

## Form C – Supervision report (including competency assessment using the APP tool)

Supervision reports, completed by the supervisor in consultation with the physiotherapist under supervision, are to be submitted to the Board:

- as stipulated by the Board on approval of a supervised practice plan and otherwise as required by the Board
- to propose or justify changes in supervision, including level of supervision
- with applications for renewal of registration by a physiotherapist under supervision, and

Please complete following competency assessment using the APP tool to report on progress.

on conclusion of supervised practice.

| Date of assessment:   |  |
|---|--|
| Name of supervisor:   | Signature of supervisor:                     |
| Name of physiotherapist under supervision:                          |  |
| Signature of physiotherapist under supervision:                     |  |
| Physiotherapist under supervision suitable for ongoing registration | on:  Yes  No                                 |
| Level of supervision: Level 1 2 3 4 (ple                            | ease circle current level of supervision)    |
| Changes recommended to the previously agreed supervised prac        | ctice plan, if any, and reasons for changes: |
| (please attach additional pages if necessary)                       |  |
|   |  |

## **Competency assessment using APP tool**

Prospective supervisors are referred to the Assessment of Physiotherapy Practice Instrument (Dalton M, Keating J, Davidson M 2009), available via the Australian Learning and Teaching Council at <a href="http://www.appeducation.com.au/docs/end/CE%20End%20of%20Unit%20APP%20Form.pdf">http://www.appeducation.com.au/docs/end/CE%20End%20of%20Unit%20APP%20Form.pdf</a>.

## Key:

- 0 infrequently/rarely demonstrates performance indicators
- 1 demonstrates few performance indicators to an adequate standard
- 2 demonstrates most performance indicators to and adequate standard
- 3 demonstrates performance indicators to a good standard
- 4 demonstrates most performance indicators to an excellent standard

n/a - not assessed

## Scoring rules:

- Circle n/a only if the physiotherapist under supervision has not had an opportunity to demonstrate the behaviour.
- If an item is not assessed, it is not scored and the total APP is adjusted for the missing item.
- Circle only one number for each item.
- If a score falls between numbers on the scale, the higher number will be used to calculate a total.
- Evaluate the performance of the physiotherapist under supervision against the minimum competency level expected for an entry-level physiotherapist.

Note: a rating of 0 or 1 indicates that minimum acceptable competency has not been achieved

| Competency  | Score         | Evidence in support of score | Goals of supervision | Supervision plan    |
|---|---------------|------------------------------|----------------------|---------------------|
| Specific supervision requirements   |               | Report progress              |                      | Planned activities: |
| e.g. familiarisation with Australian healthcare system for overseas trained individuals |               |                              |                      |                     |
| Professional behaviour  |               |                              |                      | Planned activities: |
| demonstrates an understanding of the rights and consent of patient/clients              | 0 1 2 3 4 n/a |                              |                      |                     |
| 2. demonstrates commitment to learning  | 0 1 2 3 4 n/a |                              |                      |                     |
| demonstrates ethical, legal and culturally sensitive practice                           | 0 1 2 3 4 n/a |                              |                      |                     |
| 4. demonstrates teamwork  | 0 1 2 3 4 n/a |                              |                      |                     |
| Communication   |               |                              |                      | Planned activities: |
| communicates effectively and appropriately  | 0 1 2 3 4 n/a |                              |                      |                     |
| demonstrates clear and accurate documentation   | 0 1 2 3 4 n/a |                              |                      |                     |
| Assessment  |               |                              |                      | Planned activities: |
| conducts an appropriate patient/client interview  | 0 1 2 3 4 n/a |                              |                      |                     |
| selects and measures relevant health indicators and outcomes                            | 0 1 2 3 4 n/a |                              |                      |                     |
| performs appropriate physical assessment procedures                                     | 0 1 2 3 4 n/a |                              |                      |                     |

| Name of Supervisor:                        |  |
|--|--|
|  |  |
| Name of Physiotherapist under supervision: |  |

| An   | alysis and planning   |               |  | Planned activities: |
|------|---|---------------|--|---------------------|
| 1.   | appropriately interprets assessment findings  | 0 1 2 3 4 n/a |  |                     |
| 2.   | identifies and prioritises problems of patients/clients   | 0 1 2 3 4 n/a |  |                     |
| 3.   | sets realistic short and long-term goals with the patient/client                                      | 0 1 2 3 4 n/a |  |                     |
| 4.   | selects appropriate intervention in collaboration with the patient/client                             | 0 1 2 3 4 n/a |  |                     |
| Inte | ervention   |               |  | Planned activities: |
| 1.   | perform interventions appropriately   | 0 1 2 3 4 n/a |  |                     |
| 2.   | is an effective educator  | 0 1 2 3 4 n/a |  |                     |
| 3.   | monitors the effect of intervention   | 0 1 2 3 4 n/a |  |                     |
| 4.   | progresses intervention appropriately   | 0 1 2 3 4 n/a |  |                     |
| 5.   | undertakes discharge planning   | 0 1 2 3 4 n/a |  |                     |
| Evi  | dence-based practice  |               |  | Planned activities: |
| 1.   | applies evidence-based practice in patient care   | 0 1 2 3 4 n/a |  |                     |
| Ris  | k management  |               |  | Planned activities: |
| 1.   | identifies adverse events/near misses and minimises risk associated with assessment and interventions | 0 1 2 3 4 n/a |  |                     |

| Name of Supervisor:                        |  |
|--|--|
| Name of Physiotherapist under supervision: |  |