been <u>absent for more than 20%</u> of the placement without legitimate reasons.

<sup>\* &</sup>quot;Complex tasks" are defined according to the stage of learning of the student, e.g. complex tasks for students in CE1 would be at a lower level compared to those in CEII-1&2, which are lower than those in CEIII-1,2.

Visiting 1	I AATIIWAW
VISITIV	
VIDICILLE .	LCCCUI CI

visiting Lecture	r						
The Visiting Le	cturer represented th	he Hong Ko	ng Polyt	echnic U	niversity dur	ring this clir	nical
placement was		who	visited	this Clin	nical Educa	tion Centre	on
	(date). Specific lea	rning issues,	, if any, v	which wer	e discussed	with the stud	lent,
are noted below		_					
			_				

### Definitions of terms From Physical Therapy Clinical Performance Instrument, APTA, 1997.

QUALITY OF CARE: "degree of skill or competence demonstrated the effectiveness of the performance as to the extent to which outcomes meet the desired goals."

APTA Clinical Performance Instrument 1997 n 31

111 111 Cunicui I cijormuno	ze msn umem 1997, p. 31	
Limited skill		Highly skilled Performance
Low effectiveness		Highly effective
	perform in a cost effective and inical Performance Instrument 199	
High expenditure of time a	nd effort	Economical & timely
	level and extent of assistance requance. APTA <i>Clinical Performance</i>	•
Full time monitoring	Cueing for assistance	Independent performance with consultation
	of occurrences of desired behavior of the structure of th	iours related to the performance
Infrequently	Occasionally	Routinely
The complexity can be a	ENVIRONMENT: additive requiremental tered by controlling the numbernts, equipment, psychological or so the Enstrument 1997, p. 28	r and types of elements in the
Simple		Complex

CRITICAL INQUIRY: "process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyse client care outcomes, new concepts, and findings." APTA *Clinical Performance Instrument 1997*, p. 28.

### Appendix II

### Examples of Behaviour for each of the clinical performance criteria

#### Practices in a safe manner that minimise risk to clients, self, and others.

- Demonstrates a clear understanding of all safety requirements.
- Should not have to be constantly reminded of safety issues.
- Observes health and safety regulations.
- Maintains safe working environments.
- Recognises physiological and psychological changes in clients and adjusts treatment accordingly.
- Demonstrates awareness of contraindications and precautions of treatment.
- Requests assistance when necessary.
- Uses acceptable techniques for safe handling.
- Protects welfare of self, client and others in emergency situations.

#### Adheres to ethical and legal practice standards.

- Abides by relevant ethical codes and standards of practice guidelines.
- Adheres to institutional policy and procedures.
- Identifies situations in which ethical questions are present.
- Reports violations of ethical practice.
- Abides by pertinent laws and regulations, including those applying to licensure laws.
- Identifies situations in which legal questions are present.

#### Application of knowledge

# Demonstrate adequate understanding of client's clinical condition reflecting knowledge of basic, applied and behavioural sciences.

- Demonstrates understanding of aetiology, pathology, clinical course and prognosis of the condition.
- Retrieves and interprets relevant information from the medical/nursing notes.
- Understand the significance of signs and symptoms and traces their source.
- Demonstrates knowledge of abbreviations commonly used in the clinical setting.

# Analyses and interprets clinical findings to establish physiotherapy diagnoses, problem list, and outcomes of care.

- Synthesises examination data to complete the physiotherapy evaluation.
- Interprets clinical findings to establish a diagnosis within the practitioner's knowledge base.
- Identifies differential diagnoses that must be ruled out to establish a diagnosis.
- Explains the influence of pathological, pathophysiological, and pharmacological processes on the client's movement system.
- Identifies other medical, social, or psychological problems influencing physiotherapy and not identified through diagnosis of a client's problem.
- Uses clinical findings and diagnosis to establish a prognosis within the practitioner's knowledge base.
- Performs regular re-examination of client status.
- Performs regular evaluations of effectiveness of client treatment.
- Evaluates changes in client status.
- Attempts on predicting treatment outcome and suitable treatment modification.
- Distinguishes relevant from irrelevant information from assessment.

# Designs a comprehensive physiotherapy plan of care that integrates goals, treatments (progression and modification), outcomes and discharge plan.

- Establishes goals of treatment and desired functional outcomes that specify expected time duration.
- Establishes a physiotherapy plan of care in collaboration with the client, the family, caregiver, and others involved in the delivery of health care services.
- Recognises the role and contribution of other allied disciplines to the clients' total management program.
- Establishes a plan of care consistent with the examination and evaluation.
- Establishes a plan of care minimising risk to the clients and those involved with the delivery of the client's care.
- Establishes a plan of care designed to produce the maximum client outcome(s) utilising available resources.
- Adjusts the plan of care in response to changes in client status.
- Selects intervention strategies to achieve the desired outcomes.
- Establishes a plan for client discharge and timely manner.

### Applies the principles of critical inquiry to the practice of physiotherapy.

- Presents pertinent and precise arguments or rationale for clinical decisions.
- Makes a clinical decision within the context of ethical practice and informed consent.
- Utilises information from multiple data sources to make clinical decisions.
- Seeks disconfirming evidence in the process of making clinical decisions.
- Critically evaluates published research articles relevant to physiotherapy and applies to clinical practice.
- Participates in clinical research.
- Describes sources of error in the collection of clinical data.
- Demonstrates an ability to make clinical decisions in ambiguous situations.
- Distinguishes practices based on traditional beliefs from practices that are scientifically based.
- Uses appropriate outcome measures in the delivery and assessment of ongoing client care.
- Shows the capability to apply theoretical knowledge (i.e. anatomy, physiology, pathology, biomechanics etc.) for assessment.

#### Physiotherapy skills

### Performs a physiotherapy client examination in a logical, organised and accurate fashion.

- Selects reliable and valid physiotherapy examination methods relevant to the chief complaint, results of screening, and history of the client.
- Obtains accurate information by performing the selected examination methods.
- Adjusts examination according to client's response, age, sex, severity, irritability etc
- Performs an examination minimising risk to the client, self and others involved in the delivery of the client's care.
- Performs physiotherapy examination procedures correctly.

### Performs physiotherapy interventions efficiently and effectively.

- Performs technically correct skills during client's intervention.
- Performs intervention consistent with the plan of care.
- Provides intervention in a manner minimising risk to self, the client, and others involving the delivery of the client's care.
- Uses intervention time efficiently and effectively.
- Adapt intervention to meet individual needs and responses of the client.

# Produces legible, concise and accurate documentation to support the delivery of physiotherapy services, in accordance with guidelines and format required by the centre.

- Selects relevant information to document the delivery of physiotherapy client care.
- Documents all respects of physiotherapy care, including screening, examination, evaluation, plan of care, treatment, response to treatment, discharge planning, family conferences, and communication with others involved in delivery of client care.
- Produces documentation that follows guidelines and format required by the practice setting.
- Documents client care consistent with guidelines and requirements of regulatory agencies and third-party payer.
- Produces documentation that is accurate, concise, timely, and legible.
- Demonstrates professionally and technically correct written communication skills.

### Reports cases in an organised and clear manner.

- Demonstrates professionally and technically correct verbal communication skills.
- Reports client's condition timely and routinely without referring to case notes.
- Organises the report content systematically to reflect adequate understanding of client's condition.
- Understands the difference between a brief and full report of client's condition.

#### Communicates effectively and develop good rapport with clients.

- Communicates, verbally and non-verbally, in a professional and timely manner.
- Initiates communication in difficult situations.
- Selects the most appropriate person(s) with whom to communicate.
- Communicates with respect for the roles and contributions of all participants in client care.
- Listens actively and attentively to understand what is being communicated by others.
- Demonstrates professionally and technically correct verbal communication.
- Communicates using non-verbal messages that are consistent with intended messages.
- Interprets and responds to the non-verbal communication of others.
- Evaluates effectiveness of his/her own communication and modifies communication accordingly.

# Educates others (client, family, caregivers, staff, students, other healthcare providers) using relevant and effective teaching methods.

- Identifies and establishes priorities for educational needs in collaboration with the learner.
- Designs educational activities to address identified needs.
- Conducts educational activities using a variety of instructional strategies as needed.
- Evaluates effectiveness of educational activities.
- Modifies educational activities considering learner's needs, characteristics, and capabilities.
- Ensures that the client is able to carry out home exercise/advice.

#### Professional behaviours

#### Demonstrates initiative to seek advice, clarify doubts, and maximize own learning.

- Always seeks clarification first whenever in doubts.
- Understands when to reports immediately to the CE.
- Approaches the CE for supervision whenever required.
- Refrains from performing uncertain procedure.
- Shows initiative in searching for reference materials to supplement own knowledge.

# Demonstrates professional behaviours during interactions with others, and present self in a professional manner to clients, colleagues, educators and other healthcare team members.

- Maintains productive working relationships with clients, families, CE, and others.
- Behaves in respectful and responsible manner to colleagues, educators and other health care team members.
- Treats others with positive regard, dignity, respect, and compassion.
- Demonstrates behaviours that contribute to a positive work environment.
- Accepts criticism without defensiveness.
- Manages conflict in constructive ways.
- Makes a choice after considering the consequences to self and others.
- Assumes responsibility for choices made in situations presenting legal or ethical dilemmas.
- Maintains client privacy and modesty (draping, confidentiality).
- Demonstrates concern for the comfort, safety, welfare, needs and dignity of the client.
- Reports violations of laws governing practice of physiotherapy.
- Recognises limitation of knowledge and skills, and seeks assistance in an appropriate manner.
- Respects the rights of the individual.
- Respects the client's feelings and well being.
- Accepts responsibility for own actions.
- Is punctual and dependable.
- Completes scheduled assignments in a timely manner.
- Wears attire consistent with expectations of the practice setting.
- Demonstrates initiative.
- Abides by the policies and procedures of the practice settings.
- Adapts to change.

#### Organises work in a cost effective and timely manner (i.e. efficiently).

- Sets priorities for the use of resources to maximise outcomes.
- Functions within the organisational structure of the practice setting.
- Uses time effectively.
- Coordinates physiotherapy with other services to facilitate efficient and effective client care.
- Schedules clients, equipment, and space.
- Maximises utilisation of equipment in the practice setting.

# Adapts delivery of physiotherapy care to reflect respect for and sensitivity to individual differences.

• Exhibits sensitivity to differences in race, creed, colour, gender, age, national or ethnic origin, sexual orientation, and disability or health status in communicating with others, developing and implementing plans of care.

#### Appendix III



Department of Rehabilitation Sciences

B.Sc.(Hons) Physiotherapy

# Student Evaluation of Learning Experience in Institutions for Clinical Education

Placement	(Yr	to	Date:

<u>NOTE:</u> This student evaluation will be conducted online via the Clinical Education WebCT site near the end of each clinical placement. The questions are included in this manual for your reference only. Please complete the mandatory online version when it becomes available.

To review and improve learning during clinical placements, the Clinical Education Team of The Hong Kong Polytechnic University would appreciate your opinion of the clinical placement that you have just completed. Your responses to the items will be captured and analysed by the Educational Development Centre of this university, not by the department. Your individual feedback and comments will be treated confidentially. Please give your honest feedback on your experience of this clinical placement by answering all of the items below.

For the purpose of this questionnaire, clinical educator (CE) refers to either the clinical educator or the supporting physiotherapy staff in the clinical education unit.

T 1	1	• •	4 •
Rackar	niind	into	rmation
Datker	vunu	IIII	rmation

- 1. Clinical placement completed: O CE (\_\_\_\_\_) [e.g. 13 Oct 2011 21 Nov 2012]
- 2. Name of Centre
- 3. Name of clinical educator (please type)
- 4. Name of Visiting Lecturer

**About the University preparation** 

		Strongly agree	Agree	Disagree	Strongly disagree
5.	The theoretical knowledge taught at the University sufficiently prepared me for its application in the clinical setting.	0	0	0	0
6.	The University prepared me to address most of the pathological conditions I encountered in the clinical placement.	0	0	0	0
7.	The skills taught at the University sufficiently prepared me for its application in the clinical setting.	0	0	0	0
8.	In what way can the University preparation be improved?				

About your preparation and participation

· · · · · · · · · · · · · · · · · · ·				
	Strongly agree	Agree	Disagree	Strongly disagree
9. I spent a lot of my preparatory time revising notes given by the lecturers.	0	0	0	0
10. I spent a lot of my preparatory time practising skills taught at the University.	0	0	0	0
11. I spent a lot of time reading about the conditions I encountered during the clinical placement.	0	0	0	0
12. I spent a lot of time reading references recommended by the clinical educator (CE).	0	0	0	0
13. I actively took part in tutorial discussions.	0	0	0	0
14. I attempted to seek help from the CE when I encountered difficulties.	0	0	0	0

About the clinical placement with respect to the development of your clinical practice

	Strongly agree	Agree	Disagree	Strongly disagree
15. The Clinical Educator (CE) was accessible when needed.	0	0	0	0
16. Intervention principles taught between CE and supporting CE were consistent.	0	0	0	0
17. The clinical programme was well structured.	0	0	0	0
18. The clinical programme was well conducted.	0	0	0	0

19. Please indicate the average number of patients/cases that you managed per day during this placement:			
	Too light	Appropriate	Too heavy
20. In my opinion, the patient load in this placement was	0	0	0

	Strongly agree	Agree	Disagree	Strongly disagree
21. The learning environment was open and conducive to learning.	0	0	0	0
22. There were sufficient opportunities for me to improve my skills.	0	0	0	0
23. I was very 'stressed' during this placement.	0	0	0	0
24. If you felt excessively stressed during this placement, please state reasons:				

About the supervising staff (CE) with respect to my clinical practice

	Strongly agree	Agree	Disagree	Strongly disagree
25. Instructions given by the CE were clear.	0	0	0	Ö
26. The CE guided me to learn to apply theoretical knowledge to the clinical situation.	0	0	0	0
27. The CE guided me to improve my assessment techniques.	0	0	0	0
28. The CE guided me to improve my treatment techniques.	0	0	0	0
29. The CE guided me to understand the principles underpinning the clinical practices.	0	0	0	0
30. The CE gave me useful feedback/suggestions for improving my clinical practice.	0	0	0	0
31. The CE gave me positive feedback when I had done something well.	0	0	0	0
32. I was encouraged to express ideas.	0	0	0	0

**About the visiting University lecturer** with respect to the lecturer who visited me during this clinical placement

	Strongly agree	Agree	Disagree	Strongly disagree
33. The visiting lecturer was able to assist in the clarification of differences between University and clinical teaching	0	0	0	0
34. The visiting lecturer was able to reinforce the application of theoretical knowledge to the clinical situation.	0	0	0	0
35. The discussion sessions with the visiting lecturer were useful.	0	0	0	0

Perceived outcome of this placement

	Strongly agree	Agree	Disagree	Strongly disagree
36. The clinical experience of this placement was rewarding.	0	0	0	0
37. My assessment techniques have improved in this placement.	0	0	0	0
38. My treatment techniques have improved in this placement.	0	0	0	0
39. My clinical reasoning skills have improved in this placement.	0	0	0	0
40. My problem solving ability has improved in this placement.	0	0	0	0
41. My ability to communicate with patients has improved in this placement.	0	0	0	0
42. My confidence in dealing with patients has increased in this placement.	0	0	0	0

Gener	ral Comments
43.	Aspects of this placement that I found most useful/rewarding with respect to my learning:
44.	Suggest how this placement can be further improved:
45.	Student number [For EDC reference only. This information will NOT be passed either to the Department or the Institution of the Clinical Educator concerned]

Thank you very much for your comments.

Please click the button below once to send your response to us via the Web