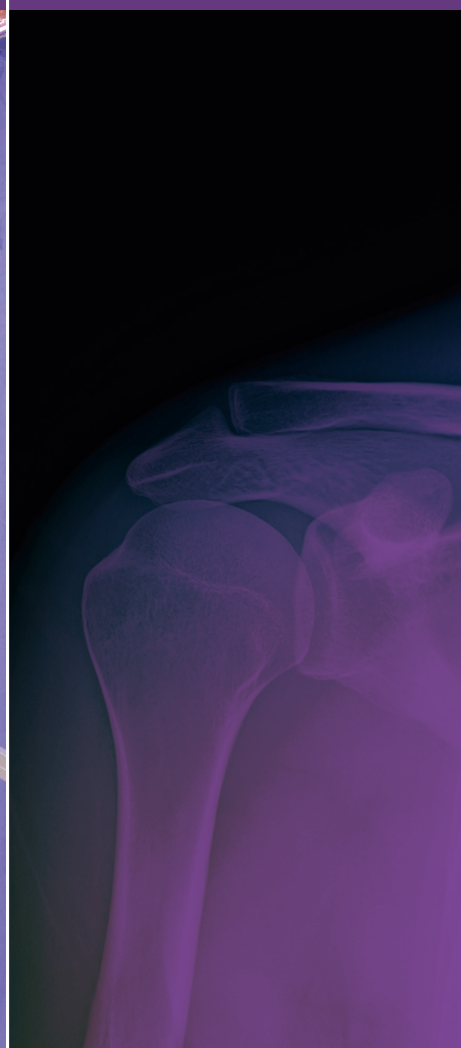


# Advanced Musculoskeletal Physiotherapy Clinical Education Framework

The manual



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# Introduction

The Advanced Musculoskeletal Physiotherapy Clinical Education Framework (the framework) has been developed to support advanced musculoskeletal physiotherapy (AMP) services operating across outpatient departments and emergency departments of public health services in Victoria. These services include (but are not limited to):

- Post Arthroplasty Review (PAR) clinics
- orthopaedic and neurosurgical physiotherapy-led screening clinics
- OsteoArthritis Hip and Knee Service (OAHKS)
- advanced musculoskeletal physiotherapy services in emergency departments
- specialist physiotherapy pain services.

This framework forms one component of the suite of documents supporting the implementation of AMP roles and should be read in conjunction with the Advanced Musculoskeletal Physiotherapy Operational Framework (see Figure 1).

While it addresses the safety and quality domain of the Victorian Department of Health's Clinical Governance Framework in providing an 'effective workforce', this framework is flexible and adaptable. It should be considered as a guide, to be tailored to meet the requirements of the individual and the organisation. Previous experience and formalised post-graduate education, knowledge and skills of the physiotherapist should be recognised, in addition to the requirements of the role, and the support available from expert colleagues.

The framework has been developed to meet the learning and competency assessment requirements of AMP roles that extend beyond the normal undergraduate physiotherapy degree. With the increasing number of AMP services being established across different health services, there was a need to establish a consistent, coordinated, evidence-based clinical education framework.

Input and feedback from expert clinicians across the Victorian public hospital sector (both metropolitan and regional), existing competency standards, and education and teaching resources have all contributed to the development of the framework.

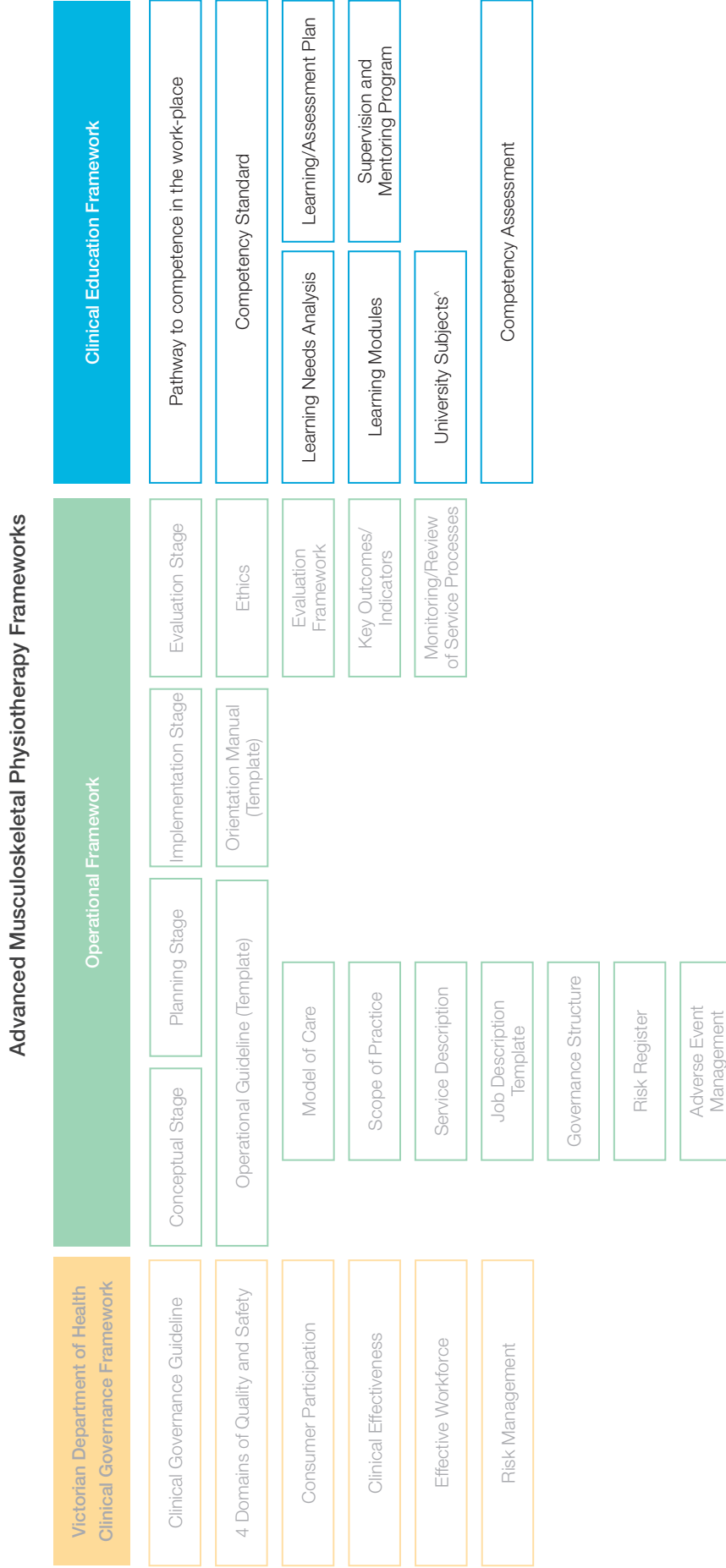
This framework supports physiotherapists with the required clinical education and training, and competency assessment in the workplace, to promote the delivery of safe and high-quality services that are effective and sustainable. In addition, this will allow transferability of the skill sets of physiotherapists across different AMP roles and organisations, which will lead to increased workforce capacity and efficiency.

The framework includes a competency-based learning and assessment resource that has been developed and adapted from the allied health competency framework used at Monash Health. It has undergone many revisions to reflect the importance of developing a flexible, useable and adaptable framework that meets the varying demands faced by health organisations in the ever-changing healthcare environment.

The manual provides details of the development of the competency standard, and the process to achieve competency, mentoring and ongoing competency requirements across all the areas of AMP practice.

Another key component of the framework are the competency-based learning and assessment workbooks. The workbooks in each of the key areas of AMP practice contain the relevant competency standard, corresponding scope of practice statement, assessment tools and resources required to complete the competency-based learning and assessment.

Figure 1. AMP frameworks



<sup>^</sup> If required by the local organisation

# The manual

## Pathway to competence in the workplace

The pathway to competence in the workplace for advanced musculoskeletal physiotherapists begins by meeting the pre-entry criteria, which includes demonstrating the necessary amount of experience working in the musculoskeletal area (Figure 2). The job description and classification for specific AMP roles may vary between organisations and depend on variables such as the role itself (for example, OAHKS versus emergency), the level of responsibility of the physiotherapist, the support available and post-graduate qualifications.

A physiotherapist new to AMP roles will, in most cases, complete the whole competency-based program by engaging in both a learning and assessment pathway. However, a physiotherapist already working in AMP roles may only need to undertake an assessment pathway if they provide evidence of having met the requirements of the standard and competency assessment.

The physiotherapist can commence working in AMP roles under supervision, while following the pathway to competency in the workplace. Figure 2 outlines the steps in the pathway to competency in the workplace, which will be discussed throughout this document.

In the early stages of commencing in the role, the timeframe for supervised practice and the timing of the competency assessment should be negotiated with the physiotherapist and the clinical lead physiotherapist or supervisor and, in some circumstances, with the supervising medical consultant.

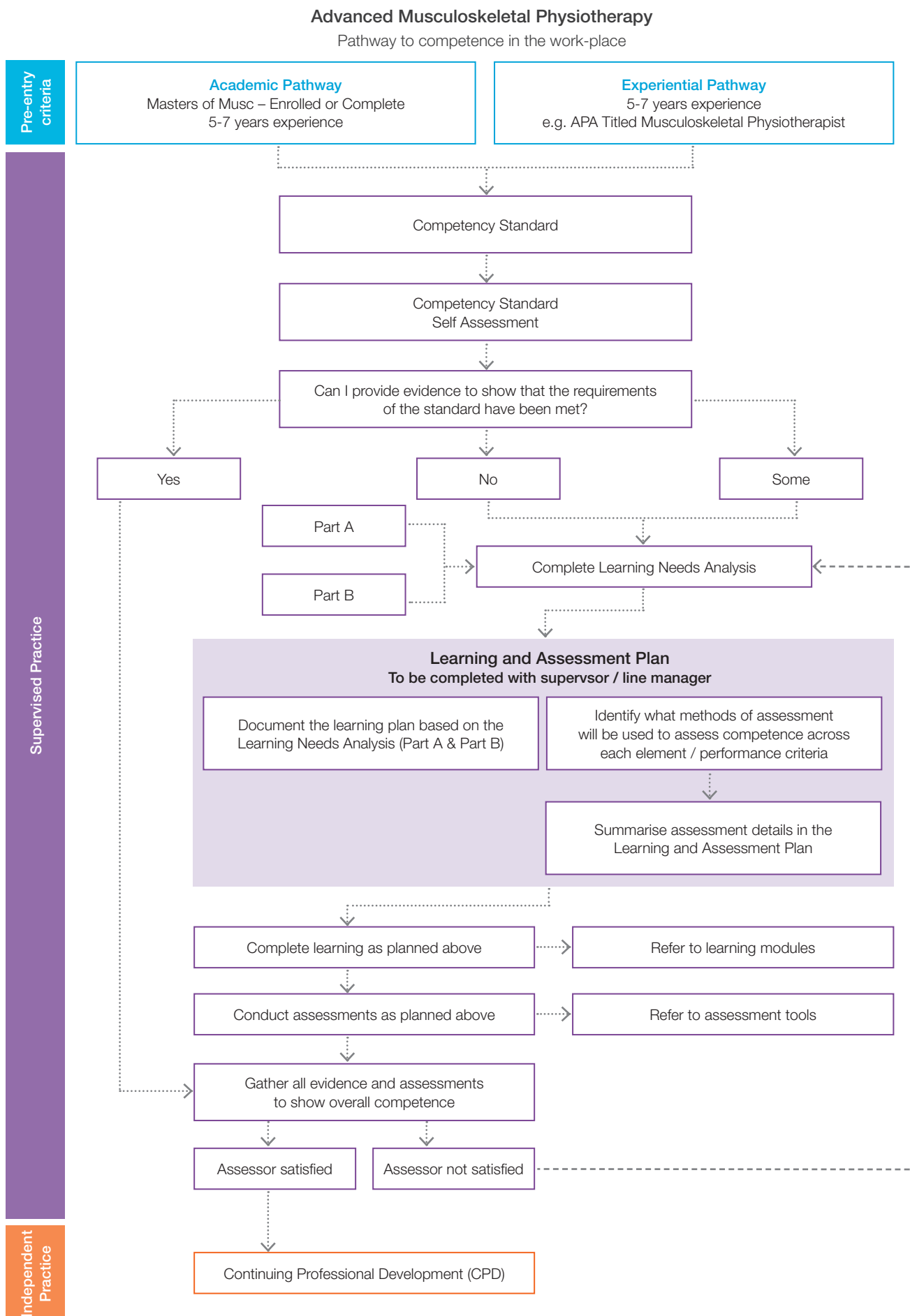
The scope of practice to be undertaken during supervised practice and independent practice must also be defined prior to the physiotherapist commencing the role. For example, a physiotherapist working under supervised practice for AMP emergency department (ED) services should ensure that all x-rays requested by that physiotherapist are reviewed with the ED consultant prior to the patient being discharged.

Once competency has been achieved, patients who have had x-rays (other than spine and pelvis, with no red and yellow flags, and who do not require further imaging or specialist referral) requested by the physiotherapist, may be discharged without liaising with the ED consultant. Note that this definition of supervised and independent practice for each role may vary between organisations.

Although the pathway ends once competency has been achieved, the physiotherapist will be required to participate in continuing professional development and self-directed learning to ensure ongoing competency requirements are met. If the work role subsequently changes, additional competencies may be required.



Figure 2. AMP pathway to competence in the workplace



## AMP competency standard

### Background

Health services are required to have rigorous and robust systems in place to ensure that safety and standards of patient care are monitored and maintained. An essential part of the clinical governance system is to ensure that practitioners are appropriately skilled and competent to perform their roles.

Clinical governance is defined as the ‘system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards, and by allowing excellence in clinical care to flourish’. (Australian Commission on Safety and Quality in Healthcare, September 2011)

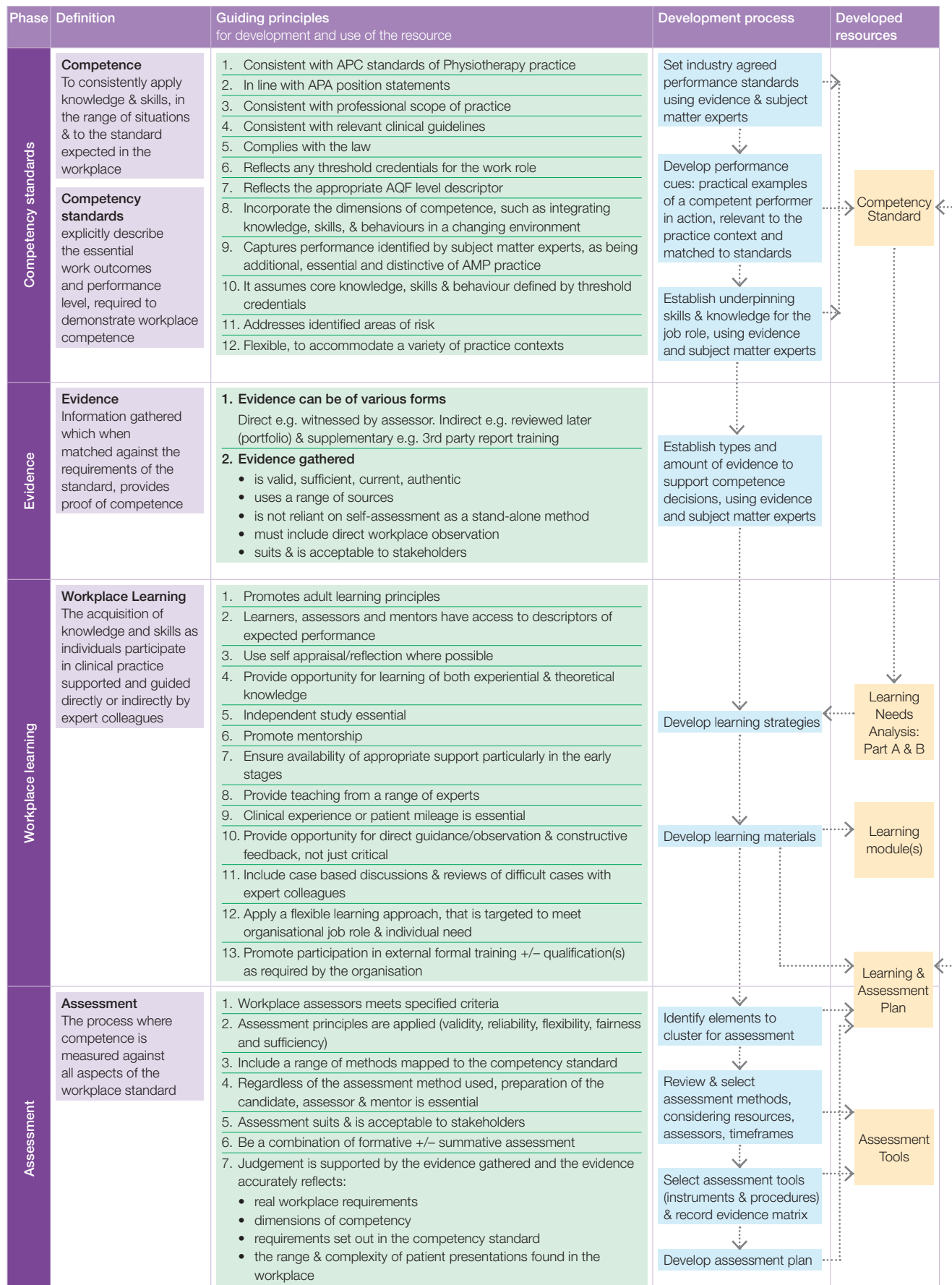
One activity that is key to clinical governance in this proposed model is a competency-based training and assessment program applied in the workplace after recruitment, supported by prerequisite threshold credentials, and prior substantial musculoskeletal physiotherapy experience.

An overview and the guiding principles that underpin the development and use of the AMP competency-based learning and assessment resource are outlined in Figure 3.

Figure 3. AMP competency-based learning and assessment process overview

Advanced Musculoskeletal Physiotherapy (service delivery)

Competency based learning & assessment process overview



APC = Australian Physiotherapy Council AQF = Australian Qualification Framework AMP = Advanced Musculoskeletal Physiotherapy

## Competency standard development and application

### Competency-based training defined

Competency-based training is defined as ‘an approach to training that places emphasis on what a person can do in the workplace as a result of training completion’. (Australian Commission on Safety and Quality in Healthcare, September 2011)

‘Competency-based assessment is a purposeful process of systematically gathering, interpreting, recording and communicating to stakeholders, information on candidate performance against industry competency standards and/or learning programs.’ (National Quality Council, 2009)

A competency standard is a benchmark against which evidence of competence can be mapped. Establishing this standard is central to competency training and assessment in any context.

### Establishing a competency standard for the independent AMP clinician

The Australian Standards for Physiotherapy prepared by the Australian Physiotherapy Council are ‘intended to provide the profession with a benchmark for the knowledge, skills and attributes of a safe and effective entry level physiotherapist’. (Australian Physiotherapy Council, July 2006)

While relevant, their application is somewhat limited when verifying competence for advanced musculoskeletal physiotherapists who are clearly practising beyond graduate level. There is broad acceptance of the need for this, but no consistency in the approach applied across health services.

To address this, focus groups, comprised largely of subject matter experts of AMP services across the Victorian health service, were formed with the intent of developing and agreeing on an industry standard (competency standard) that could be applied in a variety of practice contexts for the advanced musculoskeletal physiotherapist.

When developing the competency standard, a key assumption of having met and applied the Australian Standards for Physiotherapy is made. This competency standard is reflective of this, and capturing the additional skills, knowledge and behaviours deemed essential and distinctive of an independent clinician working in an AMP role. An individual operating as a clinical lead in this context is therefore not fully described by the competency standard. Other competence areas would need to be included, for example, service evaluation.

The final content of this competency standard was determined by combining the findings of Suckley (June 2012), the Advanced Practice Musculoskeletal Physiotherapy: A Clinical Education and Competency Framework: The Alfred and Victorian Department of Health Focus Groups (2012), and with reference to both the Australian Standards for Physiotherapy (2006) and the *National Common Health Capability Resource: Shared activities and behaviours of the Australian health workforce* (Provisional Edition, March 2013). It also included a review of relevant literature.

Figure 4 provides an overview of the broad domain and element areas of the competency standard, using the example of AMP services in the emergency department. Figure 5 provides an overview of the format of the competency standard.

The competency standard developed covers all the AMP services, although only the elements 1–14 of the competency standard apply to all the areas of AMP. Elements from 15 onwards of the competency standard are ‘specific to the practice context’, that is, relevant to one or more services, but not necessarily to all services.

The competency standard for the following AMP services are accompanied by the Scope of Practice statement presented in the following workbooks:

1. Post Arthroplasty Review (PAR) clinic
2. Physiotherapy-led orthopaedic and neurosurgery screening clinics
3. OsteoArthritis Hip Knee Service (OAHKS)
4. AMP services in the emergency department
5. Speciality pain services.

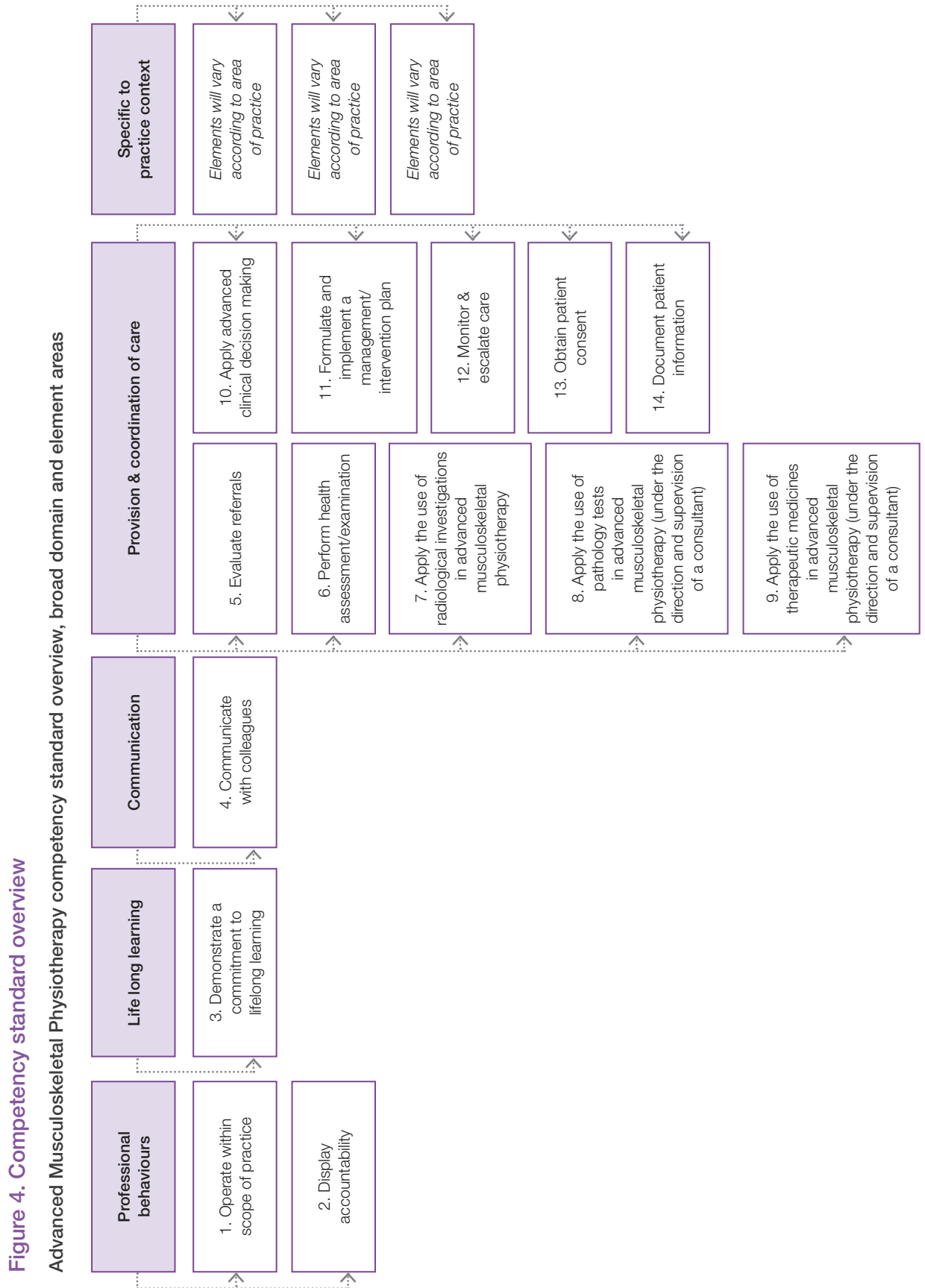


Figure 5. AMP competency standard at a glance

**Domain title**

(unchanged for all practice contexts)

| Professional behaviours                    |   |  |
|--|---|--|
| <b>1. Operate within scope of practice</b> | 1.1 Identify and act within own knowledge base and scope of practice                  | <ul style="list-style-type: none"> <li>• Confers with expert colleagues for a second opinion when unsure or exposed to uncommon presentations</li> <li>• Refrains from procedures outside scope</li> </ul>   |
|  | 1.2 Work toward the full extent of the role   | <ul style="list-style-type: none"> <li>• Demonstrate a desire to acquire further knowledge and extend practice to achieve full potential within scope of practice</li> <li>• Extends the range of patient conditions/profile over time</li> </ul>        |
| <b>2. Display Accountability</b>           | 2.1 Demonstrate responsibility for own actions, as it applies to the practice context | <ul style="list-style-type: none"> <li>• Identifies the additional responsibilities resulting from working in advanced practice roles</li> <li>• Identifies the impact own decision making has on patient outcomes and acts to minimise risks</li> </ul> |

|  |  |  |
|--|--|--|
| <p><b>Element</b></p> <p>(the essential work outcome, unchanged for all practice contexts)</p> | <p><b>Performance criteria</b></p> <p>(specify the level of the performance required to demonstrate achievement of the element, unchanged for all practice contexts)</p> | <p><b>Performance cues</b></p> <p>(practical examples of what an independent performer may look like in action. This column will differ according to the practice context, for example, emergency department versus OAHKS)</p> |
|--|--|--|

Underpinning knowledge and skills are integral to this competency standard and the competence of advanced musculoskeletal physiotherapists. A comprehensive list is provided in the workbook section: *Learning needs analysis- Part B. Underpinning knowledge and skills self-assessment tool.*

## Generic competency standard: Deliver AMP services

| Element  | Performance criteria   | Performance cues  |
|--|--|---|
| Elements describe the essential outcome of the competency standard | The performance criteria specify the level of the performance required to demonstrate achievement of the element                       | Performance cues provide practical examples of what an independent performer may look like, in action |
| <b>Professional behaviours</b>                                     |  |   |
| <b>1. Operate within scope of practice</b>                         | 1.1. Identify and act within own knowledge base and scope of practice  | * <i>These performance cues are specific to each practice context – refer to relevant workbook</i>    |
|  | 1.2. Work towards the full extent of the role  |   |
| <b>2. Display accountability</b>                                   | 2.1. Demonstrate responsibility for own actions, as it applies to the practice context   |   |
| <b>Lifelong learning</b>   |  |   |
| <b>3. Demonstrate a commitment to lifelong learning</b>            | 3.1. Engage in lifelong learning practices to maintain and extend professional competence  |   |
|  | 3.2. Identify own professional development needs, and implement strategies for achieving them  |   |
|  | 3.3. Engage in both self-directed and practice-based learning  |   |
|  | 3.4. Reflect on clinical practice to identify strengths and areas requiring further development  |   |
| <b>Communication</b>   |  |   |
| <b>4. Communicate with colleagues</b>                              | 4.1. Use concise, systematic communication at the appropriate level when conversing with a range of colleagues in the practice context |   |
|  | 4.2. Present all relevant information to expert colleagues, when acting to obtain their involvement                                    |   |



| <b>Element</b><br>Elements describe the essential outcome of the competency standard | <b>Performance criteria</b><br>The performance criteria specify the level of the performance required to demonstrate achievement of the element   | <b>Performance cues</b><br>Performance cues provide practical examples of what an independent performer may look like, in action |
|--|---|--|
| <b>Provision and coordination of care</b>  |   |  |
| <b>5. Evaluate referrals</b>   | 5.1. Discern patients appropriate for advanced physiotherapy management, in accordance with individual strengths or limitations, any legal or organisational restrictions on practice, the environment, the patient profile/needs and within defined work roles       |  |
|  | 5.2. Discern patients appropriate for management in a shared-care arrangement, in accordance with individual strengths or limitations, any legal or organisational restrictions on practice, the environment, the patient profile/needs and within defined work roles |  |
|  | 5.3. Defer patient referrals to relevant health professionals, including other physiotherapists, when limitations of skill or job role prevent the patient's needs from being adequately addressed or when indicated by local triage procedure                        |  |
|  | 5.4. Prioritise referrals based on patient profile/need, organisational procedure or targets and any local factors  |  |
|  | 5.5. Communicate action taken on referrals using established organisational processes   |  |

| <b>Element</b><br>Elements describe the essential outcome of the competency standard | <b>Performance criteria</b><br>The performance criteria specify the level of the performance required to demonstrate achievement of the element  | <b>Performance cues</b><br>Performance cues provide practical examples of what an independent performer may look like, in action |
|--|--|--|
| <b>6. Perform health assessment/examination</b>                                      | 6.1. Design and perform an individualised, culturally appropriate and effective patient interview for common and/or complex conditions/presentations   |  |
|  | 6.2. Formulate a preliminary hypothesis and differential diagnoses for a patient with common and/or complex conditions, as relevant to the practice context  |  |
|  | 6.3. Perform complex modifications to routine musculoskeletal assessment in recognition of factors that may impact the process, such as the patient profile/needs and the practice context   |  |
|  | 6.4. Design and conduct an individualised, culturally appropriate and effective clinical assessment that: <ul style="list-style-type: none"> <li>• is systems based</li> <li>• includes relevant clinical tests</li> <li>• selects and measures relevant health indicators</li> <li>• substantiates the provisional diagnosis</li> </ul> |  |
|  | 6.5. Identify when input is required from expert colleagues and act to obtain their involvement  |  |
|  | 6.6. Act to ensure all red flags are identified in the assessment process, link red flags to diagnoses not to be missed and take appropriate action in a timely manner   |  |
|  | 6.7. Act to ensure yellow flags are identified in the assessment process and take appropriate action in a timely manner  |  |

| <b>Element</b><br>Elements describe the essential outcome of the competency standard | <b>Performance criteria</b><br>The performance criteria specify the level of the performance required to demonstrate achievement of the element                  | <b>Performance cues</b><br>Performance cues provide practical examples of what an independent performer may look like, in action |
|--|--|--|
| <b>7. Apply the use of radiological investigations in AMP services</b>               | 7.1. Anticipate and minimise risks associated with radiological investigations   |  |
|  | 7.2. Determine the indication for imaging, based on assessment findings and clinical decision-making rules   |  |
|  | 7.3. Select the appropriate modality consistently and act to gain authorisation as required  |  |
|  | 7.4. Convey all required information on the imaging request consistently   |  |
|  | 7.5. Interpret plain-film images accurately, using a systematic approach for patients with common and/or complex conditions, as relevant to the practice context |  |
|  | 7.6. Identify when input is required from expert colleagues and act to obtain their involvement  |  |
|  | 7.7. Meet threshold credentials and/or external learning and assessment processes set by the organisation, governing body or state and territory legislation     |  |

| Element<br>Elements describe the essential outcome of the competency standard                                | Performance criteria<br>The performance criteria specify the level of the performance required to demonstrate achievement of the element   | Performance cues<br>Performance cues provide practical examples of what an independent performer may look like, in action |
|--|--|---|
| <b>8. Apply the use of pathology tests in AMP services (under direction and supervision of a consultant)</b> | 8.1. Anticipate and minimise risks associated with pathology tests   |   |
|  | 8.2. Determine the indication for pathology testing, based on assessment findings and clinical decision-making rules   |   |
|  | 8.3. Identify the appropriate test(s) consistently and act to gain authorisation as required   |   |
|  | 8.4. Convey all required information to appropriate personnel initiating pathology tests   |   |
|  | 8.5. Interpret routine pathology test results for patients with common and/or complex conditions, as relevant to the practice context and in consultation with expert colleagues when required |   |
|  | 8.6. Meet threshold credentials and/or external learning and assessment processes set by the organisation, governing body, or state and territory legislation                                  |   |

| <b>Element</b><br>Elements describe the essential outcome of the competency standard                               | <b>Performance criteria</b><br>The performance criteria specify the level of the performance required to demonstrate achievement of the element  | <b>Performance cues</b><br>Performance cues provide practical examples of what an independent performer may look like, in action |
|--|--|--|
| <b>9. Apply the use of therapeutic medicines in AMP services (under direction and supervision of a consultant)</b> | 9.1. Determine the indication and appropriate medication requirements from information obtained from the history taking and clinical examination, and liaise with relevant health professional regarding this  |  |
|  | 9.2. Demonstrate knowledge of pharmacokinetics, indications, contraindications, precautions, adverse effects, interactions, dosage and administration of medications commonly used to treat musculoskeletal conditions, applicable to the practice context |  |
|  | 9.3. Apply knowledge of the legal and professional responsibilities relevant to recommending, administering, using, supplying and/or prescribing medicines under the current legislation, as relevant to the practice context                              |  |
|  | 9.4. Comply with national, state and territory drugs and poisons legislation   |  |
|  | 9.5. Identify when input is required from expert colleagues and act to obtain their involvement  |  |
|  | 9.6. Apply relevant knowledge of the medicine involved, when recommending and informing patients of the risks and benefits of use  |  |
|  | 9.7. Exercise due care, including assessing properly the implications for individual patients receiving therapeutic medicine, as relevant to the practice context  |  |

| <b>Element</b><br>Elements describe the essential outcome of the competency standard | <b>Performance criteria</b><br>The performance criteria specify the level of the performance required to demonstrate achievement of the element                      | <b>Performance cues</b><br>Performance cues provide practical examples of what an independent performer may look like, in action |
|--|--|--|
|  | 9.8. Maintain proper clinical records as they relate to therapeutic medicine   |  |
|  | 9.9. Meet threshold credentials and/or external learning and assessment processes set by the organisation, governing body, national, state and territory legislation |  |
| <b>10. Apply advanced clinical decision making</b>                                   | 10.1. Synthesize and interpret findings from clinical assessment and diagnostic tests to confirm the diagnosis   |  |
|  | 10.2. Demonstrate well-developed judgement in implementing and coordinating a patient management plan that synthesizes all relevant factors                          |  |
|  | 10.3. Use finite healthcare resources wisely to achieve best outcomes  |  |

| <b>Element</b><br>Elements describe the essential outcome of the competency standard | <b>Performance criteria</b><br>The performance criteria specify the level of the performance required to demonstrate achievement of the element                                    | <b>Performance cues</b><br>Performance cues provide practical examples of what an independent performer may look like, in action |
|--|--|--|
| <b>11. Formulate and implement a management/ intervention plan</b>                   | 11.1. Formulate complex, evidence-based management plans/ interventions as determined by patient diagnosis, relevant to the practice context and in collaboration with the patient |  |
|  | 11.2. Identify when guidance is required from expert colleagues and act to obtain their involvement  |  |
|  | 11.3. Facilitate all prerequisite investigations/procedures prior to consultation, referral or follow-up, as relevant to the practice context                                      |  |
|  | 11.4. Assess the need for referral or follow up and arrange if necessary   |  |
|  | 11.5. Identify when input to complimentary care is required from other healthcare professionals and act to obtain their involvement  |  |
|  | 11.6. Provide appropriate education and advice to patients with common and/or complex conditions, as relevant to the practice context  |  |
|  | 11.7. Conduct a thorough handover, to ensure patient care is maintained  |  |
| <b>12. Monitoring and escalation</b>   | 12.1. Monitor the patient response and progress throughout the intervention using appropriate visual, verbal and physiological observations  |  |
|  | 12.2. Identify and respond to atypical situations that arise when implementing the management plan/intervention  |  |

| <b>Element</b><br>Elements describe the essential outcome of the competency standard                                      | <b>Performance criteria</b><br>The performance criteria specify the level of the performance required to demonstrate achievement of the element  | <b>Performance cues</b><br>Performance cues provide practical examples of what an independent performer may look like, in action |
|---|--|--|
| <b>13. Obtain patient consent</b>   | 13.1. Explain own activity to the patient as it specifically relates to the practice context and check that the patient agrees before proceeding   |  |
|   | 13.2. Consider the patient's capacity for decision making and consent  |  |
|   | 13.3. Inform the patient of any additional risks specific to advanced practice, proposed treatments and ongoing service delivery, and confirm their understanding                                  |  |
|   | 13.4. Employ strategies for overcoming barriers to informed consent as relevant to the practice context  |  |
| <b>14. Document patient information</b>   | 14.1. Document in the patient health record, fully capturing the entire intervention and consultation process, addressing areas of risk and consent, and including any referral or follow-up plans |  |
| <b>Specific to practice context</b>   |  |  |
| * <i>These added elements and performance criteria are specific to each practice context – refer to relevant workbook</i> |  |  |



## Mentoring program

### Introduction

A mentoring program can assist the physiotherapist to improve their understanding of the requirements of AMP roles and in particular how they differ from traditional physiotherapy roles. Mentoring can support the development of professional practice, extending physiotherapists to meet their full potential in a supportive environment.

It is recommended that musculoskeletal physiotherapists new to advanced roles should participate in a mentoring program. Although mentoring is separate, and in addition to clinical supervision, it may involve elements of clinical supervision as outlined in the AMP education and training program.

### What is mentoring?

Mentoring is typically 'a one-on-one relationship between a more experienced and a less experienced clinician and is based on encouragement, constructive comments, openness, mutual trust, respect and a willingness to learn and share.'<sup>1</sup> Clinical supervision, however, takes place in an educational context and focuses on progressing clinical practice through reflection and the provision of professional guidance and support.<sup>2</sup>

'Mentoring is a relationship that gives people the opportunity to share their professional and personal skills and experiences, and to grow and develop in the process'.<sup>3</sup>

A mentoring program can offer benefits to the organisation, the mentee and the mentor by increasing skills and knowledge while enhancing morale and enthusiasm, and the provision of a supportive work environment. The mentor may be a person external to the organisation (such as project lead site) with the appropriate skills, attributes and experience.

### The mentoring relationship – roles and responsibilities

The mentor and mentee need to agree on the purpose of the mentoring program in light of the identified needs of the mentee. For mentoring success, the key elements required include:

- trust – being honest and open when sharing experiences and providing feedback in a constructive way
- respect – respecting each other's time and commitment
- commitment
- accessibility
- being flexible and adaptable
- professionalism
- broad problem-solving skills used
- active listening
- mutual goal setting
- formulation of action lists to achieve goals.

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1 Spencer C 2004, 'Mentoring made easy, a practical guide', NSW Government Publication, p. 5

2 Mills et al. 2005, 'Mentoring, clinical supervision and preceptoring: clarifying the conceptual definitions for Australian rural nurses. A review of the literature', *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy*.

3 Spencer, OpCit., p .5

Mentoring is not primarily about providing education and may not be an appropriate setting for all needs and issues to be resolved.

### The mentor

A mentor is someone who ‘takes an interest in a colleague’s career development and experience in the workplace, and helps them to decide on and achieve their goals.’<sup>4</sup> The mentor should ideally not be involved in the workplace competency assessment of the mentee.

The skills, experience and attributes of the mentor for the AMP roles need to include that they:

- have a minimum two years of experience working in AMP roles or are a medical consultant working in the clinical speciality
- are approachable and trustworthy with good interpersonal skills
- are genuinely committed to being a mentor and able to commit the time it requires
- are enthusiastic with a positive attitude
- are able to provide feedback in an encouraging, honest, constructive, respectful manner
- are a good listener who is objective and non-judgemental
- can challenge, analyse and evaluate
- are able to identify opportunities
- have knowledge of the AMP competency standard and assessment.

The mentor’s role and responsibilities should be openly discussed with the mentee from the beginning. This may require the mentor to:

- coach and support the mentee
- share knowledge, information and previous experiences
- provide guidance, direction, feedback and, if indicated, a different perspective
- maintain mutual trust and respect
- attend scheduled meetings and encourage good documentation of the meetings by the mentee
- lead by example
- highlight areas requiring development, and support mentee in addressing shortfalls
- direct mentee to appropriate resources.

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4 Heartfield et al. 2005, ‘Mentoring fact sheets for nursing in general practice’.

## The mentee

A mentee must be willing, open to new ideas and mature in their approach to professional growth and development. The mentee needs to have a good understanding of the mentoring program and in particular, take the initiative for identifying their needs, goals and for driving the mentoring program.

Similar to the mentor, the mentee must discuss with the mentor their role and responsibilities from the beginning of the program. This may include:

- identifying their clinical needs by completing the learning needs analysis prior to the first session with their mentor
- taking responsibilities for goal setting, career planning, decisions and actions
- respecting the time and commitments of their mentor
- communicating effectively with their mentor
- being open to receiving advice and constructive feedback
- actively seeking guidance and advice regarding their performance
- respecting confidentiality and maintaining mutual trust and respect
- organising and attending all scheduled meetings and completing documentation requirements
- demonstrating a positive attitude and commitment to personal development.

## Mentoring sessions

At the initial meeting, the mentorship program should be talked through systematically. Areas to be covered in the initial meeting should include:

- roles and responsibilities of the mentor and mentee
- clarifying the objectives of the mentoring program and agreeing on the duration for which the mentoring will run
- ground rules and arrangements for resolving problems
- frequency of meetings, dates and duration
- the process for communication, for example, via email or phone
- discussion of results of learning needs analysis
- goal setting and development of the learning and assessment plan, with timeframes that reflect the results of the learning needs analysis. Goal setting should be consistent with requirements of the work-based competency standard
- self-assessment tool part A and B of the AMP competency-based learning and assessment resource (see workbooks) that the mentee should have completed and brought to the first mentoring session
- a specific action plan with timeframes
- clear and legible documentation of the mentoring session signed and dated by both the mentor and mentee.

At ongoing mentoring sessions:

- the mentee should initiate organising the subsequent mentoring sessions
- the mentee should prepare what they would like to achieve from the mentoring session prior to the session and present this to the mentor
- goal setting and action plans should be reviewed at each session to assess progress
- there should be regular review of the learning and assessment plan in relation to the work-based competency assessment
- the mentee should be prepared for the work-based competency assessment using formative assessments
- set the agenda for the next session
- carry out regular review of the mentoring relationship – trouble shoot and seek guidance if mentoring relationship is not achieving desired outcomes
- ending the mentoring arrangement should happen when both parties agree to end
- achievements should be documented and ongoing strategies for the mentee developed if needed.

Refer to the mentoring template for recording initial and subsequent mentoring sessions (Appendix 1).

## Ongoing competency

Once the initial competency of the physiotherapist, measured against the competency standard, has been established, a plan for ongoing learning and competency should be developed, together with their mentor and/or clinical supervisor. This may include elements of:

- an annual performance appraisal
- repeating *Learning Needs Analysis Part A and B* every six to twelve months (refer to workbook)
- ongoing contribution to education and training program – such as case presentations
- maintenance of a professional practice portfolio (refer to APHRA registration requirements and APA continuing education requirements)
- participation in regular clinical audits and annual record-keeping audits
- clinical supervision.

Ongoing competency in the current healthcare climate may also involve elements of:

- successful completion of training/post-graduate qualifications/credentialing in response to changes in legislation, for example, for future prescribing rights
- development of learning and assessment processes to address specific changes or advances in scope of practice that are relevant to the practice context, for example, patient population may change to include paediatrics
- implementation of learning and assessment processes to address specific learner needs, for example, lack of confidence due to infrequent exposure to specific conditions/procedural skills, or lapsed currency of practice following an extended break from clinical practice.

## List of abbreviations

|               |   |
|---------------|---|
| AMP           | advanced musculoskeletal physiotherapy                              |
| AHPRA         | Australian Health Practitioner Regulation Agency                    |
| APA           | Australian Physiotherapy Association                                |
| ED            | emergency department  |
| GP            | general practitioner  |
| MSK           | musculoskeletal   |
| NPS           | National Prescribing Service  |
| OAHKS         | OsteoArthritis Hip and Knee Service                                 |
| OP            | outpatient  |
| PAR           | post arthroplasty review  |
| the framework | Advanced Musculoskeletal Physiotherapy Clinical Education Framework |

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# Appendices

## Appendix 1 – Mentoring Session Template

### Mentoring Program

The objective of the mentoring program should be to guide the clinician new to advanced musculoskeletal physiotherapy roles through the competency based learning and assessment program, and to assist the physiotherapist with their individual learning and professional development.

The mentoring templates that follow are an example of the way mentoring sessions can be documented and structured. Organisations may choose to develop their own. Regardless of the templates used, the physiotherapist should keep documentation of mentoring sessions which can be added to their professional practice portfolio. Additionally this documentation provides evidence towards meeting the competency performance criteria 3.1-3.4.

### 1. Mentoring Template – Initial Session

|                     |                      |
|---------------------|----------------------|
| Name of Mentee:     | Date of meeting:     |
| Name of Mentor:     | Duration of meeting: |
| Position of Mentor: | Location of meeting: |

|   | Mentee roles and responsibilities: | Mentor role and responsibilities: |
|---|------------------------------------|-----------------------------------|
| Roles and responsibilities of mentor and mentee:  |                                    |                                   |
| Objectives of mentoring program:  |                                    |                                   |
| Ground rules e.g. : <ul style="list-style-type: none"> <li>• mode of communication</li> <li>• scheduling of meetings                             <ul style="list-style-type: none"> <li>– time, frequency, location</li> </ul> </li> <li>• conflict resolution</li> <li>• documentation process</li> <li>• agenda</li> <li>• learning styles</li> </ul> |                                    |                                   |

| Key areas to be addressed as identified from learning needs analysis | Action plan to achieve goals | Time frame | Evidence of completion (to be completed at next session) |
|--|------------------------------|------------|--|
|  |                              |            |  |
| Short term goals   | Action plan to achieve goals | Time frame | Evidence of completion (to be completed at next session) |
|  |                              |            |  |
| Long term goals  | Action plan to achieve goals | Time frame | Evidence of completion (to be completed at next session) |
|  |                              |            |  |

Next meeting time/date/location:

Agenda items for next meeting:

Signature Mentor

Date:

Signature Mentee

Date:

## 2. Mentoring Template – Ongoing sessions

.....

Name of Mentee: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

.....

Name of Mentor: \_\_\_\_\_ Duration of meeting: \_\_\_\_\_

.....

Position of Mentor: \_\_\_\_\_ Location of meeting: \_\_\_\_\_

.....

Review of previously documented areas to be addressed, short and long goals  Yes  No

.....

Evidence of completion documented  Yes  No

.....

| Key areas to be addressed as identified from learning needs analysis ( <i>carried over from previous session</i> ) |                                     |  |
|--|-------------------------------------|--|
| Update of progress   | Discussion and feedback from Mentor |  |
|  |                                     |  |

| NEW key areas to be addressed as identified from learning needs analysis | Action plan to achieve goals | Time frame | Evidence of completion ( <i>to be completed at next session</i> ) |
|--|------------------------------|------------|---|
|  |                              |            |   |

| Short term goals<br><i>(only document new goals)</i> | Action plan to achieve goals | Time frame | Evidence of completion<br><i>(to be completed at next session)</i> |
|--|------------------------------|------------|--|
|  |                              |            |  |

| Long term goals<br><i>(only document new goals)</i> | Action plan to achieve goals | Time frame | Evidence of completion<br><i>(to be completed at next session)</i> |
|---|------------------------------|------------|--|
|   |                              |            |  |

.....  
Next meeting time/date/location:

.....  
Agenda items for next meeting:

.....  
Signature Mentor

.....  
Date:

.....  
Signature Mentee

.....  
Date:

