



Physiotherapists Board of Queensland

Supervised Practice Report

To be completed in accordance with the requirements of the Board's Policy and Procedure: Supervision for registrants with Australian Physiotherapy Council (APC) Interim Certificates

Section 1: Supervised registrant details

Name: _____

Address: _____

Registration no.: _____ Date of birth: _____

Clinical field supervised: (PLEASE TICK ONLY ONE — You must complete a separate supervision report for each clinical field nominated on the Supervised Practice Agreement)

- Cardiorespiratory Neurology Musculoskeletal Other
- (specify) _____

Current practice location: _____

Practice setting: In patient Out patient Other (specify) _____

- Current supervision level (circle one):
- 1** (Entry level — non-complex cases)
 - 2** (Broader scope of cases)
 - 3** (According to plan)

Number of hours worked on current level: _____

Date of last supervision report: _____

For level 3 only

Scope and limits of practice: _____

Extent of supervision: _____

Section 2: Safe and competent practice

The supervisor must indicate if they have observed that the registrant is **safe and competent at the current level of supervision** in the following categories by placing a ✓ in the relevant box. The dot points are provided from the Australian Standards for Physiotherapy as guidance, and there may be circumstances where all points listed may not be relevant in the service context.

1 Professional behaviour appropriate to physiotherapy..... No Yes

- Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirement
- Demonstrate strategies to maintain and extend professional competence
- Operate within individual and professional strengths and limitations

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2 Communicated effectively..... No Yes

- Prepare and provide documentation according to legal requirements and accepted procedures and standards
- Established a rapport with the patient
- Adapted verbal and non verbal communication to the needs and profile of the patient
- Communicated with the patient in a manner and environment that ensured confidentiality, privacy and sensitivity
- Discussed and agreed the goals, nature, purpose and expected outcomes of the physiotherapy intervention
- Employed appropriate strategies to address communication difficulties
- Demonstrated effective English language ability

3 Collected patient information and formed a preliminary hypothesis..... No Yes

- Obtained consent from the patient to conduct the assessment
- Collected patient information and history
- Explored presenting signs and symptoms
- Obtained relevant measurable data
- Identified goals, values and expectations of the patient
- Formed a preliminary hypothesis by analysing the information collected
- Identified potential influencing presentations and hypothesized differential diagnoses
- Identified assessment needs including priority and urgency

4 Designed and conducted a safe assessment..... No Yes

- Planned an appropriate assessment which included tests to measure impairment and activity limitation
- Identified potential problems and contraindications to assessment
- Recognised factors impacting on the assessment process such as patient's age, occupation, pain, co-morbidities, communication ability and the assessment environment and cultural issues that may affect treatment outcomes
- Used appropriate assessment tools
- Conducted a safe, systematic, efficient and goal oriented physical examination appropriate to physiotherapy
- Progressively interpreted test results to guide further examination and test the preliminary hypothesis
- Identified risks for the patient and physiotherapist undertaking the assessment and modified appropriately.

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- 5 **Interpreted and analysed the assessment findings**..... No Yes
- Compared findings with 'normal' status of the patient
 - Compared findings with what is expected for the condition, and included or excluded alternative diagnoses
 - Prioritised patient needs
 - Re-evaluated as required to develop a justifiable and sustainable hypothesis
 - Identified areas that are outside their own skills and expertise and discussed appropriate referral
- 6 **Developed a physiotherapy intervention plan**..... No Yes
- Developed a logical rationale for physiotherapy intervention based on the assessment findings
 - Set realistic short and long term goals with patient
 - Selected appropriate and effective interventions to address the patient problems that were identified
 - Planned for possible contingencies that may have affected the intervention plan
 - Prioritised the intervention plan in collaboration with the patient
 - Determined plan of evaluation that used valid and reliable outcome measures
- 7 **Implemented a safe and effective physiotherapy intervention(s)** No Yes
- Obtained consent for the intervention
 - Prepared equipment and the treatment area
 - Implemented safe and effective physiotherapy interventions for both the patient and the registrant
 - Managed adverse events
 - Provided strategies for patient self management
 - Implemented health promotion activities
- 8 **Evaluated the effectiveness and efficiency of physiotherapy intervention(s)** No Yes
- Monitored the outcomes of intervention
 - Evaluated the outcomes of the intervention
 - Determined modifications to the intervention
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Section 3: Further comments

Section 4: Submission by nominated supervisor

The registrant has been assessed as **safe and competent** in the scope of clinical practice requirements for their current level of supervision and:

I recommend the registrant progress to next level of supervision.

I recommend they remain on their current level of supervision.

The registrant is **not competent** in all minimum scope of clinical practice requirements.

I recommend

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Nominated Supervisor

Name: _____
Date: _____

Registrant

Name: _____
Date: _____

OFFICE USE ONLY
Board Decision:
Signature: _____
Date: _____