



# The APP

## Assessment of Physiotherapy Practice Instrument

### Clinical Educator Resource Manual

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## Background

The Assessment of Physiotherapy Practice (APP) has been developed for assessing competency of physiotherapy practice. It is being used extensively in Australia and New Zealand to assess performance in clinical units/subjects. Its development was funded in 2006-2008 by the Australian Learning & Teaching Council. The APP development was led by a consortium of Griffith University (Qld), La Trobe University (Vic), Monash University (Vic), Curtin University (WA) and The University of Sydney (NSW). Clinical co-ordinators of Australian and New Zealand physiotherapy programs formed the reference group for this project.

Clinical education of physiotherapy students is an essential component of the education of physiotherapists. Despite each physiotherapy program in Australia having curriculum designed to meet the standards defined by the Australian Physiotherapy Council (APC), when the APP project began each program used a unique clinical assessment instrument/s and assessment procedures. This created a burden for clinical educators who assessed students from multiple programs and limited the opportunities for instrument evolution. An important advantage of a standardized clinical assessment instrument such as the APP is that evidence about its utility can be systematically gathered and assessed, and the instrument can be refined across time to better serve the physiotherapy profession. Other advantages include the opportunities that standardisation brings such as

- benchmarking
- comparison of assessment outcomes when student education or assessment is varied
- standardised educator support packages that evolve in response to widespread utilisation and feedback
- a common assessment language that enables discussion between educators across programs
- a platform from which instrument evolution can occur

The APP is a practical, one-page instrument that reflects the Australian Standards for Physiotherapy (2006). Training packages and DVDs to support clinical educators in applying the APP are available, and more are under development.

The APP has been developed with input from academics, clinical educators, clinical managers, students and other stakeholders. The 20 items that make up the APP were developed and refined with consideration of all relevant publications and clinical assessment instruments that were in use in 2005. These items have been arranged under seven domains: Professional Behaviour, Communication, Assessment, Analysis & Planning, Intervention, Evidence-based Practice and Risk Management. Each item is scored on a scale from 0 to 4, where a higher number indicates greater apparent competence. A score of 2 indicates that the student has achieved a level of competency that would be expected of an entry level graduate on their first day of practice. Scores of 3 and 4 reflect that the student is demonstrating comfort (3) and sophistication (4) with respect to a given item, while a 1 indicates that competence is not yet adequate.

APP items are assessed based on student performance of observable behaviours. A non-exhaustive set of examples of behaviours by domains are provided with the APP to illustrate ways in which behavioural targets might be described for students. An

advantage of these performance indicators is that they encourage the educator to describe desirable professional behaviours and they provide students with practical performance targets. In this respect the APP also provides a self directed learning tool that students can use to match their behaviour to the behaviours expected of a newly graduated physiotherapist.

The APP has been developed using methods recommended in the Standards for Educational and Psychological Testing (American Educational Research Association, et al. 1999). It is relatively new and evolving and feedback or questions on any aspect of the APP is welcome and should be emailed to [Megan.Dalton@monash.edu](mailto:Megan.Dalton@monash.edu)

## Assessment during Clinical Units

### Introduction

This section looks at some general issues relating to the assessment process in the clinical environment, why assessment is carried out, types of assessment and information on the language used when discussing assessment.

Assessment is the process of making a judgement about a student's performance against established criteria such as learning objectives or professional standards. On the APP the 7 domains of practice with their related 20 items are the criteria against which the student's performance during or at the end of a clinical unit is to be judged. Assessment of student performance during clinical units involves the learner, the clinical educator and the university.

### Language of Assessment

#### Criteria

The APP is therefore a criterion based approach to the assessment of performance in the clinical setting.

Criterion outline what is actually measured  
**In the APP the criteria are the 20 items.**

#### Performance standard

At the end of a clinical unit, how well a student performs each of the 20 items must be assessed and rated by the educator. To be able to do this a set of performance standards is required.

In the APP the final rating for each item quantifies the level of performance achieved relative to that of **"beginning / entry level standards of practice"**.  
This is the passing standard.

#### Pass Standard: "beginning / entry level standards of practice"

An advantage of marking students against minimally acceptable entry level standards is that, theoretically at least, all assessors are assessing against the same standard. The results from focus group discussions about entry level/beginning physiotherapist standards have demonstrated a clear consensus from clinical educators regarding a global definition of minimally acceptable standard of performance. The alternative model of grading students against 'the expected competency during the first practice block in third year' or 'the expected competency during the last practice block in fourth year' reduces confidence that consensus in scale use is operating. The target of clinical education is acquisition of a minimum acceptable level of skills and this target enables ranking of students relative to a common standard.

## Why Assess?

Reasons why assessment is used during clinical placements include to:

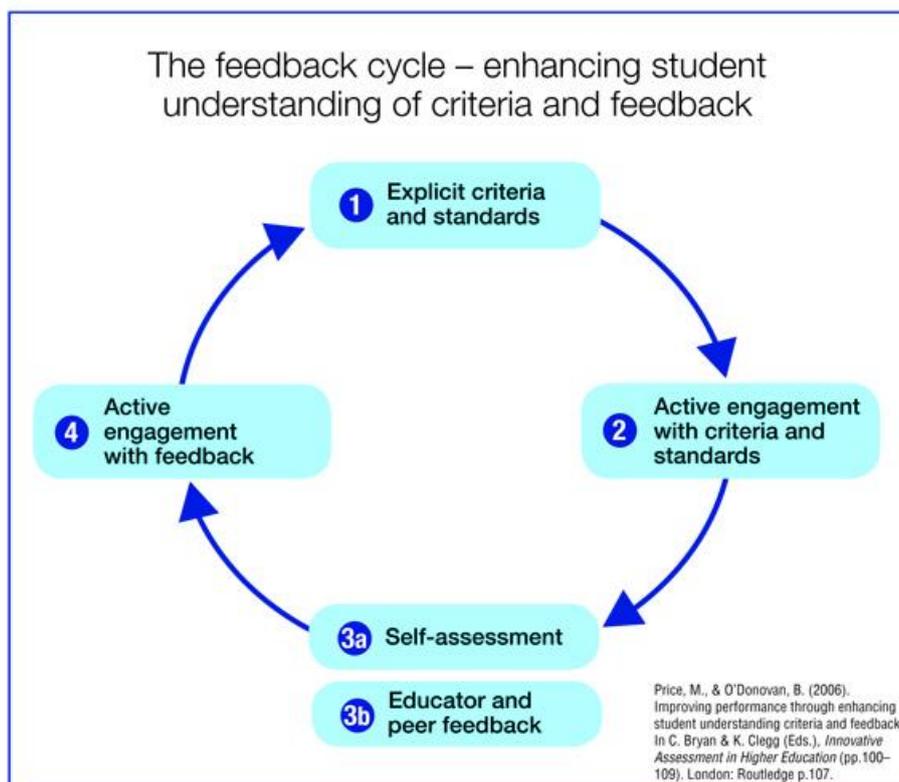
- guide and motivate learning
- provide a basis for feedback on student's strengths and areas of clinical practice requiring improvement
- facilitate the development of strategies to improve performance
- monitor and record the progress of individual students
- monitor the overall success of a program of study
- identify distinguished achievers
- maintain professional standards
- facilitate reporting to accrediting bodies such as the APC

**Assessment is acknowledged as a major influence on student learning.**

## Types of Assessment

Important types of clinical assessment are 1) formative and 2) summative with feedback and reflection being the key components to achieving effective assessment.

- Aiding learning (formative assessment)
- Certifying achievement (summative assessment)



## Formative Assessment

Formative assessment in clinical education is designed to help students understand how they are progressing. It is provided during a clinical unit but does not count toward the final grade or unit mark.



### *Clinical Educator Hint – Mid unit feedback*

When giving formative feedback a useful question to ask yourself is....  
“what specific things would I like to **see** the student **do** in order to give them a better rating?”

For example: item 5 written communication -  
I would like to see

- the student’s chart entries made using specific headings with brief comments under each heading.
- legible notes.

The purpose of formative assessment is to improve student learning by providing information on strengths and weaknesses. It should be accompanied by strategies that facilitate improvement.

Although formative assessment may be relatively informal compared to summative assessment, its importance in guiding student towards target skills and behaviours should be emphasised to the student.

Formative assessment creates an opportunity for the educator and student to review the student’s progress in a non-threatening way. This allows the student to gain a clear picture of how they are progressing and what more they need to do to achieve the learning objectives and improve their performance.

Clinicians have reported that the examples of desirable behaviours listed as the performance indicators published with the APP are helpful in assisting them to articulate the skills or attitudes that require attention. These sample behaviours are particularly useful for students when providing formative feedback during the unit and outlining aspects of practice requiring improvement. The indicators also guide students on the behaviours that can be worked towards during clinical education.

### **Formative Self Assessment by Student**

Unless students develop the capacity to make judgments about their own learning they cannot be effective learners now or in the future. Active student involvement in understanding assessment processes and contributing to them is essential.

To foster active involvement, students are to be encouraged to '**self assess**' using the APP and discuss discrepancies or similarities when self-assessment is compared to the assessment of the clinical educator. Observation of differences provides opportunities for discussion and a path towards consensus about specific expectations and strategies for achieving this.

### **Summative Assessment**

Summative assessment focuses on the 'whole' of the student's performance, that is, the extent to which each criteria / learning objective have been met overall for the clinical unit/subject .

Summative assessment provides the student with a grade for the unit/subject or placement that contributes to their academic record. APP summative assessment usually takes place towards the end of the placement. Its purpose is to rate the level of achievement reached on completion of the unit. When finalising a student's clinical assessment, assessors may draw on the experience of colleagues who have also supervised or supported the student.

### **Examples of Clinical Performance by Students**



A DVD has been developed that shows student performances across the anticipated skills spectrum. We have found that when the clinical vignettes on the DVD are shown to a group of educators who are asked to assess student performance using the APP, there is typically strong consensus on the ratings chosen for items. There is occasionally an extreme view and it is therefore recommended that novices to the APP (both students and educators) take the time to compare their ratings of performance with those of the broader practising community. (refer to page 23 in this manual).

It is important to remember that it is difficult for people to remember the stages in their own skill acquisition and clinicians can vary considerably in their views regarding the expectations of a new graduate.

Viewing the DVD and discussing the student's performance assists educators to recalibrate their expectations as to what it is realistic to expect of a beginning/entry level student.

If you would like a copy of the DVD please contact the University clinical education manager.



## The Assessment of Physiotherapy Practice (APP) Instrument

The APP is the first version of a standardised assessment form with known validity and reliability developed for use in Australian and New Zealand entry-level physiotherapy programs. In total more than 1000 clinical educators/supervisors across Australia and New Zealand were involved in the development and testing of the APP. The primary advantage of a national form is that clinical educators/supervisors who have students from more than one physiotherapy program, or who change employers, will not have to deal with multiple assessment forms.

### Components of the APP

The different features of the APP are shown on pages 12 – 14 and explained below.

**So what does the APP look like?**  
See pages 12-14

### Domains or aspects of practice

There are 7 domains or aspects of physiotherapy practice. These are not graded. Only the items assembled within each domain are scored.

### Items (criteria)

There are 20 items. Each is scored.

### Performance Indicators

Examples of desirable performance are provided for each of the 20 items. These are not meant to be prescriptive or exhaustive and they are not meant to be graded. They serve several purposes, the most important of which is to provide examples of the language that educators might use in helping students to shape performance targets.

The APP aims to avoid specifying behaviours that could not reasonably be assessed through observation. In addition the instrument avoids elusive concepts such as 'develops rapport', 'is logical' and attempts to describe measurable events such as 'responds in a positive manner to questions, suggestions &/or constructive feedback', 'greet others appropriately'. The research team are not attesting that the examples that are provided are without fault, but we hope that our efforts to articulate desirable behaviours using targets that students can readily conceptualise assists educators to adopt, and improve on, this approach.

Students, especially early in clinical placements, are not used to being constantly monitored and assessed. Like all of us, they find this process emotionally challenging and are justifiably anxious. Attention to accurate analysis of learning needs using performance indicators serves to direct their focus away from their anxieties and onto desirable clinical behaviours. Performance indicators provide concrete stepping stones that can help the educator articulate their desire for student success and diffuse the distraction of fear of failure.

## End of Unit: Using the APP to rate student performance

### Performance standards - Scoring options for items

Each item is scored on a scale from 0 to 4, where a larger number indicates a higher standard of performance.

#### Scores of 0 and 1 (not adequate)

**not achieving the minimum acceptable entry level standard of performance**

**Score of 0:** Infrequently/rarely demonstrates performance indicators

It may happen that a student only demonstrates the desirable behaviours *infrequently or rarely*. If this occurs it is more likely to be at the mid unit formative feedback time, rather than at end of unit summative assessment

**Score of 1:** Demonstrates few performance indicators to an adequate standard

A score of 1 indicates that competence in performance *assessed by that item* is not

**At any time, a score of 0 or 1 would be a matter of immediate importance and as the educator you should:**

- **develop comprehensive strategies in collaboration with the student to achieve a passing standard for the item**
- **if an item is rated as a 0 at mid unit feedback, the University must be notified**

yet adequate. If a score of 1 is awarded for an item, feedback on specific behaviours that require development must be provided to the student, along with strategies to achieve this.

#### Score of 2 (adequate) : Passing standard

**achieving the minimum acceptable entry level standard of performance**

**Score of 2:** Demonstrates most performance indicators to an adequate standard

A score of 2 for an item indicates that the student has achieved a standard of practice for that item that would be expected of an entry level/beginning physiotherapist on their first day of practice.

A score of 2 indicates that for this item, the student has met this standard regardless of their experience, place in the course or length of the placement.

Few of us are good at everything that might be assessed under any one item. We have agreed on a broad definition that a 2 would be awarded if the student demonstrates *most* performance indicators as outlined on the APP, to an adequate standard.

An advantage of marking students against entry level standards is that, theoretically at least, all assessors are assessing against the same standard. The results from focus group discussions about entry level/beginning physiotherapist standards have demonstrated a clear consensus from clinical educators regarding a global definition of minimally competent performance. The alternative model of grading students against 'the expected competency during the first practice block in third year' or 'the expected competency during the last practice block in fourth year' reduces confidence that consensus in scale use is operating. The target of clinical education is acquisition of a minimum acceptable level of skills and this target enables ranking of students relative to a common standard.



***Remember.....***

It is helpful to remember what it was like when you were a student on a clinical placement. Can you remember how many skills and processes were unfamiliar? Perhaps you took longer to complete tasks than you do now and often needed the guidance and support of more senior staff to make sure you were on the right track.....

Remember this when considering what a beginning/entry level performance looks like. If you are having difficulty, discuss with a colleague

**Scores of 3 (good) & 4 (excellent)**

Scores of 3 and 4 reflect that the student is demonstrating performance above an adequate standard.

**Score of 3:** demonstrates most performance indicators to a good standard  
This score reflects that the student is comfortable and performing above the minimum passing standard with respect to a given item.

**Score of 4:** demonstrates most performance indicators to an excellent standard  
This score reflects that the student is exhibiting a level of excellence or sophistication with respect to a given item. A student does not have to demonstrate all performance indicators for an item to achieve a score of 4. However, the student will be demonstrating most behaviours for the item well above minimum, entry level competence.

A student does not have to demonstrate all performance indicators for an item to achieve a score of 4 on that item.

## Global rating scale (GRS)

The GRS provides a second approach to assessment.

The global rating scale is only completed for end of unit **summative assessments**.

Rather than considering each of the items separately, clinical educators are asked to rate the student's overall performance. This allows the educator to consider all aspects of the clinical placement and then to rate the overall performance of the student.

In researching the APP we have used the global rating scale to compare typical total scores for items to typical views regarding overall competence (a standard setting exercise).

Universities might consider both item and GRS scores when deciding whether a student would benefit from additional clinical practice prior to completing a unit of study. Although it is difficult not to let an overall sense of a student's ability affect item scoring, we think that it is important that clinical educators reflect carefully and objectively on student performance item by item, and not let poor performance on one item detract from acknowledging adequate, good or excellent performance on another. We therefore recommend that the GRS is completed after individual items have been graded.

### Global rating of Inadequate

This rating would be used when in the educator's opinion the student's performance overall was not adequate that is, was not at the expected minimum entry level / beginning physiotherapist standard.

### Global rating of Adequate (minimum entry level standard)

When reflecting on the student's performance overall in the unit, an adequate student may be good at some things and not so good at others. However typically they would be able to:

manage a variety of patients with relatively uncomplicated needs, such that the patient/client's major problems are identified, major goals established and treatment is completed safely and effectively within a reasonable time frame. While achieving this, the student is aware of their limitations and where to seek assistance.

### Global ratings of Good and Excellent

These ratings provide the clinical educator with 2 categories indicating the student's performance is above minimum entry level/beginning physiotherapist standard (either good or excellent).

### Global rating of Excellent

When reflecting on the student's performance overall in the unit, an excellent student typically would be able to:

manage a variety of patients, including complex patients, meeting the minimum acceptable standard, but at a superior level.

### The excellent student can be characterized by:

- an ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- an ability to be flexible and adaptable
- easily and consistently linking theory and practice
- a high level of self reflection and insight
- an ability to present cogent and concise arguments or rationale for clinical decisions.
- effective time management skills

### Scoring rules

- All items must be scored.
- Circle only one scoring option (0 – 4) for each item.  
For example scoring could look like this

0 1 (2) 3 4

### Not this

0 1 / 2 3 4      or this      0 1 (2) → (3) 4

- If an educator scores an item between numbers on the scale the higher number will be used to calculate the total
- “not assessed” is only used when a student has not had an opportunity to demonstrate any skills/behaviours (as listed in the performance indicators) that are assessed under a particular item.

In most situations the student will have opportunities to demonstrate competency on all 20 items. If an item is not assessed it is not scored, and the total APP score will be adjusted for the missed item.

If an educator considers they are unable to assess an item at the formative mid-way assessment, it is recommended that they seek guidance from senior staff or the University for strategies to include tasks to allow assessment of the item before the final summative assessment.

Scoring items requires your professional opinion. Educators may feel uncertainty in some cases regarding whether they are making the right decision. Students who are performing inadequately are typically identified by more than one educator.

University assessors, in making decisions regarding progress, will take into account a student's history and university policies and procedures when considering actions that should be taken in the event of a poor item score or total overall rating.



**It is recommended that clinical educators do not tally APP item scores, or give students advice regarding their likely University grade for the clinical placement or progression through the program.**



## Assessment of Physiotherapy Practice (APP)

- 0 = Infrequently/rarely demonstrates performance indicators
- 1 = Demonstrates few performance indicators to an adequate standard
- 2 = Demonstrates most performance indicators to an adequate standard
- 3 = Demonstrates most performance indicators to a good standard
- 4 = Demonstrates most performance indicators to an excellent standard
- n/a = (not assessed)

**Note.** a rating of 0 or 1 indicates that a minimum acceptable standard has not been achieved

Performance standards - scoring options

Select a score for each item

There are **7** aspects (domains) of practice

Professional Behaviour		Circle one number					
1.	Demonstrates an understanding of patient/client rights and consent	0	1	2	3	4	not assessed
2.	Demonstrates commitment to learning	0	1	2	3	4	not assessed
3.	Demonstrates ethical, legal & culturally sensitive practice	0	1	2	3	4	not assessed
4.	Demonstrates teamwork	0	1	2	3	4	not assessed
Communication							
5.	Communicates effectively and appropriately - Verbal/non-verbal	0	1	2	3	4	not assessed
6.	Demonstrates clear and accurate documentation	0	1	2	3	4	not assessed
Assessment							
7.	Conducts an appropriate patient/client interview	0	1	2	3	4	not assessed
8.	Selects and measures relevant health indicators and outcomes	0	1	2	3	4	not assessed
9.	Performs appropriate physical assessment procedures	0	1	2	3	4	not assessed
Analysis & Planning							
10.	Appropriately interprets assessment findings	0	1	2	3	4	not assessed
11.	Identifies and prioritises patient's/client's problems	0	1	2	3	4	not assessed
12.	Sets realistic short and long term goals with the patient/client	0	1	2	3	4	not assessed
13.	Selects appropriate intervention in collaboration with patient/client	0	1	2	3	4	not assessed
Intervention							
14.	Performs interventions appropriately	0	1	2	3	4	not assessed
15.	Is an effective educator	0	1	2	3	4	not assessed
16.	Monitors the effect of intervention	0	1	2	3	4	not assessed
17.	Progresses intervention appropriately	0	1	2	3	4	not assessed
18.	Undertakes discharge planning	0	1	2	3	4	not assessed
Evidence-based Practice							
19.	Applies evidence based practice in patient care	0	1	2	3	4	not assessed
Risk Management							
20.	Identifies adverse events/near misses and minimises risk associated with assessment and interventions	0	1	2	3	4	not assessed

There are 20 items

In your opinion as a clinical educator, the overall performance of this student in the clinical unit was:

Not adequate  Adequate  Good  Excellent

The Global Rating Scale

### Scoring rules:

- ✓ Circle n/a (not assessed) only if the student has not had an opportunity to demonstrate the behaviour
- ✓ If an item is not assessed it is not scored and the total APP score is adjusted for the missed 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 student's performance against the minimum standard expected for a beginning/ entry level physiotherapist.

## Professional Behaviour

### 1. Demonstrates an understanding of patient/client rights and consent

- informed consent is obtained and recorded according to protocol
- understands and respects patients'/clients' rights
- allows sufficient time to discuss the risks and benefits of the proposed treatment with patients/clients and carers
- refers patients/clients to a more senior staff member for consent when appropriate
- advises supervisor or other appropriate person if a patient/client might be at risk
- respects patients'/clients' privacy and dignity
- maintains patient/client confidentiality
- applies ethical principles to the collection, maintenance, use and dissemination of data and information

### 2. Demonstrates commitment to learning

- responds in a positive manner to questions, suggestions &/or constructive feedback
- reviews and prepares appropriate material before and during the placement
- develops and implements a plan of action in response to feedback
- seeks information/assistance as required
- demonstrates self-evaluation, reflects on progress and implements appropriate changes based on reflection
- takes responsibility for learning and seeks opportunities to meet learning needs
- uses clinic time responsibly

### 3. Demonstrates ethical, legal & culturally sensitive practice

- follows policies & procedures of the facility
- advises appropriate staff of circumstances that may affect adequate work performance
- observes infection control, and workplace health and safety policies
- arrives fit to work
- arrives punctually and leaves at agreed time
- calls appropriate personnel to report intended absence
- wears an identification badge and identifies self
- observes dress code
- completes projects/tasks within designated time frame

- maintains appropriate professional boundaries with patients/clients and carers
- demonstrates appropriate self-care strategies (eg stress management)
- acts ethically and applies ethical reasoning in all health care activities
- Practises sensitively in the cultural context
- acts within bounds of personal competence, recognizing personal and professional strengths and limitations

### 4. Demonstrates teamwork

- demonstrates understanding of team processes
- contributes appropriately in team meetings
- acknowledges expertise and role of other health care professionals and refers/liaises as appropriate to access relevant services
- advocates for the patient/client when dealing with other services
- collaborates with the health care team and patient/client and to achieve optimal outcomes
- cooperates with other people who are treating and caring for patients/clients
- works collaboratively and respectfully with support staff

## Communication

### 5. Communicates effectively and appropriately - Verbal/non-verbal

- greets others appropriately
- questions effectively to gain appropriate information
- listens carefully and is sensitive to patient/client and carer views
- respects cultural and personal differences of others
- gives appropriate, positive reinforcement
- provides clear instructions
- uses suitable language & avoids jargon
- demonstrates an appropriate range of communication styles (eg patients/clients, carers, administrative and support staff, health professionals, care team)
- recognises barriers to optimal communication
- uses a range of communication strategies to optimize patient/client rapport and understanding (eg hearing impairment, non-English speaking,

- cognitive impairment, consideration of non-verbal communication)
- appropriately uses accredited interpreters
- maintains effective communication with clinical educators
- actively explains to patients/clients and carers their role in care, decision-making and preventing adverse events
- actively encourages patients/clients to provide complete information without embarrassment or hesitation
- communication with patient/client is conducted in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities
- negotiates appropriately with other health professionals

### 6. Demonstrates clear and accurate documentation

- writes legibly
- completes relevant documentation to the required standard (eg., patient/client record , statistical information, referral letters)
- maintains records compliant with legislative medico-legal requirements
- complies with organisational protocols and legislation for communication
- adapts written material for a range of audiences (e.g. provides translated material for non-English speaking people, considers reading ability, age of patient/client)

## Assessment

### 7. Conducts an appropriate patient/client interview

- positions person safely and comfortably for interview
- structures a systematic, purposeful interview seeking qualitative and quantitative details
- asks relevant and comprehensive questions
- politely controls the interview to obtain relevant information
- responds appropriately to important patient/client cues
- identifies patient's/client's goals and expectations
- conducts appropriate assessment with consideration of biopsychosocial factors

- that influence health.
- seeks appropriate supplementary information, accessing other information, records, test results as appropriate and with patient's/client's consent
- generates diagnostic hypotheses, identifying
- the priorities and urgency of further assessment and intervention
- completes assessment in acceptable time

### 8. Selects and measures relevant health indicators and outcomes

- selects all appropriate variable/s to be measured at baseline from WHO ICF domains of impairment, activity limitation and participation restriction.
- identifies and justifies variables to be measured to monitor treatment response and outcome.
- selects appropriate tests/outcome measures of each variable for the purpose of diagnosis, monitoring and outcome evaluation.
- links outcome variables with treatment goals
- communicates the treatment evaluation process and outcomes to the client
- identifies, documents and acts on factors that may compromise treatment outcomes

### 9. Performs appropriate physical assessment procedures

- considers patient/client comfort and safety
- respects patient's/client's need for privacy and modesty (eg provides draping or gown)
- structures systematic, safe and goal oriented assessment process accommodating any limitations imposed by patient's/client's health status
- plans assessment structure and reasoning process using information from patient/client history and supportive information

- demonstrates sensitive and appropriate handling during the assessment process
- applies all tests and measurements safely, accurately and consistently
- sensibly modifies assessment in response to patient/client profile, feedback and relevant findings
- appropriate tests are performed to refine diagnosis
- assesses/appraises work, home or other relevant environments as required
- completes assessment in acceptable time

### Analysis & Planning

#### 10. Appropriately interprets assessment findings

- describes the implications of test results
- describes the presentation and expected course of common clinical conditions
- relates signs and symptoms to pathology
- relates signs symptoms and pathology to environmental tasks and demands
- interprets findings at each stage of the assessment to progressively negate or reinforce the hypothesis/es
- makes justifiable decisions regarding diagnoses based on knowledge and clinical reasoning
- prioritises important assessment findings
- compares findings to normal

#### 11. Identifies and prioritises patient's/client's problems

- generates a list of problems from the assessment
- justifies prioritisation of problem list based on knowledge and clinical reasoning
- collaborates with the patient/client to prioritise the problems
- considers patient's/clients values, priorities and needs

#### 12. Sets realistic short and long term goals with the patient/client

- negotiates realistic short treatment goals in partnership with patient/client
- negotiates realistic long treatment goals in partnership with patient/client
- Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe
- considers physical, emotional and financial costs and relates them to likely gains of physiotherapy intervention

#### 13. Selects appropriate intervention in collaboration with the patient/client

- engages with patient/client to explain assessment findings, discuss intervention strategies and develop an acceptable plan
- options for physiotherapy intervention are identified and justified, based on patient/client needs, on best evidence and available resources
- considers whether physiotherapy treatment is indicated
- demonstrates a suitable range of skills and approaches to intervention
- describes acceptable rationale (eg likely effectiveness) for treatment choices
- balances needs of patients/clients and care givers with the need for efficient and effective intervention
- demonstrates understanding of contraindications and precautions in selection of intervention strategies
- advises patient/client about the effects of treatment or no treatment

### Intervention

#### 14. Performs interventions appropriately

- considers the scheduling of treatment in relation to other procedures eg medication for pain, wound care.
- demonstrates appropriate patient/client handling skills in performance of interventions
- performs techniques at appropriate standard
- minimizes risk of adverse events to patient/client and self in performance of intervention (including observance of infection control procedures and manual handling standards)
- prepares environment for patient/client including necessary equipment for treatment
- identifies when group activity might be an appropriate intervention
- demonstrates skill in case management
- recognises when to enlist assistance of others to complete workload
- completes intervention in acceptable time
- refers patient/client on to other professional/s when physiotherapy intervention is not appropriate, or requires a multi-disciplinary approach

#### 15. Is an effective educator/health promoter

- demonstrates skill in patient/client education eg modifies approach to suit patient/client age group, uses principles of adult learning
- demonstrates skills in conducting group sessions
- a realistic self-management program for prevention and management is developed with the patient/client
- provides information using a range of strategies that demonstrate consideration of patient/client needs
- confirms patient's/client's or caregivers understanding of given information
- uses appropriate strategies to motivate the patient/client and caregiver to participate and to take responsibility for achieving defined goals
- discusses expectations of physiotherapy intervention and its outcomes
- provides feedback to patient/client regarding health status
- educates the patient/client in self evaluation
- encourages and acknowledges achievement of short and long term goals

#### 16. Monitors the effects of intervention

- incorporates relevant evaluation procedures/outcome measures within the physiotherapy plan
- monitors patient/client throughout the intervention
- makes modifications to intervention based on evaluation
- records and communicates outcomes where appropriate.

#### 17. Progresses intervention appropriately

- demonstrates &/or describes safe and sensible treatment progressions
- modifications, continuation or cessation of intervention are made in consultation with the patient/client, based on best available evidence
- discontinues treatment in the absence of measurable benefit

#### 18. Undertakes discharge planning

- begins discharge planning in collaboration with the health care team at the time of the initial episode of care
- describes strategies that may be useful for maintaining or improving health status following discharge
- arranges appropriate follow-up health care to meet short and long term goals
- addresses patient/client and carer needs for ongoing care through the coordination of appropriate services.

### Evidence Based Practice

#### 19. Applies evidence based practice in patient care

- considers the research evidence, patient/client preferences, clinical expertise and available resources in patient/client management
- locates and applies relevant current evidence eg., clinical practice guidelines and systematic reviews
- assists patients/clients and carers to identify reliable and accurate health information
- shares new evidence with colleagues
- participates in quality assessment procedures when possible

### Risk Management

#### 20. Identifies adverse events and near misses and minimises risk associated with assessment and interventions

- monitors patient/client safety during assessment and treatment
- complies with workplace guidelines on patient/client handling
- complies with organizational health and safety requirements
- describes relevant contraindications and precautions associated with assessment and treatment
- reports adverse events and near misses to appropriate members of the team
- implements appropriate measures in case of emergency
- reports inappropriate or unsafe behaviour of a co-worker or situations that are unsafe

## Application of the APP

The APP has been designed and tested as an assessment instrument to be used during a clinical placement block which usually ranges from 4 – 6 weeks. Such longitudinal assessment encourages observation of practice in a range of learning circumstances and has been shown to be the best way to gather a reliable and valid representation of students' skills in clinical practice. In this way, assessment is viewed as an opportunity for educators to provide learners with clear, practical and relevant information and direction, and to help the learner develop skills of self-evaluation and self-regulation.

So when do I use the APP during a clinical unit?

Educators need to be mindful that the use of the APP and its scoring rules do not change, irrespective of at what point or year level in the program the student is completing a clinical unit.

For example students completing a core clinical unit at the beginning of their clinical education program are scored using the APP in exactly the same way as a student completing a similar block at the end of their final year.

## Use of the APP

The APP is currently utilised for both formative and summative assessment. Prior to students commencing placement, the clinical educator responsible for the assessment must familiarize themselves with the APP assessment form and performance indicators, in preparation for mid unit feedback and/or end of unit scoring.

### Mid unit formative feedback

An APP assessment form may be completed for use during the mid unit formative feedback session. Whilst completing the APP at mid unit provides the student with specific feedback on their performance on each item, a problem arises as it may not be possible to comment on all of the items at mid unit. The educator may not have observed the student on sufficient occasions to be able to comment on a score for an item. If this is the case, this should also prompt the educator to ensure they observe this item sufficiently prior to completion of the summative assessment.

If you are unsure about a student's performance on an item, do not score it

When providing feedback it is essential that an educator is able to provide the student with specific examples of their clinical performance. These examples are evidence of why an item or area of practice has been rated at the level chosen.

The primary focus at mid unit formative feedback is to identify areas of clinical practice that the student is performing adequately, those areas requiring improvement and collaboratively negotiating strategies with the student to achieve this improvement. These strategies should be discussed with the student and provided to them in written form for them to reflect on after the mid unit discussion.

Refer to the Examples of Performance Indicators for example behaviours that the student may or may not be demonstrating to indicate an adequate standard of performance in a particular item.

## End of Unit Summative Assessment of Performance

While the general processes for completing the APP and discussing it with your student at final evaluation are the same as at halfway, there are a number of considerations to keep in mind at this time.

- Base final ratings on your student's **overall typical performance** for each item during the last 1-2 weeks of the unit. Where possible comments and feedback should refer to more than one example of your student's performance otherwise they may feel they are being evaluated on the basis of a single incident.
- **Avoid** altering standards. The standards against which you rate the student performance at halfway and final evaluation should remain the same.
- **Give** your student the rating that corresponds with their actual performance. Do not feel the student has to automatically "go up a rating" if their performance has shown some improvement. There may be times when the degree of improvement does not correspond to the descriptors of performance at higher levels of the rating scale. Increasing standards on the rating scale is only **one** way to indicate improvement. The use of verbal and written feedback is a **very effective** way of highlighting the development you have observed.
- **Be prepared** to substantiate the ratings and feedback you have provided. Some students may wish to discuss and even challenge your decisions. Keep in mind examples of behaviours that illustrate higher standards on the rating scale.
- **Collaborate** with university staff in the event that your student is not going to pass the evaluation. Seek their advice and support prior to meeting to discuss the evaluation with your student

## Summary

**Quick checklist for mid unit formative feedback and end of unit summative assessment**

### Mid unit formative assessment

- Main aim is to assist student to improve
- Ensure you have evidence (eg., specific patient examples) of the student's level of performance
- Discuss assessment with appropriate colleague/s
- Ask yourself "what specific things would I like to see the student do in order to give them a better rating?" and write these down
- Use the performance indicators to assist you
- Ensure the student has completed a self reflection APP form prior to the mid unit feedback session
- Complete the APP (if requested to do so by the University) but do not score any item you have insufficient evidence of the student's actual performance
- Develop strategies with the student. Complete learning contract if needed
- Agree on timeline for signing off on review of student's performance
- DO NOT complete the global rating scale at mid unit

### End of unit summative assessment

- Discuss assessment with appropriate colleague/s
- Circle only one score for each item
- All items should be scored
- Complete the global rating scale
- Only score items where you have evidence of level of performance
- The final APP grading is non-negotiable, make your decision before summative assessment is discussed with the student
- Provide student with clear feedback based on samples of evidence, refer to performance indicators
- Reflect on the feedback and assessment process
- Complete all forms and return to the university
- The final grade for the student will be decided by the university considering the documentation and recommendations from the clinical educator.

How can I be a fair and impartial assessor?

## Challenges in Assessment

Clinical educators have identified concerns about their roles of teacher, facilitator, mentor and assessor as conflicting. All educators report a desire to make a fair, honest and impartial judgement about a student's performance and often report feeling stressed when grading a student at a level lower than expected or desired by the student.

Performance based assessment in the clinical environment will never be totally free of errors, however, there are several steps an educator can take to reduce the subjectivity of their judgements and improve consistency within themselves and between assessors.

## Challenges in Scoring

It is difficult to recall the path to achieving a graduate standard and natural that educators may, in some circumstances, have unrealistic expectations of students – either too high or too low.

A genuine difficulty that will be encountered is the ability of clinicians to recall beginner attributes. While experienced educators may have a well developed concept of entry-level attributes, inexperienced educators may be unsure and are encouraged to discuss uncertainties with experienced clinicians.

Experienced clinicians may also suffer from “upward creep” of a pass standard after exposure to the many excellent students who complete physiotherapy education.

### Rater bias

All people and rating scales are susceptible to biases. It is helpful to be aware of these to minimise their effect.

### Halo effect

This occurs when an overall impression (for example, a general liking) of the student influences ratings of specific items. This tends to artificially increase item scores because of this overall impression.

### Devil effect

A corollary to the halo effect is the devil effect, or horns effect, where students judged to have a single undesirable trait are subsequently judged to have many poor traits, allowing a single weak point or negative trait to influence perception of performance in general. To give an example, a student's performance in the Professional Behaviour category (particularly if it is weak) may influence the educator's rating of other categories.

Halo and devil effects may be reduced by careful attention to the performance indicators/sample behaviours that are typical for each item and also by suppressing general impressions of the student.

### Leniency

Leniency is the tendency to avoid harsh assessment, usually in order to avoid discomfort in the student/educator relationship and to avoid negative effects on student morale. To avoid this bias, remember that students can only achieve entry-

level competency when they are provided with constructive and accurate feedback relative to their performance throughout the placement.

### Central Tendency

A person applying this bias will not use the full extent of the scoring scale but tend to assess almost everyone as average.

### Anchoring

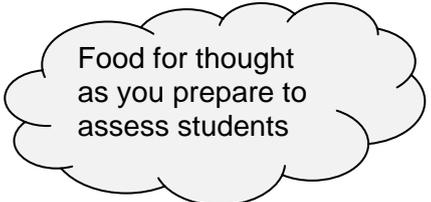
This is the tendency to rely too heavily, or "anchor," on a past incident or on one trait or piece of information when making decisions. An example may be an incident or poor performance of a student in the first week of the placement that continues to influence the educator's rating of the student's performance 4 weeks later at the end of the unit, even though the student has developed improved ability in this area.

### Outcome bias

This may be another important source of bias for assessors to consider. This bias influences people to judge a decision more harshly if they are aware of a bad outcome, than they judge the same decision if they are unaware of the bad outcome. In clinical education, a student whose decision or performance results in patient complications (or improvements) is likely to be assessed more harshly (or favourably) than if there were no observable consequences arising from those actions. Judging single decisions on the basis of their outcomes is problematic because the student has not had a chance to demonstrate learning or reflection arising from knowledge of the outcome. Assessing the quality of decisions should be confined to assessment of the way the student approached the problem and its solution.

### Assessment beliefs to be avoided

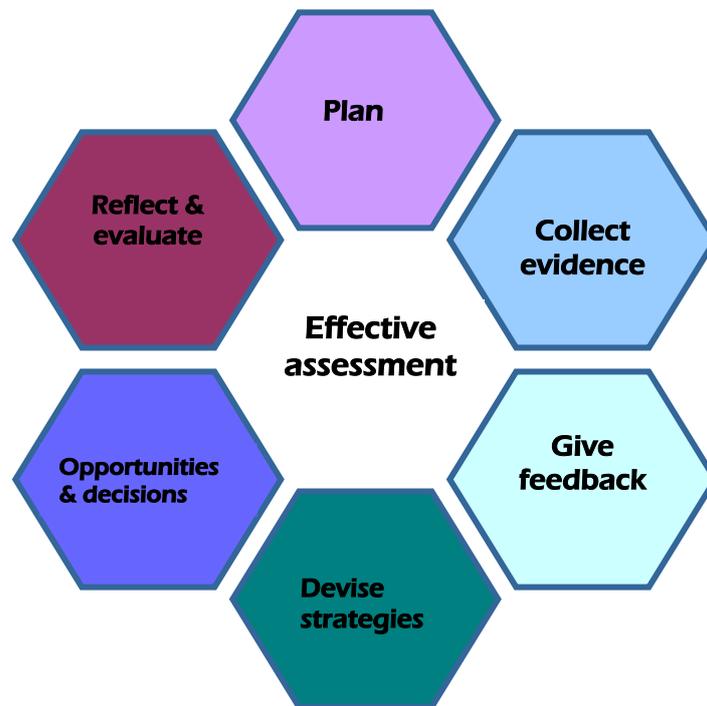
Reflect on the following educator behaviours related to assessment and carefully consider – do any of these beliefs ring true for you? Read the FAQs section for information to dispel these beliefs.



Food for thought  
as you prepare to  
assess students

- I always mark the student very hard at mid unit so that they have more room for improvement in the second half of the unit
- A student can never get a grading of a 4 for any item in their early units because they can only achieve a 4 by the time they graduate
- I never rate any items as excellent because that would mean the student is as good as I am
- Students always improve their performance from mid unit to end of unit
- I feel bad as I did not have the time to assess all of the items. So as not to disadvantage the student, I will give them a 2 for each item I haven't really been able to assess
- Different facilities have different standards. This facility is a tertiary teaching hospital and as such, we have higher standards and must mark the students harder
- I am not exactly sure why, but I just know in my gut that this student should have to repeat this unit
- On the global rating scale: "this student is improving and is very nice with their patients, but is not really adequate with their skills. I don't want to demoralise them by marking "not adequate" on the GRS as they have a few more clinics yet. I am sure another educator will mark not adequate if they don't improve".

## Hints for Achieving Best Practice in Assessment in the Clinical Setting



(adapted from  
[http://www.icvet.tafensw.edu.au/resources/assessment\\_strategies.htm](http://www.icvet.tafensw.edu.au/resources/assessment_strategies.htm))

### 1. Plan for feedback and assessment

- complete training in assessment
- prepare for assessment by reading information provided by the university and by familiarising yourself with the assessment instrument. If there is to be multiple clinical educators decide who has the role as the primary assessor.
- discuss your expectations around assessment with the students in the first few days of the unit as part of their orientation
- discuss with the students how they prefer to be given feedback and how you most commonly provide it and reach agreement. Discuss the importance of immediacy of feedback and how this will be handled, eg., how is feedback going to be given in front of the patient/client?
- how will you manage your time to ensure each student's performance can be viewed? - Draw up a feedback / assessment schedule to manage your time effectively

### 2. Collect evidence of student's performance to support your feedback and grading decisions

Collect evidence from multiple sources, for example....

- observation & taking notes to ensure specific behaviours can be recounted when providing feedback to the student
- questioning, in particular, scenario based questioning is very useful to obtain information about a student's knowledge, understanding and management decisions.

- other colleagues who have also worked with the student,
- structured activities, or simulated activities
- written records - case notes, chart entries, handover notes, letters,
- work related projects eg. presentations to staff &/or students,
- portfolios

### **3. Give Feedback and devise strategies**

- Allow student to self assess, pay particular attention to items where student assessment and educator assessment differ markedly
- Provide student with clear feedback based on samples of evidence
- Use the performance indicators to provide specific feedback of behaviours requiring improvement
- Work with student to devise strategies to assist improvement (learning contract)
- Agree on timeline for signing off on review of student's performance

### **4. Opportunities and Decisions**

- provide opportunities for further practise following formative assessment
- ensure sufficient evidence is collected to enable rating of all 20 items
- make a decision on the final rating of each item
- if you do not have sufficient evidence to make a judgement on the standard of performance, do not rate the item

### **5. Reflect and Evaluate**

- Reflect on the feedback and assessment process
- Decide what worked well and what could be improved
- Evaluate your teaching and assessing using multiple sources of evidence
  - Self-monitoring
  - Audiotape or videotape recordings
  - Information from students – questionnaires, interviews,
  - Peer review – suggestions from an outside observer
- Initiate the changes required for the next students

## **Ensuring consistency in Assessment**

The concept of reliability or consistency of assessment across different educators, different clinical areas and different types of facilities is a key component of effective assessment. It is important that students assessed by one educator would receive a similar rating if assessed by a different educator.

There are several strategies that can be used to aid consistency of assessment :

- Regular training in the use of the assessment instrument using exemplars of student performance
- A specific assessment process that is planned, evaluated and followed (as outlined above)
- Remain constant in expectations of what is an adequate entry level “Day 1” standard for each item irrespective of when the unit/subject occurs during the program.
- A lead assessor/mentor who is responsible for arranging discussion between staff and training in relation to student assessment and its inherent challenges. This is essential if the challenges associated with biases and “upward creep” of the pass standard are to be addressed

- Where appropriate, use of an independent assessor (a university educator) to assist in training of assessors or as an arbiter when consensus on student performance cannot be reached



## Use of the DVD for Training in Assessment

This activity is best undertaken as a group of educators

1. Familiarise yourself with the APP instrument and its associated performance indicators.
2. Watch a vignette of a student's performance on the DVD
3. Take note of key observations (you may choose to use headings of strengths and areas requiring improvement). Be specific
4. Individually mark each item on the APP based on what you have observed (you may refer to the performance indicators to aid your decision-making). Note you may not observe enough behaviours to be able to mark all of the items. If this is the case then mark the item (N/A- not assessed).
5. For the section of the student's performance you have watched, complete the global rating scale
6. As a group work through each item on the APP and discuss the rationale for your rating decisions

### **Additional Skill Development Activity: Feedback provision using the APP**

1. Form groups of 3 (clinical educator, student and observer) and role play a verbal feedback session
2. As the educator, prioritise the key information you want to convey to the student, based on the observation of the performance
3. Consider the question, "what specific things would I like to see the student do in order to give them a better rating?"
4. Collectively with the student, devise strategies for improvement
5. The observer then provides feedback to the educator regarding the process and content of feedback

It is important to note that using a DVD performance to practise assessment has several limitations compared to assessing a real life performance. These limitations need to be kept in mind and accommodated when engaging in assessment training.

The limitations are:

- it is a static performance which you have no ability to control or influence in any way
- you cannot ask the student any questions to ascertain their reasoning or level of knowledge
- the vignettes do not cover all areas of patient assessment and treatment

## APP FAQ's



Below are a list of frequently asked questions and answers about the APP

### Question

When should I score an item using a '2'?

### Answer

When the student has demonstrated performance of the item that is the minimum performance that you would consider necessary to achieve an adequate beginning standard i.e. with respect to this item, the student does just enough to be considered entry level standard.

### Question

When should I score an item using a '3'?

### Answer

When the student has demonstrated performance of the item in a way that leaves no doubt that they are at entry level standard i.e. with respect to this item.

### Question

When should I score an item using a '4' ?

### Answer

When the student has demonstrated an excellent performance in relation to an item. This performance would be superior to that of a student scoring a 2 for the same item.

### Question

How is the APP scored?

### Answer

The APP has a maximum raw score of 80. Individual universities may apply additional hurdle requirements on certain items, and may have different weightings for the APP component of a clinical unit/subject result.

### Question

How do I assess a student if they don't demonstrate one of the performances described in the examples of performance indicators provided?

### Answer

The list of performance indicators is not meant to be exhaustive, nor are the indicators meant to be a checklist. They are meant to provide a representative range of examples and demonstrate the principle that feedback to students needs to describe the behaviour that the student needs to demonstrate in order to achieve a higher grade.

**Question**

Should I rate the student on each performance indicator?

**Answer**

No. The student is rated on each of the 20 items on the APP. The performance indicators provide examples of observable behaviours that indicate competency for particular items. The educator may use these and other relevant examples to provide feedback to students on the behaviours they are looking for as evidence of competence on a particular item.

**Question**

The student was not happy with a 2 and complained. What should I say?

**Answer**

Describe to the student the behaviours they would need to demonstrate in order for you to feel comfortable about their abilities and award them a 3, or delighted with their abilities and award them a 4. Students need to be clear about why you think their behaviours demonstrate the minimal acceptable performance level. The aim of feedback is to encourage students to become the best practitioners they can be. Provide the student with specific examples to illustrate behaviours that would achieve a higher grade.

**Question**

If a student scores 1's and 2's will they fail the unit?

**Answer**

They may or they may not. When a student first begins clinical practice experience, it can be very hard for them to demonstrate even minimally acceptable performance with respect to expected entry level standards. Universities have the option to standardise grades and may exercise this option for the first clinical rotation(s). It is very important that students are given explicit advice regarding the behaviours that they would need to demonstrate to achieve a pass or better. It is vital your initial focus is on objectively rating each item, and not on an overall result.

**Question**

I have a student who has been outstanding . Can I give them 4's?

**Answer**

Certainly! Raters have a tendency to avoid scale extremes, however, it is very important to use the entire score range. Students should be given the worst or best scores if that is the most appropriate rating. All students should be told what it is they need to do to score a 4 and they should aim for excellence. It is important that educators remember that the student is aiming for day 1 new graduate excellence, not the excellence that you would expect after some time in practice.

### Question

Is the student judged against a beginning (entry-level) practitioner or their expected ability for their stage of the course?

### Answer

Some programs have traditionally used entry-level competencies as the benchmark against which to judge student performance, while others have used the performance that would be expected at the particular stage of the course. For consistent and meaningful use of the APP across programs, the student should be judged on each item against the minimum target attributes required to achieve beginner's (entry-level) standard and register to practice.

### Question

What do you mean by 1 = "Demonstrates few performance indicators to an adequate standard"?

### Answer

A score of 1 indicates that the student has not reached the minimal acceptable standard for that item. It is very important that students who do not achieve the minimal acceptable standard are provided with very clear examples of the behaviours that they need to demonstrate in order to achieve this. Some performance indicators are provided to assist educators to give appropriate feedback and direction. Many relevant performance indicators have not been listed. For example, 'does not take calls on mobile phone while assessing a patient' is not listed as a performance indicator, but it could clearly be raised by an educator who chose to mark a student below 2 for professional behaviour. Educators and students should collaborate to ensure that performance targets and strategies to achieve the required improvement are clear.

### Question

What is a fair definition of a minimum entry level standard?

### Answer

In overall terms a student who scores a 2 for most items is performing at the minimum entry level standard and they are likely to be able to:

- acceptably manage a variety of patients with non-complex needs
- identify the patient/client's major problems
- establish major goals
- prioritise goals
- select appropriate treatment
- complete treatment safely and effectively within a reasonable time frame
- demonstrate an awareness of limitations and where to seek assistance.

### Question

What is a fair definition of an excellent entry level standard?

### Answer

In overall terms a student who scores a 4 for most items is performing at an excellent entry level standard and is likely to demonstrate all performances expected for minimum entry level standard and also demonstrate:

- the ability to work relatively independently, thoroughly and sensitively.
- fluid, efficient and sensitive handling skills
- flexibility and adaptability
- competent linking of theory and practice
- appropriate reflection and insight
- cogent and concise arguments for clinical decisions
- excellent time management

Students who score 3's for most items will be on a path between minimal acceptable and excellent entry level performance

### Question

Time management is an important attribute for a graduate. Where is it rated on the APP?

### Answer

Time management is not listed as a separate item as it is an important component of several of the aspects of practice. You will observe in the performance indicators that time management is assessed under the following items 2,7,9, and 14.

### Question

How do I assess Item 19 – Applies evidence based practice in patient care, during a clinical unit?

### Answer

Perusal of the performance indicators for EBP shows that if the student is applying EBP to patient care they are considering not only available current research evidence but also patient/client preferences, expertise of clinicians and available resources in deciding on the best management plan for their patient/client. This item also means that the student shows the ability to seek out any information relevant to the care of their patients. The student should access “pre-appraised” research evidence – ie clinical practice guidelines and systematic reviews. Students should make use of available online databases to locate relevant “pre-appraised” evidence (eg Cochrane, Clinical Evidence, PEDro). It does not mean that the student has to do a literature review whilst on clinical placement, however if time is allocated to the student during the placement to search the literature on a particular topic, this is appropriate and would be assessed under this item. Involvement of the student in quality assurance activities during placement would also enable assessment under of this item.

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**Notes**

