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Introduction

This internship guide was compiled by Roland Physiotherapy over many years in order to support young Physiotherapists in their learning journey and to provide structure and documentation support during a Physiotherapy internship. It draws on international best practice, relying on foundational work in South Africa and Australia and we are grateful to the international Physiotherapy bodies for providing documentary guidance.

Roland Physiotherapy is providing this guide to assist young practices in developing an internship programme to provide places for young Namibian Physiotherapists to get the training they need to become experienced professionals.

This guide is not meant to be exhaustive and does not focus on soft-skills, such as bedside manner, communications skills and management aspects – though these are important in the development of any professional and should be included in a rigorous internship programme. We encourage you to use this guide as best suits you – amending the guide so it is fit for your practice. We hope you find this guide helpful.

Roland Physiotherapy Team

Principles of supervision

Adherence to the following principles is expected:

1. It is the professional responsibility of each physiotherapist under supervision to work within the limits of their competence and to reflect upon and determine their own learning needs, including the requirements of the specific position in which the physiotherapist under supervision is proposing to work and the purpose of the supervision requirements.
2. For all physiotherapists under supervision, the type and level of supervision must be matched to individual needs, the level of risk associated with the position, the purpose of the supervision and the capabilities of the physiotherapist under supervision. Supervisory arrangements need to be modified over time, in keeping with progress achieved by the physiotherapist under supervision.
3. The supervisor and the physiotherapist under supervision need to agree on the duration and content of the supervised practice plan, including the period for review if this varies from the standard periods outlined in the 'Levels of supervision' section of these guidelines.
4. The onus is on the physiotherapist under supervision to ensure the agreed reporting requirements are met as per the supervised practice plan. However, the supervisor also has a responsibility to adhere to the agreement

Note: Progression from limited to general registration may only be achieved by passing the Health Professions Councils' competency examination.

Levels of supervision

The four levels of supervision described below are designed to assist the physiotherapist under supervision to practise safely. The starting level of supervision required will depend upon a number of factors that may include:

- the purpose of supervision
- previous practice experience, qualifications, skills and attributes of the physiotherapist under supervision
- requirements of the position, as outlined in the position description provided with the application
- the level of risk associated with the purpose of supervision; the competence and suitability of the practitioner; and the position, location and availability of clinical and other relevant supports, or
- any specific requirements imposed either by the council or by a third party

Individual supervised practice plans should set out the proposed starting level of supervision and expected progressions.
Competency assessments form part of the supervision reports. If concerns are raised in supervision reports, or directly by the supervisor, the supervised practice plan may need to be amended.

Level of supervision	Summary	Specifications
1	The supervisor takes direct and principal responsibility for individual patients.	• The supervisor must be physically present at the workplace when the physiotherapist under supervision is providing clinical care. • Supervision may be supplemented by telephone contact but must not be the only form of supervision.

		• The physiotherapist under supervision must consult the supervisor about the management of each patient before care is delivered.
2	The supervisor and physiotherapist under supervision share the responsibility for individual patients.	• The supervisor must be physically present at the workplace for the majority of the time when the physiotherapist under supervision is providing clinical care. • When supervisors are not physically present, they must always be accessible by telephone or other means of telecommunication and be available for discussion. • The physiotherapist under supervision must inform the supervisor at agreed intervals about the management of each patient – this may be after the care has been delivered. • If the approved supervisor is temporarily unavailable, the supervisor must make appropriate alternative arrangements, e.g., a back-up supervisor or other health practitioner with general registration (refer to the definition of supervisor in these guidelines).
3	The physiotherapist under supervision takes primary responsibility for their practice, including individual patients.	• The supervisor must ensure that there are mechanisms in place for monitoring whether the physiotherapist under supervision is practising safely. • The physiotherapist under supervision is permitted to work independently, provided the supervisor is readily contactable by telephone or other means of telecommunication. • The supervisor must regularly review the practice of the physiotherapist under supervision as they deem appropriate.
4	The physiotherapist under supervision takes full responsibility for their practice, including individual patients, within the supervisor's general oversight.	• The supervisor must provide broad oversight of the practice of the physiotherapist under supervision. • The supervisor must be available for case review or consultation if the physiotherapist under supervision requires assistance. • The approved supervisor must conduct appropriate reviews of the practice of the physiotherapist under supervision.

Intern Supervision Plan

This plan is merely a guideline for the duration of your internship. The order in which the activities will take place may change, but we will ensure that everything is covered. Your supervisor will ensure that all areas of physiotherapy are covered in each month as far as possible. Complete your case studies as you go through the year, so that you do not have to cram everything for your logbook before the competency examination!
You may be sent on various short courses/talks as they arise that will address your specific needs. Please keep a record of all your CPD activities-these will also need to be entered into your logbook.

Your internship programme has a Probation Period of six months. During the probation period your contract may be cancelled by giving 14 days' notice for due cause.

Safety and Equipment Orientation

- Electrotherapy machines
- CPM machine
- IPPB (BIRD) ventilator
- Humidifier
- Oxygen cylinder
- PEEP bottles, tubes and labels
- Spirometer
- Suspension therapy equipment, springs
- Stationary bicycles
- Parallel bars
- Assistive devices: crutches, walking frames, atlas walker

Techniques Practice
You will be taken through a range of techniques that you will need to use in your assessment and treatment of patients, e.g. Maitland mobilisation, myofascial release, neural tissue mobilisation, rehabilitation approaches, etc.
You will be expected to familiarise yourself with the array of rehabilitation protocols for the various procedures/conditions. This is not a once-off read, but something you will need to refer back to regularly. The learning never stops!

Duration of Internship
Your internship may be extended to two years if we find that your education gaps are many, so that all those deficits can be addressed. In this case, the events in the above timeline will be stretched out to accommodate for the extended duration of internship.

Timeline

Month One

- Familiar with Job Expectations
- Familiar with Policies and Procedures
- Orientation in administration, hospital, and outpatients. Observing senior physiotherapists' sessions with patients. Completion of all documentation relating to human resources and internship programme

- Observing senior physiotherapists' sessions with patients in hospital and outpatients. Performing parts of assessment and treatment of patients in presence of supervisor. Writing up of case studies of patients seen.

One-Three Months: Expected Competencies (Level 2 Supervision)

- Familiar with the logistics of treatment rooms and hospital
- Familiar with treatment protocols (available in rooms for regular reading)
- One hour timeslots in outpatients
- Basic, yet accurate assessment skills of both in and outpatients
- Basic clinical reasoning skills
- Good theoretical knowledge
- Knowledge of the various equipment and treatment techniques
- Basic patient handling skills
- Good Maitland Mobilisation techniques
- Can make an accurate diagnosis in outpatients
- Good communication and rapport with patients and all staff (rooms and hospital)

By 90 days (Month 3):

- Physiotherapists should feel confident in performing their roles mostly independently
- Physiotherapists should understand that they are expected to deliver improved patient outcomes in their role
- Performance and goals to be reviewed
- Any roadblocks to performance to be addressed (e.g., stress, anxiety, management practices)
- Employee development: soft skills, job specific, mentorship

Three-Six Months: Expected Competencies (Level 3 Supervision)

- 45 minutes timeslots in outpatients
- Able to do 13-14 hospital treatments daily
- Treating patients independently
- CPD activities being logged and learning journey being actively and independently engaged by Physiotherapist

Six-Nine Months: Expected Competencies

- Level 3-4 supervision
- Progress assessment review

Nine-Twelve Months: Expected Competencies

- Level 4 supervision
- Competency Examination Preparation

You will be asked to provide your supervisor with a clinical reasoning form throughout your internship and a case study write-up on patients that you have seen together as deemed fit.

Consequences of Not Meeting Expectations

Informal 1:1 Conversation

This is the first step in discussing your performance, and to alert you to the fact that your performance is not where it should be, and that it should be improved on.

Formal Warnings

This will be given if you continue to perform poorly, and to communicate the severity of your performance. This is still however, an opportunity for you to improve.

Closer Management
If you are still struggling, your supervision and check-ins will become more frequent and intensive to ensure that you are doing everything right.

Performance Improvement Plan / Probation Extension
An employee performance improvement plan is a basic plan with a timeline and benchmarks that you must meet. It is essential to understand that failure to meet the expectations outlined in the plan may result in termination.

Impact Future Performance Benefits
If you continue to perform below standard even after continued efforts to improve your performance, some of your benefits can be cut or reduced. This may come in the form of a reduction in salary, loss of a bonus, demotion, etc. Regardless of the consequence, it is important to note that if performance still does not improve, your manager may have no option but to terminate your position.

Supervision Guide

Introduction

There are different types of registrations with the Health Professions Council of Namibia (HPCNA):

- **Physiotherapy Student Registrants** are learners in an entry-to-practice physiotherapy education program who are completing supervised clinical practice hours as part of the programme's requirements. They may provide physiotherapy services only under the supervision of a full registrant.
- **Intern Physiotherapy Registrants** are those who are registered to complete the next available entry-to-practice clinical assessment (i.e., Physiotherapy Competency Examination). They may provide physiotherapy services only under the general supervision of a physiotherapist (a full registrant) approved by the council, and only in an approved workplace.
- **Full Registrants** are registered to practice without supervision and can supervise student and intern registrants.

Purpose of This Guide

Full registrants are often asked to act as preceptors for student registrants, or as supervisors for intern registrants. This guide has been developed to assist all physiotherapists better understand the Standards of Practice, and expectations around supervision. It also clarifies the similarities and differences between the supervision models.

Why is Supervision Needed?

The supervision models for student and intern registrants are used to protect the public and instil public confidence in physiotherapy service delivery during a period of licensure when a student or intern registrant has not yet met all of the requirements for full registration. Supervision also facilitates the ongoing development and application of physiotherapy competencies by those who have not yet formally demonstrated entry-level competence.

Who is Accountable for Patient Care?

All physiotherapists (full, intern, and student registrants) are responsible for safe accountable practice and public safety during the provision of physiotherapy services in supervised practice. The supervising physiotherapist provides oversight and monitors the quality of the care provided, but the student physiotherapist/intern physiotherapist is also responsible for the care they provide. The supervisor is required to evaluate the competence and performance of the student registrant or intern registrant and ensure safe practice. Likewise, the student registrant and intern registrant must be aware of the limits of their individual competence when providing care and seek support and input from the supervisor whenever required.

Physiotherapy support workers are not regulated health professionals. Therefore, the supervising physiotherapist is the one who is primarily responsible for the quality of care and the safety of the physiotherapy services provided. The physiotherapist is also responsible for the care assigned, the appropriateness of that assignment, and to monitor the student and intern physiotherapist's performance of that task.

Supervision Model

Supervisors of Student and Intern Registrants Only full registrants in good standing can supervise a student or intern completing a clinical placement or internship, and they must adhere to all the regulations related to the physiotherapy profession.

The supervisor/clinical educator must:

- Assess the level of competence of the student/intern. The student/intern's level of competence should be established by observation of their skills, while considering the theoretical knowledge they have learned and the number of clinical placements they have previously completed.
- Ensure that the patients assigned to the student/intern are appropriate to receive services from the student/intern.
- Ensure that patients who will receive physiotherapy services from a student/intern registrant provide consent for their service delivery and that the consent is documented.
- Only assign patient care tasks to the student/intern if the supervisor has the competence to perform them.
- Provide the necessary direct and indirect supervision to ensure patient safety and the safe provision of physiotherapy services.
- Maintain open lines of communication with the student/intern in order to provide feedback and take advantage of learning opportunities.
- Ensure the student/intern documents in the clinical record adequately and appropriately.
- NOT allow an intern to perform dry needling if they have not completed the dry needling course.
- Ensure that student/intern supervision is reassigned if the supervisor is absent/on vacation/not available to supervise.
- Understand the level of competence achieved by the student/intern registrant and adjust the supervision as necessary to ensure patient safety.
- Provide the appropriate number of hours of direct supervision in accordance with the level of competence of the intern registrant.
- Provide indirect supervision (consultation/advice) by **being readily available at all times** by telephone or other electronic means when not providing direct supervision.
- Develop a supervision plan in collaboration with the student/intern registrant which describes the level of supervision, the communication plan, a plan for emergency situations, the supervisory meeting expectations and frequency, and other supervisory arrangements. The supervisor must be able to provide the supervision plan to the HPCNA on request.
- Review the intern registrant's clinical records
- Review billings (if working in a privately funded site)
- If absent/unavailable to supervise for less than three weeks: Ensure that supervision of the student/intern registrant is reassigned temporarily during any time physiotherapy services are being provided by the student/intern registrant.

Intern Registrants

Registration

Physiotherapists who have not completed the requirements to be a full registrant of the HPCNA can apply for intern registration once. Intern registration allows eligible physiotherapists to practice under the supervision of a full registrant while they prepare for the entry-to-practice examination. There is a fee to apply for intern registration, and the applicant must submit proof of citizenship, qualifications, original transcript of results/subjects, Namibia Qualification Authority (NQA) if foreign trained, proof of acceptance as an intern at an approved facility, and competency in English if not a graduate of an English language university.

Supervisors of Intern Registrants

Only full registrants in good standing with the HPCNA and who have been approved can supervise intern registrants, and they must not be relatives of, or have a close personal relationship with, the intern registrant. The supervisor must sign the *Supervision Agreement* with the intern, which

includes an agreement to provide the appropriate level of direct and indirect supervision to the intern registrant. A supervisor may have no more than two intern registrants under their supervision at one time.

Frequently Asked Questions

1. **Can the supervisee work alone such as on weekends, holidays, or evenings when I am not there?**

This will vary depending on the competency of the intern physiotherapist. You will have assessed their level of competence. You will determine the type of supervision (direct or indirect) they require to provide safe physiotherapy services to clients.
If you have determined that you don't need to provide the intern physiotherapist with direct supervision, remember that you as the supervisor must provide indirect supervision and be readily available at all times via phone or another (e.g., electronic) means – weekends and evenings – whenever the intern physiotherapist is providing physiotherapy services and you are not providing direct supervision.
If you are not available to provide supervision, you must reassign supervision as per the Supervision Agreement.

2. **Is the supervisee makes a mistake, who is accountable?**

Both the student/intern physiotherapist and you as the supervisor are responsible and accountable for patient care. As the supervisor, you are monitoring their practice and ensuring they are practising within the limits of their individual competence when providing care. As regulated health professionals, it is also the responsibility of the student/intern physiotherapist to recognise when they might exceed their own limits and to seek support and input from their supervisor whenever required.

3. **What if I go on vacation or am absent?**

You must make arrangements for supervision of the intern physiotherapist by another physiotherapist whenever you are not available directly or indirectly to provide appropriate supervision.

4. **How long do I need to supervise?**

You are responsible to supervise the intern physiotherapist until:

- The intern physiotherapist receives notice they have passed the competency examination
- Their intern registration period has expired, and they are no longer an intern physiotherapist
- A change of supervisor is necessary (for example, you are no longer employed at the intern physiotherapist's workplace, or the intern physiotherapist is no longer employed at your workplace, or you are no longer able to provide the agreed-upon supervision)

5. **Whose responsibility is it to obtain patient consent for a supervisee?**

It is the responsibility of the intern physiotherapist to obtain informed client consent for physiotherapy services. Informed consent includes being informed about the physiotherapist's interim registration status. It is the responsibility of the supervisor to ensure that the intern physiotherapist has obtained client consent for physiotherapy services.

6. **What if there are two supervisors supervising an intern?**

A higher level of risk exists if it is unclear to the supervisor/s and/or intern physiotherapist who is responsible for supervising a particular client's care. Whenever possible, supervisors should connect about shared supervisory responsibilities and about the competence of the supervisee or interim and collaborate to develop a clear supervision and communication plan with them.

7. **What should I be documenting in the clinical record about my supervision?**

Your documentation should be clear enough to demonstrate your clinical decision-making with respect to risk assessment, intern competence, the level of supervision you provided (and why), and how you have ensured that they were providing safe, competent physical therapy services.
Always think about what might happen in the case of an adverse outcome, and how your documentation needs to support the choices you've made throughout physiotherapy service delivery to a patient.

Roles and Responsibilities of Supervisor and Intern

Responsibilities of Supervisors

1. Take reasonable steps to ensure that the physiotherapist under supervision is practising safely.
2. Provide clear direction and constructive feedback and be clear about how the supervisor can be contacted by the physiotherapist under supervision whenever he/she is practising.
3. Ensure that the physiotherapist under supervision is practising in accordance with the supervised practice plan and work arrangements, and report to Savarna if this is not the case.
4. Ensure that the physiotherapist under supervision understands their legal responsibilities and the constraints within which they must operate; follows the ethical principles that apply to the profession; and acts in accordance with the directions of the supervisor.
5. Understand the significance of supervision as a professional undertaking and commit to this role including regular, protected, scheduled time with the physiotherapist under supervision, which is free from interruptions and as required by the supervised practice plan.
6. Be accountable to management and provide honest, accurate and responsible reports in the approved form at determined intervals in the supervised practice plan.
7. Understand that the responsibility for determining the type and amount of supervision required within the framework of the supervised practice plan should be informed by the supervisor's assessment of the physiotherapist under supervision.
8. Only delegate tasks that are appropriate to the role of those being supervised and that are within the scope of training, competence, and capability of the physiotherapist under supervision.
9. Notify management immediately if:
    a. The relationship with the physiotherapist under supervision deteriorates to a dysfunctional level
    b. Concerns that the clinical performance, conduct or health of the physiotherapist under supervision is placing the public at risk
    c. The physiotherapist under supervision is not complying with conditions imposed, or is in breach of any requirements on registration
    d. The physiotherapist under supervision is not complying with the supervision requirements or there are any significant changes to those requirements, or
    e. The supervisor is no longer able to provide the level of supervision that is required by the supervised practice plan.

Note: Documented evidence should always be provided and records kept for at least the duration of the internship.

Responsibilities of Interns

Physiotherapists under supervision must:

1. At the outset and in conjunction with the supervisor, establish their learning needs, the context relevant to the need for supervision and any other issues that may impact on an effective supervisory arrangement

2. Take joint responsibility for establishing a schedule of regular meetings with the supervisor and make all reasonable efforts within their control to ensure that these meetings take place
3. Be adequately prepared for meetings with their supervisor
4. Participate in assessments conducted by the supervisor to assist in determining future supervision needs and progress
5. Recognise the limits of their professional competence and seek guidance and assistance, and follow directions and instructions from their supervisor as required
6. Familiarise themselves and comply with regulatory, professional and other legal responsibilities applicable to their practice
7. Advise their supervisor immediately of any issues or clinical incidents during the period of supervision which could have an adverse impact
8. Reflect on and respond to feedback
9. Inform Management and supervisor if the conditions or requirements of their supervision are not being met, or if the relationship with the supervisor becomes dysfunctional

Supervisor Guide

Below is a guide to help you ensure that all areas are covered when you are supervising an intern physiotherapist. The first one is a guide for evaluating a patient assessment, and the second one a guide for patient treatment.

Assessment Evaluation

1. Does the physiotherapist obtain relevant information from:

☐ File ☐ X-rays

☐ Caregiver ☐ Other tests

☐ Medical Staff

2. Appropriate positioning of patient ☐Y ☐N
3. Appropriate positioning of therapist ☐Y ☐N
4. Questioning: Relevant ☐Y ☐N

   Manner _____
5. Interpretation of answers _____
6. Order of questions _____
7. Other _____

Communication Skills

1. Appropriate level
2. Rapport with patient: Verbal _____

   Non-verbal _____
3. Listens ☐Y ☐N
4. Empathy ☐Y ☐N
5. Explanation of procedure ☐Y ☐N
6. Clear and simple instructions ☐Y ☐N
7. Gives constructive feedback ☐Y ☐N
8. Education/advice given to patient/caregiver ☐Y ☐N
9. Motivates/encourages maximum capacity ☐Y ☐N
10. Interaction with medical staff ☐Y ☐N
11. Other _____

Applied Theory

1. Applies theory to condition of the patient ☐Y ☐N
2. Consideration of dangers/contraindications ☐Y ☐N

Comments _____

Treatment Evaluation

Assessment

1. Documentation is comprehensive, precise, and logical ☐Y ☐N
2. Understands history ☐Y ☐N

3. Appropriate ☐Y ☐N
4. Relevant data ☐Y ☐N
5. Analysis of problem _____
6. Other _____

Planning

1. Objectives: Short term _____

   Long term _____

2. Priorities

_____

_____

3. Choice and execution of treatment techniques

_____

_____

4. Insight

_____

_____

5. Rationale

_____

_____

6. Organisation of: Space _____

   Equipment _____

   Patient _____

7. Home Instructions

_____

_____

8. Other _____

Applied Theory

9. Applies theory to the condition of the patient ☐Y ☐N
10. Consideration of dangers and contraindications ☐Y ☐N

Comments

_____

Performance Appraisal: Intern Physiotherapist

Instructions:

1. Please complete sections 1 and 2 in your own time
2. In section 1, please tick one response for each line
3. In section 2, please rate yourself on a scale from 1-5 (1=poor/low average performance; 5=exceptional performance)
4. Do not complete section 3. This will be completed in the performance appraisal session with your manager/s
5. At the end of the session, you and your manager/s will sign this form in agreement
6. Section 4 must be completed by you only after this performance appraisal session has been concluded. Please hand this form back to your manager upon completion of this section

Employee's name:	**Date:**
Years of employment:	**Position:**

Section 1: Description of key areas of responsibility

1.Professionalism

- Appearance, dress code, grooming ☐always ☐sometimes ☐never
- Tardiness ☐always ☐sometimes ☐never
- Friendly, empathic ☐always ☐sometimes ☐never
- Educate patients ☐always ☐sometimes ☐never
- Consider patient's needs ☐always ☐sometimes ☐never
- Diagnose accurately and professionally ☐always ☐sometimes ☐never
- Punctuality ☐always ☐sometimes ☐never

2. Administration

- Notes written in hospital file ☐always ☐sometimes ☐never
- Notes in treatment card ☐always ☐sometimes ☐never
- PSEMAS 5% declaration forms signed ☐always ☐sometimes ☐never
- Cash letters and collect money ☐always ☐sometimes ☐never
- Admin MVA, all reports ☐always ☐sometimes ☐never
- Accurate billing sheets and Hospital list ☐always ☐sometimes ☐never
- All documentation, letters ☐always ☐sometimes ☐never
- Legal, legible, and appropriate ☐always ☐sometimes ☐never

3. Quality of treatment

- Clear objective plan ☐always ☐sometimes ☐never
- Appropriate treatment delivered ☐always ☐sometimes ☐never
- Effective treatment outcome ☐always ☐sometimes ☐never
- Number of sessions needed to improve (4-6) ☐always ☐sometimes ☐never

- Adhere treatment protocol ☐always ☐sometimes ☐never
- Compliant with indications/contra for treatment ☐always ☐sometimes ☐never
- Adhere to safety regulations ☐always ☐sometimes ☐never

4. Office administration

- Attend weekly staff meetings ☐compliant ☐non-compliant
- SLA between admin and physio ☐compliant ☐non-compliant
- Familiar with admin protocol ☐compliant ☐non-compliant
- Weekend handover lists ☐compliant ☐non-compliant
- Patient handover with rotations ☐compliant ☐non-compliant
- Check receipt book and cash box protocol ☐compliant ☐non-compliant
- Check own diary for workload ☐compliant ☐non-compliant
- Responsibility over secretaries' performance ☐compliant ☐non-compliant

5. Professional development

- Participate ward rounds ☐compliant ☐non-compliant
- Monthly CPD sessions ☐compliant ☐non-compliant
- Attend courses 2x/ year ☐compliant ☐non-compliant
- Attend congress ☐compliant ☐non-compliant
- Present talks to peers/professionals ☐compliant ☐non-compliant
- Nurses training
- Intern supervision ☐compliant ☐non-compliant
- Social responsibility ☐compliant ☐non-compliant
- Promote profession ☐compliant ☐non-compliant

The target is to get a score of at least 50% (sometimes). 30% requires rehabilitative intervention (never), below 50% scores a red flag, and above 75% is an excellent score (always).

Section 2: Personal development and leadership skills On a scale of 1 to 5, 5 being exceptional performance, and 1 being poor or below average performance, please self-evaluate your performance. Your manager will also give you a rating	**Self-appraisal rating**	**Manager rating**
Attitude towards customers, other employees, and the business in general		
Dependability/credibility		
Assumption of responsibility		
Professional demeanour and appearance		
Acceptance of suggestions and input for improvement		
Total score		
Absent: ☐Never ☐Rarely ☐Sometimes ☐Frequently Tardy: ☐Never ☐Rarely ☐Sometimes ☐Frequently		
Overall appraisal rating (total score for section 1 and 2)		

Section 3: Comments **This section will be completed together with your manager/s at the performance appraisal section**
1. Describe any significant areas needing improvement. Employee's comments: Manager's comments:
2. In what ways do you believe that your employer could help to improve your performance? Employee's comments: Manager's comments:
3. Do you believe that you are ready for increased responsibility? If so, why and in which areas? Employee's comments: Manager's comments:

_____ Employee signature (On completion of the self-appraisal section)	_____ Date
_____ Employer signature (On completion of the Manager appraisal section)	_____ Date
_____ Employee Signature (On completion of the performance evaluation)	_____ Date

This section must be completed only after the performance appraisal has been concluded. Please hand this form back to your manager upon completion of this section

Section 4. Please comment on the following
1. How well did your manager conduct the performance review?
2. In your opinion, what could be done to improve the way the performance review was conducted?
3. How did you feel at the end of the performance review?
4. How are you feeling regarding your job and the challenges set for you at the performance review?
5. Do you think the tasks and challenges set for you were fair and achievable?
6. Is your manager helping you to develop your skills so that you can achieve your goals and challenges?

Confidentiality Policy

All patient records are highly confidential, and no information should be disclosed to any third party without the patient's explicit written consent. This information may not be disclosed verbally or in writing unless you are legally required to disclose this information. Confidential information may only be shared with relevant authorities on provision of a valid court order. Confidential information includes information about a patient's whereabouts. Your patient may receive an attendance form to confirm that they attended physiotherapy.

All patient files, including attached referrals and reports are stored in access controlled cabinets. Electronic versions of reports are stored on the software system, which is access controlled with login credentials. Software login credentials and physical access rights are regularly reviewed.

Patient files are not allowed to leave the premises under any circumstance. All treatment notes must be completed at the end of each day.

Adult patient records are stored for 6 years before being shredded by a certified organization. Records of minors and patients with special circumstances are kept for longer than 6 years-details of these are outlined in another document in this quality assurance file.

Infection Control Policy

Introduction
It is the responsibility of all healthcare staff to minimise the potential risk of patients acquiring a healthcare associated infection during treatment at the practice. This policy has been adapted from the United Kingdom Chartered Society of Physiotherapists.

Management Responsibilities

The practice manager and managing physiotherapist are responsible for ensuring that effective infection control arrangements are in place within the practice and that these are subject to regular review.

All therapists have standard procedures to follow in the event of an outbreak of an infectious disease or if they come into contact with an infectious person and can also seek guidance from the managing physiotherapist at any time.

Any issues regarding infection prevention and control will be documented by the practice manager and managing physiotherapist and the information used to inform future policy developments.
All Healthcare Professionals will receive adequate training on infection control annually or if any incidents highlight the need for further training.

Healthcare Professionals must wear a clean uniform daily. If the clothing is soiled during a treatment, then the Healthcare Professional must change their uniform as soon as possible and before any contact with another patient. All interns at will adhere to this policy.

Therapist Responsibilities

Every Healthcare Professionals has a responsibility to

- Deliver healthcare to his/her patients in the safest and most effective way possible
- Make themselves aware of the contents of this policy and associated guidelines
- Bring to the attention of their managing physiotherapist any issues regarding infection control
- Encourage patients, carers, visitors and other staff to comply with the principles of infection control precautions
- Comply with any infection prevention and control training
- Report any illness which may be because of occupational exposure, to their managing physiotherapist
- Not provide direct patient care while infectious and if in any doubt consult their managing physiotherapist
- To see infection control principles as an objective within continuing professional development.
- Comply with local and national policies, procedures and campaigns regarding infection control precautions

Standard Infection Control Precautions
Healthcare professionals have a responsibility to minimise exposure to and transmission of potential micro-organisms from both recognised and unrecognised sources by the following methods

- Use effective hand hygiene
- Do not wear jewellery on the hands or wrists
- Make sure fingernails are short, clean and free of nail polish
- Be bare below the elbow when delivering direct patient care
- Cover cuts and abrasions with waterproof dressings

- Treat all blood and body fluids as infected
- Wear protective clothing when dealing with any body fluids and substances hazardous to health
- Use and dispose of sharps safely
- Manage equipment used appropriately to limit the risk of contamination with microorganisms.
- Adhere to local Environmental Hygiene Policy including dealing promptly with body fluid spillages
- Dispose of clinical waste correctly and safely
- Manage any linen used appropriately to limit the risk of contamination with microorganisms

Hand Hygiene

Introduction

Hands are the most common way in which micro-organisms, particularly bacteria, might be transported and subsequently cause infections, especially in those who are most susceptible to infection.

Good hand hygiene is the most important practice in reducing transmission of infectious agents, including Healthcare Associated Infections (HCAI) during delivery of care.

The term hand hygiene refers to all processes, including hand washing using soap and water and hand decontamination achieved using other solutions e.g. alcohol hand rub.

Levels of hand hygiene	Why perform hand hygiene?
LEVEL 1 Social Hand Hygiene	To render the hands physically clean and to remove microorganisms picked up during activities considered 'social' activities (transient Micro-organisms)
LEVEL 2 Hygienic (aseptic) Hand Hygiene	To remove or destroy transient Micro-organisms. Also, to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces resident micro-organisms which normally live on the skin)

Before patient contact	**When?** Clean your hands before touching a patient when approaching him/her **Why?** To protect the patient against harmful germs carried on your hands
Before a clean/aseptic task	**When?** Clean your hands immediately before any clean/aseptic task **Why?** To protect the patient against harmful germs, including the patient's own, from entering his/her body
After body fluid exposure risk	**When?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal) **Why?** To protect yourself and the healthcare environment from harmful patient germs
After patient contact	**When?** Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side **Why?** To protect yourself and the healthcare environment from harmful patient germs
After contact with patient surroundings	**When?** Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving- even if the patient has not been touched **Why?** To protect yourself and the healthcare environment from harmful patient germs

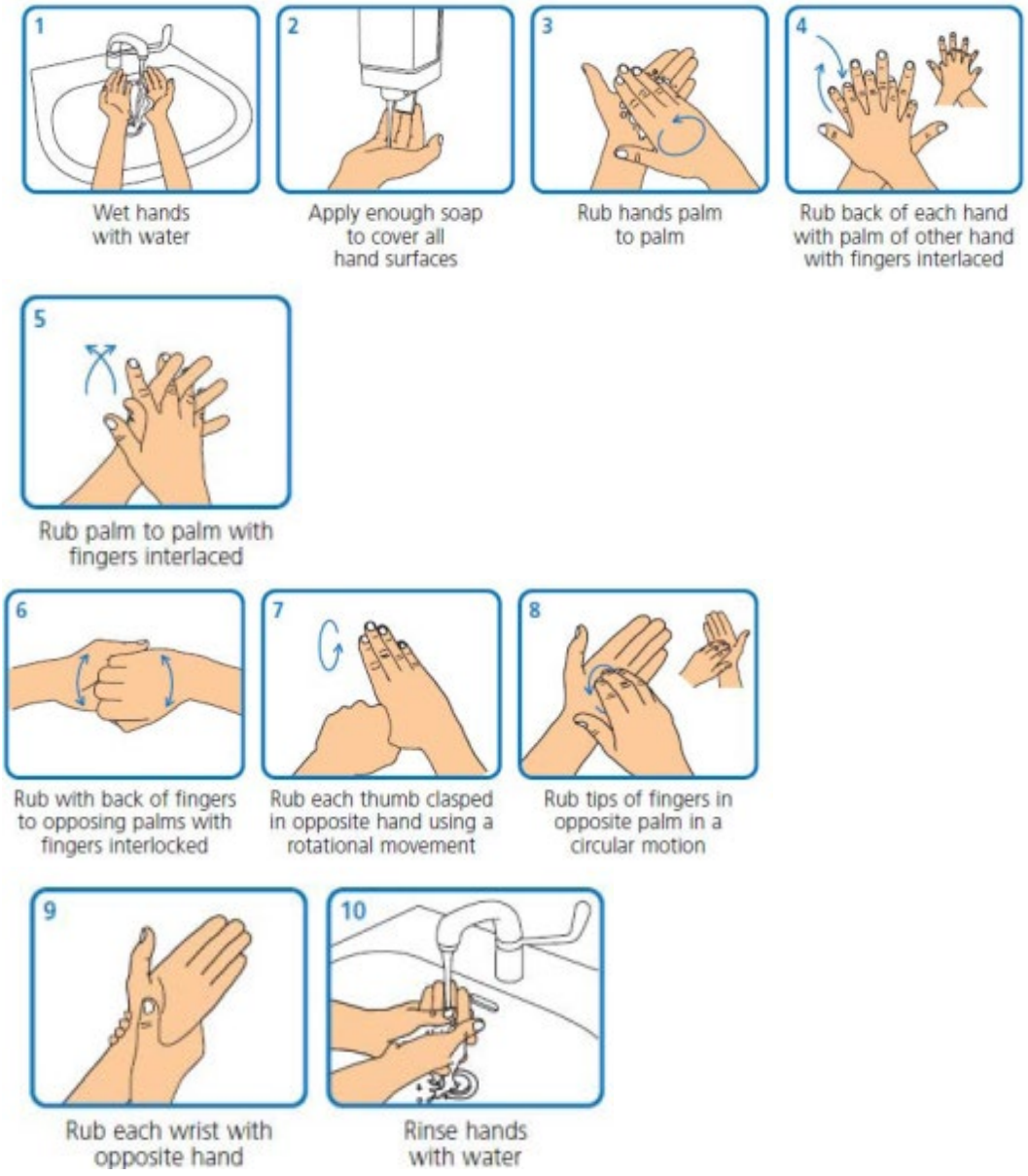
Hand Hygiene (Hand Washing) Procedures

Hand hygiene should be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed. Washing for longer than these times is not recommended as this may damage the skin leading to increased shedding of skin scales and increased harbouring of micro-organisms.

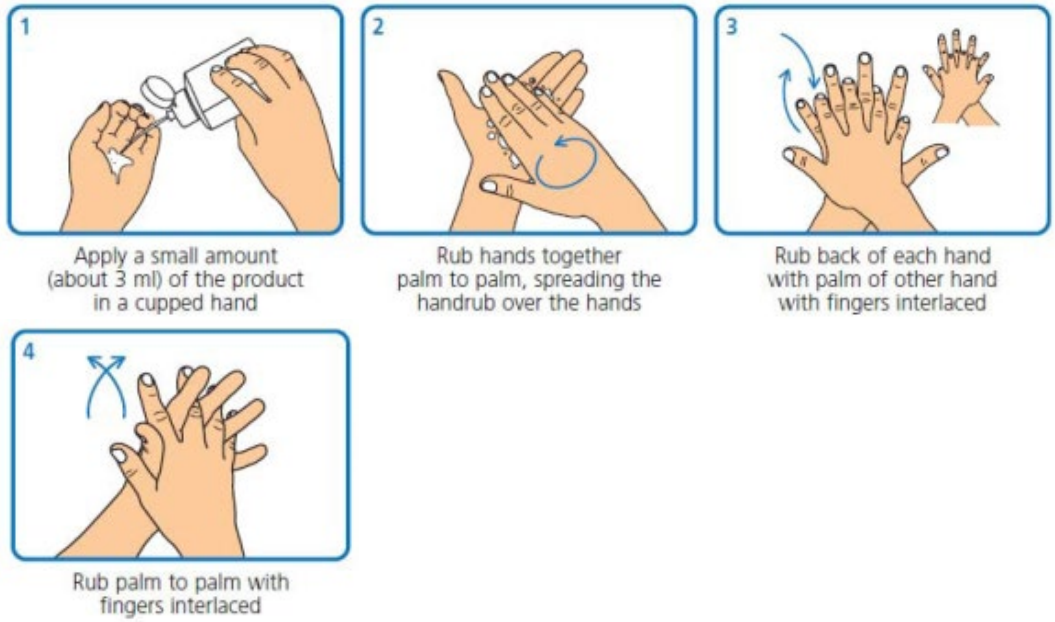
Preparation

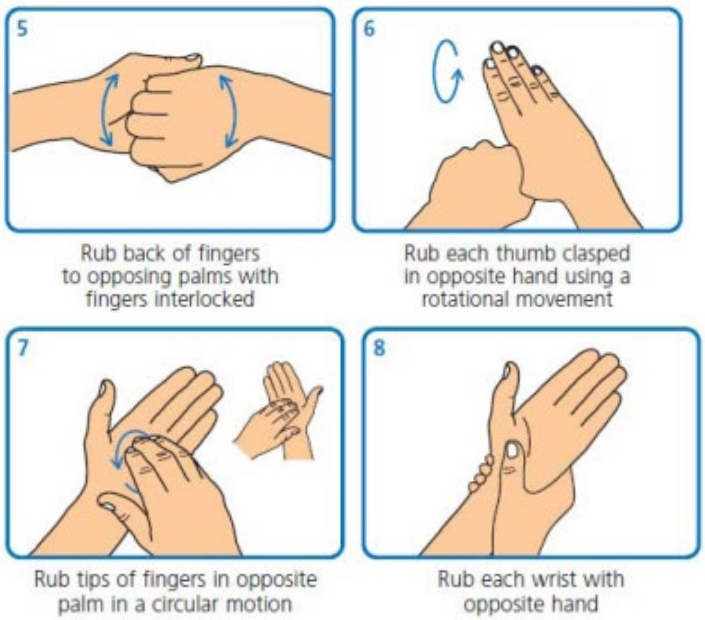
- Ensure that everything which is needed to perform hand hygiene is present
- Ensure the area is free from extraneous items, e.g. medicine cups, utensils
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- Jewellery must be removed
- Ensure nails are short (false nails must not be worn)

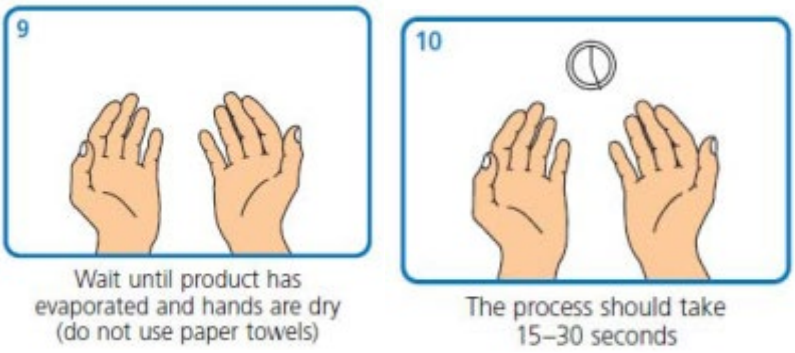
Hand Washing Technique with Soap and Water



Hand Washing Technique Using Alcohol-Based Hand Rub for Visibly Clean Hands







Additional Points to Note

- Dispose of paper towels without re-contaminating your hands e.g. use the foot pedal on bins
- Nailbrushes must not be used to perform hand hygiene
- If hands have patient contact but are not soiled with any body fluids and therefore do not require re-hand washing with soap or an antiseptic hand cleanser, alcohol-based hand rub can be used
- Where infection with a spore forming organism (e.g. Clostridium difficile) or with a gastroenteritis virus (e.g. Norovirus) is suspected or proven, hand hygiene must be carried out with liquid soap and water, although it can be followed by alcohol-based hand rub
- Bar soap must not be used by staff for hands
- Solutions used may vary but the physical actions of performing hand hygiene should be the same

Hand Care

Hand care is important to protect the skin from drying and cracking. Cracked skin may encourage micro-organisms to collect and broken areas can become contaminated, particularly when exposed to blood and body fluids.

Hand creams can be applied to care for the skin on hands. However, only individual tubes of hand cream for single person use or hand cream from wall mounted dispensers should be used. Communal tubs must be avoided as these may contain bacteria over time, and lead to contamination of hands.

Hand Hygiene and Jewellery

It has been shown that contamination of jewellery, particularly rings with stones or intricate jewellery can occur. Jewellery must be removed when working in clinical care settings to prevent the spread of micro-organisms. Jewellery should be removed at the start of the working day though it is acceptable to wear plain wedding bands which must be removed when hand washing.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette should always be applied which include:

- Cover nose and mouth with disposable single use tissues when sneezing, coughing and blowing noses
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose

Personal Protective Equipment

As therapists do not carry out any invasive procedures there is no requirement to wear protective equipment. Gloves must be worn for invasive procedures and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions and when handling sharp or contaminated instruments.

Occupational Exposure Management Including Needlestick ("Sharps") Injuries.

In order to avoid occupational exposure to potentially infectious agents, particularly those microorganisms that may be found in blood and other body fluids, precautions are essential while providing care. It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore, precautions to prevent exposure to these and subsequent harm in others receiving or providing care must be taken as standard. Occupational exposure management, including needlestick (or "sharps") injury, is one of the elements of Standard Infection Control Precautions (SICPs), which should be applied in all healthcare settings.

Needlestick (or "sharps) injuries are one of the most common types of injury to be reported to Occupational Health Services by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure e.g. a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route. However, precautions are important to protect all who may be exposed, particularly when treatment for certain BBVs is not readily available. The risks of occupationally acquiring other infections are not as clearly documented; however Standard Infection Control Precautions (SICPs) should help to prevent exposure to other infectious agents.

The Minimum Standards on Dry Needling for Physiotherapists in South Africa Guideline and the Dry Needling Safety Physiotherapy Group Protocol are available in each treatment room where dry needling is performed.

Good Sharps Practice

- Sharps should not be passed from hand to hand and handling should be kept to a minimum
- Once a sterile needle pack has been opened the needle must be used immediately
- Used sharps must be discarded into a sharp's container conforming to UN3291 and BS 7320 standards
- Approved sharps containers should be assembled correctly and should never be over-filled, i.e. above the manufacturers' fill line on the box/more than ¾ full
- All sharps bins should be positioned out of reach of children at a height that enables safe disposal by all members of staff. They should be secured to avoid spillage
- These containers should be appropriately sealed in accordance with manufacturers' instructions once full and should be disposed of according to local clinical waste disposal policy
- Items should never be removed from sharps containers. The temporary closure mechanism on sharps containers should be used in between use for safety
- The label on the sharp's containers must be completed when starting to use the container and again once sealed, to facilitate tracing if required
- The safe carriage of sharp items is also essential when returning full sharps-bins to head-office, for example the sharps bin should be sealed and stored in the boot of the car

What is Meant by Occupational Exposure Including Needlestick (Or "Sharps") Injury?
By occupational exposure including needlestick (sharps) injury this guidance refers to the following injuries or exposures:

- Percutaneous injury (from needles, instruments, bone fragments, human bites which break the skin)
- Exposure of broken skin (abrasions, cuts, eczema, etc)
- Exposure of mucous membranes including the eye, nose and mouth

Actions in the Event of an Occupational Exposure Including Needlestick or Similar injury
Perform first aid to the exposed area immediately as follows:
Skin/tissues

- Skin/tissues should be gently encouraged to bleed. Do not scrub or suck the area
- Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol
- Cover the area using a waterproof dressing

Eyes and mouth

- Eyes and mouth should be rinsed / irrigated with copious amounts of water
- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens
- Do not swallow the water which has been used for mouth rinsing following mucocutaneous exposure

Reporting an incident or Near Miss
The person who attended to the accident or incident must record the details as soon as possible on an accident and incident report form.

They must also immediately notify the management team who will ensure the form is fully completed and decide whether the incident requires reporting to the Health & Safety executive.

Urgency is important in these situations as post exposure prophylaxis (PEP) for HIV or other treatments may be required and ideally should be commenced within **1 hour** of the incident.

Management of Electrotherapy Equipment
Electrotherapy equipment has direct contact and is therefore at high risk of transfer of micro-organisms.

How should electrotherapy equipment be stored?

- Electrotherapy equipment must be stored clean and dry following use
- Equipment should also be checked for cleanliness prior to use
- Electrotherapy equipment should never be stored on the floor

When to perform procedures for management of Electrotherapy Equipment

- On a routine, scheduled basis as detailed at local level
- When equipment is visibly dirty
- Immediately when spillages or contamination with blood/other body fluids has occurred
- Electrotherapy machines are tested quarterly
- Electrotherapy machines are serviced annually by an external company

Safe Management of Linen
It has been shown that soiled fabric within healthcare settings can harbour large numbers of potentially pathogenic microorganisms, so it is important to ensure appropriate precautions are taken.

- Towels should be changed between patients if they come into direct contact with the patient

- Paper roll can be used over towels and disposed of after each patient contact
- Soiled Towels should be placed in the linen collection bag immediately
- All towels must be changed at the end of each day
- All towels are laundered appropriately by an external company

Care of Uniforms

It is not considered that uniforms are a serious source of infection though there are some good practice guidelines which can be followed to reduce the likelihood of cross contamination and these include:

- Wear soft-soled, closed toe shoes
- Change into a clean uniform at the start of each shift
- Wear short sleeved tops/shirts
- Change immediately if clothes become heavily soiled or contaminated
- Wash uniforms at the hottest programme suitable for the fabric

General Good Practice Advice

- All staff must ensure that the occupational immunisations and clearance checks relevant to their practice are up to date (e.g. hepatitis B immunisation)
- Cuts and abrasions should be covered with a waterproof dressing before providing care
- Staff with skin conditions should seek GP advice to minimise risk of infection through open skin lesions
- All staff must wear gloves when exposed to blood, other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings might occur
- Therapists must not wear open footwear
- All staff must clean spillages of any body fluids or contaminated items immediately
- All staff must dispose of clinical waste immediately
- All staff should wear a clean uniform each day

Room Cleaning Policy

Clinic standards will be checked on an ongoing basis by clinic managers to ensure that room cleaning standards are maintained. We ask that all therapist note the below

- If there is a risk of infection due to damaged equipment report this to your managing physiotherapist
- All hard surfaces that come into contact with a patient must be wiped with disinfectant immediately after
- All hard surfaces in the room should be wiped with a disinfectant at the end of a clinic.
- Any spillages cleaned immediately with a disinfectant spray and paper wipe disposed of immediately
- A thorough room clean include hoovering and mopping must be performed weekly
- Any issues regarding lack of cleanliness identified at checks should be reported to the managing physiotherapist
- Any issues regarding use of cleaning solutions, e.g., skin reactions should be reported to the managing physiotherapist

Safe Waste Management

Hazardous waste is rarely produced in a private physical therapy but if occurs should be disposed of safely as the safe disposal of clinical waste particularly when contaminated is one of the elements of Standard Infection Control Precautions. Disposing of waste safely reduces the risk of transmitting microorganisms and potential infection we therefore ask that you note the below

- Waste should be disposed of as close to the point of use as possible, immediately after use

- Use identified bag holders that prevent contamination e.g. by having to touch lids to open
- Waste containers should be of an appropriate strength to contain waste without spillage or puncture
- Approved sharps containers and yellow clinical waste bags must be used
- When the above are ¾ full these must be taken to head-office at first opportunity
- Never dispose of waste into an already full receptacle
- Hygiene waste must be disposed into appropriate receptacles
- Where patients dispose of waste e.g. they should be provided with appropriate waste receptacles
- Wear personal protective equipment if appropriate
- Seal all containers appropriately before disposal/transporting/processing
- Perform hand hygiene following any waste handling/disposal

Procedure for dealing with infectious diseases

If patients report symptoms which may indicate any infectious disease, they must not be treated and rebooked until clear of symptoms for a minimum of 48 hours.

If a therapist develops symptoms of an infectious disease, they must not return to work until they have been symptom-free for at least 48 hours.

The nature of the symptoms and suspected infectious disease should be noted on the patient's record to ensure they are not rebooked with another therapist until they have been asymptomatic for at least 48 hours.

Report Writing Guidelines

Please ensure to include all the following information when writing a physiotherapy report or referral:

Progress Report

- Patient particulars i.e. name, date of birth
- Diagnosis, date of surgery where applicable
- How long they have been attending physiotherapy (start and end dates, number of sessions)
- A short description of what treatment was done
- Patient response to treatment
- What milestones must be reached to justify the need for more sessions
- Any suggestions regarding your patient's condition where applicable
- Indicate how many more sessions are needed, and over what length of time

Referral

- Patient particulars i.e. name, date of birth
- Diagnosis, date of surgery where applicable
- How long they have been attending physiotherapy (start and end dates, number of sessions)
- A short description of what treatment was done
- Patient response to treatment
- **Indicate why you are referring your patient and what you would like to have addressed**

Ex-gratia Request

- Patient particulars i.e. name, date of birth
- Diagnosis, date of surgery where applicable
- How long they have been attending physiotherapy (start and end dates, number of sessions)
- A short description of what treatment was done
- Patient response to treatment
- What milestones must be reached to justify the need for more sessions
- **Indicate how many sessions are needed, and over what length of time**
- **Include an estimation of the cost of the total number of required sessions**

Take great care when compiling patient reports and make sure the details are 100% accurate. Remember that these reports are read by other patients, health care providers and insurers and reflect on your competence as well as that of the profession.

REMEMBER: A WELL-WRITTEN REPORT WILL GREATLY MINIMISE MISUNDERSTANDINGS, AND THE CHANCES OF QUERIES BEING MADE

Common abbreviations

ROM	Range of Motion
SOAP	Subjective, Objective, Action, Plan
MR	Myofascial Release
NR	Neural Release
IFT	Interferential Therapy
TENS	Transcutaneous Electrical Nerve Stimulation
US	Ultrasound
Mass	Massage
DN	Dry Needling
DNA	Did Not Arrive
NC	No Charge
MCPJ	Metacarpophalangeal Joint
MTPJ	Metatarsophalangeal Joint
Mobs	Mobilisation
RICE	Rest, Ice, Compression, Elevation
℞	Treatment
Δ	Diagnosis
N/C	No Charge
PD	Paid
pd	Postural Drainage
DBEs	Deep Breathing Exercises
TEE	Thoracic Expansion Exercises
BC	Breathing Control
BKA	Below Knee Amputation
AKA	Above Knee Amputation
#	Fracture
CABG	Coronary Artery Bypass Graft
MVR	Mitral Valve Replacement/Repair
AVR	Aortic Valve Replacement/Repair
TVR	Tricuspid Valve Replacement/Repair
MVA	Motor Vehicle Accident
SCI	Spinal Cord Injury
HI	Head Injury
TKR	Total Knee Replacement
THR	Total Hip Replacement
ACL	Anterior Cruciate Ligament
PCL	Posterior Cruciate Ligament
Lap	Laparotomy/Laparoscopy
CVA	Cerebrovascular Accident (Stroke)
SEOB	Sitting at edge of bed
↶	Rotation to the right
↷	Rotation to the left
↓	Postero-anterior (PA)

↑	Antero-posterior (AP)
↴	Unilateral PA (right)
∞	Rotary PA