UNIVERSITI PENDIDIKAN SULTAN IDRIS
SULTAN IDRIS EDUCATION UNIVERSITY

SRePT
SPORTS REHABILITATION PRACTICAL TRAINING PROGRAMME

GUIDE BOOK

SPORTS REHABILITATION PRACTICAL TRAINING PROGRAM (SRePT)

BACHELOR OF SPORTS SCIENCE (SPORTS REHABILITATION)

FACULTY OF SPORTS SCIENCE AND COACHING (FSSKJ)

CENTER FOR TEACHING PRACTICE AND INDUSTRIAL TRAINING (PuLaMI)

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SECTION 1:

Background Information and Organization

Introduction

Thank you for your contribution and support in the Sports Rehabilitation Practical Training Program (SRePT). Your contribution to this program is greatly valued and appreciated by the Department of Health Science, Faculty of Sports Science and Coaching, Sultan Idris Education University (UPSI).

Clinical Instructors (CIs) has a vital and important role in the running of this SRePT. CI is responsible for client management as well as the education and supervision of students at clinical sites. Students will attend clinical sites at various clinical setups in range of areas of and by the end of the practicum program, require professional and clinical competency in the area of

a. acute care setup including on field assessment and management of sports injuries,
b. outpatient setups,
c. inpatient setups and
d. rehabilitation unit including long term management for functional activities.

Organizational Structure

The Sports Rehabilitation Program is organized that students are attached in different areas at various clinical setups in range of areas supervised by the CIs and Clinical Academics (CAs).

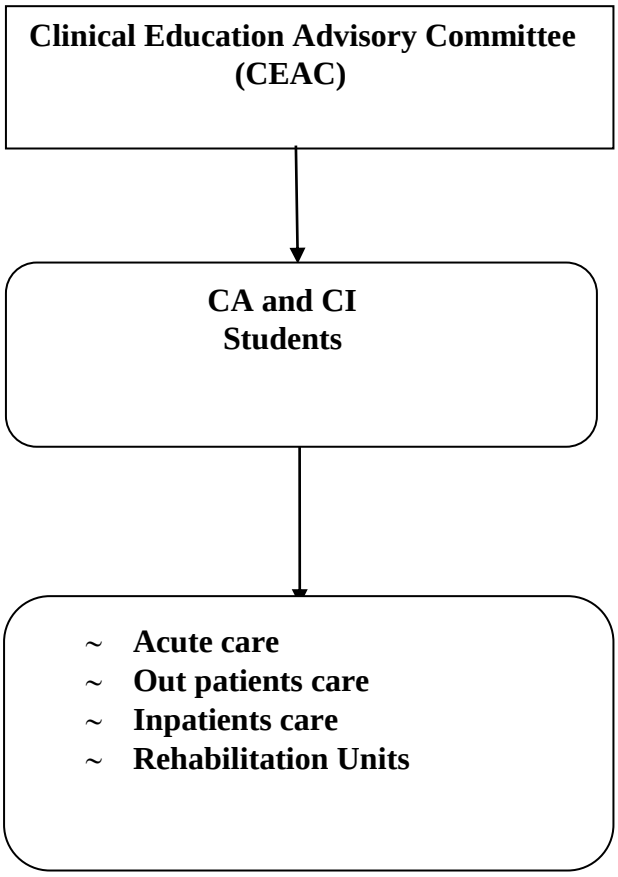
Clinical Academics

Clinical Academics (CA) are academic staff from the Sports Rehabilitation programme, Department of Health Science, Sultan Idris Education University, Tanjung Malim, work closely with the CIs to achieve the objectives of SRePT.

Clinical Instructors

Clinical Instructors (CI) are clinical staffs from the Rehabilitation Centers, Clinics, Hospitals, Sports Clubs, Sports Schools, Fitness Centers, Various Sports Governing Bodies and related to such organizations, work closely with the CAs to achieve the objectives of SRePT. CIs are responsible for the student supervision during the SRePT, and assist the CAs to evaluate the students' performance as well.

Responsible staffs (CI and CA) will form the Clinical Education Advisory Committee ensuring equal representation from Academics and Clinicians. Its primary role is the development of the undergraduate SRePT.



CEAC Representatives

Any issues brought to the CEAC should come through the representative of

UPSI: Programme Coordinator

Sports Rehabilitation Practical Training Program (SRePT)

Sports Rehabilitation Practical Training Program (SRePT) consists of one 6 weeks (QRL3013) and one 16 weeks (QRL3028) clinical attachment blocks. Students are required to undertake clinical placements in semester six and in semester eight respectively. The specific dates for the clinical placements are detailed in the attached Academic Calendar.

In each placement, the students are required to work 40 hours a week. Generally, the normal hours of work for students in clinics are within the hours of 8.00 am-5.00 pm, Monday to Friday. It is important that CI and CA indicate the working days and hours on student clinical descriptors.

For 6 weeks of SRePT the students will have to undergo 240 hours of clinical training and for the 16 weeks of the students will have to undergo 640 hours of clinical training to fulfill the course requirement.

Students may require participating in sports tournaments and if students may require to work late, it should be noted on the clinical descriptor. Students must consult the Clinical Instructors if they have issues concerning their availability during non-standard hours.

Different Areas of Attachment

The four areas of attachment are:

- Acute care
- Outpatient setup
- Inpatient setup
- Rehabilitation units

The following table is a summary of the priority areas and desirable experiences that students are expected to experience within each area of attachment.

Areas	Priority/Key Areas	Desirable Exposure	Client Type
Acute care	Acute sports injury Acute musculoskeletal problems Outpatients Pediatric sports injuries	Trauma Protocols Health Promotion Documentation Infection Control	Inpatients and Outpatients
Outpatients	Medical and surgical Outpatients related to sports injuries Musculoskeletal problems	Surgical clinics related to sports injuries Amputee Rehabilitation	Outpatients
Inpatients	Post operative care related to sports injury rehabilitation Musculoskeletal and Sports injuries	Musculoskeletal problems Trauma Fracture management and rehabilitation Geriatrics Amputee Rehabilitation	Inpatients and Outpatients
Rehabilitation	Musculoskeletal Sports injuries Rehabilitation	Musculoskeletal Trauma Fracture Post operative care Geriatrics Amputee Rehabilitation	Inpatients and Outpatients

General Aims of Practical Training Programme

- To develop and demonstrate clinical competence in the management of a variety of sports injury patients/clients
- To enable students to develop a sense of professional identity
- To structure optimal learning environment/experiences in the clinical situation
- To provide students with opportunities to practice interpersonal skills and develop characteristics essential to productive working relationships
- To enable students to practice and develop knowledge, skills and attributes in a professional setting
- To provide students with opportunities to integrate theoretical knowledge with practical experience in a safe environment with feedback for improvement
- To encourage students to critically reflect on their own clinical experiences as a means of developing insights to learning

Organization of Clinical Placements

Student placements will be decided by the CAs. Students are encouraged to seek clarification if certain information is not clear. The SRePT coordinator will keep everyone updated on roster planning and changes.

Once the roster is confirmed, information will be made available to students and Clinical Educators (CIs & CAs). Student's contacts will also be provided.

Clinical Weekly Descriptor

Area of Placement	**Acute Care**	
Student	**Name**	
	Address	
	Phone	
	E-Mail	
Coordinator/Supervisor	**Name**	
	Phone	
	E-Mail	
Student Work Hours		
Instructions for the Week		
Description of Work		
Plan		

SECTION 2:

Curriculum

Course Synopsis

Learning Outcome

Bachelor of Sport Science (Sports Rehabilitation) with Honours (AS72)

Programme Structure

List of Courses	Credit Hour
(a) University Courses	15
(b) Core Courses (i) General (Sports Science) (ii) Field (Sports Rehabilitation)	 24 66
(c) Elective Courses	15
TOTAL	**120**

Curriculum Structure

University Courses		
Code	**Courses**	**Credit Hour**
HNS2013	Nationhood	3
PPI3012	Entrepreneurship Culture	2
HNS2012	Ethnic Relationship	2
C****	Co Curriculum	2
BIU3032	English Language 3	2
BIU3042	English Language 4	2
	Self Enrichment	2
	TOTAL	**15**

Core Courses General (Sports Science)		
Code	**Courses**	**Credit Hour**
QSU3013	Training Methods and Physical Conditioning	3
QSU3053	Motor Learning	3
QSU3063	Biomechanics	3
QRU3013	Human Anatomy	3
QRU3023	Human Physiology	3
QRU3033	Applied Exercise Physiology	3
QKU3053	Injury Prevention and First Aid	3
QKU3103	Health Care Awareness	3
	TOTAL	**24**

Core Courses Field (Sport Rehabilitation)		
Code	**Courses**	**Credit Hour**
QRU3043	Epidemiology of Sports Injuries	3
QRU3053	Recovery Process for Musculoskeletal Injuries	3
QRU3063	Prevention and Care of Sports Injuries	3
QRU3073	Assessment, Measurement and Management of Sports Injuries	3
QRU3083	Musculoskeletal Rehabilitation in Sports Injuries	3
QRU3094	Prescription of Modalities and Therapeutic Techniques in Sports Rehabilitation	4
QRU3103	Massage Therapy	3
QRU3113	Alternative Therapy and Sports Rehabilitation	3
QRU3123	Rehabilitation for Paralympics Athlete	3
QRU3133	Sports Rehabilitation for Special Population	3
QRU3143	Sensory-Motor Integration and Sports Rehabilitation	3
QRU3153	Ethics and Professional Issues in Sports Rehabilitation	3
QRU3163	Science and Technology in Sport Rehabilitation	3
QRU3173	Nutrition and Healing	3
QRP3013	Sport Psychology and Rehabilitation	3
QRK3013	Seminar in Sport Rehabilitation	3
QRR3996	Final Year Project in Sports Rehabilitation	6
QRL3013	Practical Training in Sports Rehabilitation	3
QRL3028	Advanced Practical Training	8
	TOTAL	**66**

Elective Courses		
Code	**Courses**	**Credit Hour**
QSU3073	Testing, Measurement and Assessment of Sports Science	3
QSM3033	Sport Entrepreneurship	3
QKU3013	Health and Healthy Life Style Concept	3
QKU3023	Philosophy, Ethics and Esthetic in Sport	3
QKU3033	Sport Sociology and National Integration Education	3
QKU3043	Seminar in Health Education	3
QKU3093	Sport Nutrition	3
QKM3013	Organization and Administration of Health Education Programme	3
QKJ3013	Adapted Physical Education	3
*	Choose only three (3) of the courses above	9
**	Chooses any of the above courses to fulfill six (6) credit hours	6
	TOTAL	**15**

QRL3013 **3 Credits**

Practical Training in Sports Rehabilitation

The course provides the opportunity for students to practice their academic knowledge and practical skill related to Sports Injuries and Rehabilitation in real work setting. Students will be exposed to hand on experience in hospitals and sports agencies setting. This course also aims to identify the students' weaknesses especially in practical skill so that it can be corrected and refined before the students going for their advance practical training in their final year.

Learning Outcomes

1. Organizing the assessment, handling and managing of muscular and skeletal injuries clinically with regard to the cardiovascular system, respiratory, and neurological. (C5, P4, EM3).
2. Adapting clinical tasks using a variety of therapeutic modalities and exercise techniques scientifically in sports rehabilitation. (P6, EM3).
3. Generate critical thinking and problem solving throughout the teaching and learning process. (C5, BPMM6).
4. Demonstrate continuous learning and information management skills throughout the teaching and learning process. (A5, PBPM3).

***Duration: 6 weeks**

QRL3028 **8 Credits**

Advanced Practical Training

The course provides the opportunity for students to practice their academic knowledge in real working life. This course also aims to identify the students' weakness so that it can be corrected before the student starts his/her career.

Learning Outcomes

1. Practice and develop skills in planning and carrying out duties in real work setting. (C6, CT5, CS4).
2. Adapt and modify a variety of methods, strategies and techniques to assist in career. (P6, A4, CT5, LL3).
3. Combining learning to integrate theory and practice in a real situation. (CT5).
4. Experiencing the interactions with other members of the community. (C6).
5. Building competency of attitude, personality, and self-confidence and increase durability in practicing the valuesof industry professionals. (EM3, KK3).
6. Improve self-evaluation as a work culture in the industry. (CT5, CS4, EM3).

***Duration: 16 weeks**

ASSESSMENT: 100%

	Assessment Criteria	Marks
1	Continuous Assessment from CA	30%
2	Continuous Assessment from CI	20%
3	Continuous Professional Education (by CI)	5%
4	Log Book	20%
5	Final Practical Examination (OSPE)	25%
	Total	**100%**

SECTION 3:

Responsibilities of Clinical Instructors (CI), Clinical Academics (CA) and Students

RESPONSIBILITIES OF CLINICAL ACADEMICS

Clinical Academics (CAs) have responsibilities to the Department of Health Science, Faculty of Sports Sciences and Coaching (FSSKJ), Sultan Idris Education University, the Clinical Instructors (CIs) and the students. These include:

Responsible to the FSSKJ for:

- Developing the clinical education areas of study.
- Working with the Clinical Education Advisory Committee (CEAC) to organize appropriate clinical placements for students.
- Conducting student evaluations at clinical placement areas
    - CAs must visit the clinical placement areas for the student evaluation minimum of 1 time and maximum 2 times during 6 weeks clinical placement for QRL3013.
    - CAs must visit the clinical placement areas for the student evaluation minimum of 3 times and maximum of 4 times during 16 weeks clinical placement for QRL3028.
- Processing student evaluation.
- Conducting clinical education workshops/meetings.
- Conducting post mortem/Reflection after SRePT to improve/refine teaching and learning process.

Responsible to the Clinical Instructors for:

- Maintaining close liaison to ensure adequate resources and suitable/mutually acceptable arrangements concerning placements and numbers of students.
- Providing support in the forms of clinical education workshops and resources.

Responsible to the Students for:

- Arranging appropriate clinical education placement.
- Organizing briefing and debriefing opportunities (e.g., case/tutorial discussions before and after clinical placements).
- Ensuring that current information concerning units is readily accessible.
- Providing support in terms of clinical supervision, resources, feedback after evaluation.

CLINICAL INSTRUCTORS (CI)

The Clinical Instructor (CI) is responsible for patient management for student clinical education. In general these responsibilities include:

- Help and support in the overall administration, organization and operation of the various clinical areas of practice as mentioned section 1.
- Liaison with the Department of Health Science, Faculty of Sports Sciences and Coaching, Sultan Idris Education University and to work towards realizing the aims of clinical education as set out by the Faculty.
- Monitoring the quality of patient care received by patients referred to students.
- Involvement in educational programs within the place of practice and at the Department of Health Science, Faculty of Sports Sciences and Coaching, Sultan Idris Education University.
- Self education and development/improvement of teaching skills.

Clinical Instructors are also expected to:

- Provide students with a learning environment, which encourages them to achieve learning objectives.
- Monitor student workload to comply with the educational focus of these placements.
- Provide adequate supervision of students to ensure the safety of patients as well as students.
- Assess/evaluate student performance to ensure all develop to the required standard of practice.
    - CIs must evaluate student's performance minimum 3 and maximum 4 times during 6 weeks clinical placement for QRL3013.
    - CIs must evaluate student's performance minimum 6 and maximum 8 times during 16 weeks clinical placement for QRL3028.
- Provide students with written and verbal feedback on their performance throughout the placements.
- Recommend ways for students to improve their performance prior to final assessments.
- Complete all student continuous assessment activities (will be provided with the appropriate evaluation forms and feedback forms)
- Keep accurate record of all clinical placement issues – assessments, and attendance

Support Available to Clinical Instructors

- Clinical visits/phone consultations by Clinical Education Advisory Committee (CEAC).
- Clinical Education Workshops (contact your CEAC).

PROFESSIONAL RESPONSIBILITIES OF SPORTS REHABILITATION'S STUDENTS

Patient Related Responsibilities

During students clinical placement student will be **treating patients under supervision**. The Clinical Instructor/Clinical Academics has overall responsibility for the patients; however, students are also ethically and legally responsible for the care and safety of the patients.

- Student must never treat a patient for the first time, or undertake a major change of treatment without first seeing the patient with the Clinical Instructor/Clinical Academic and discussing the proposed management plan.
- If for any reason an accident occurs, e.g., a patient falls, or a change in the patient's condition becomes apparent, student must contact the Clinical Instructors/Clinical Academics immediately and request assistance.
- If students do not feel confident about a treatment, or if students do not fully understand what they are doing, they must not hesitate to contact the Clinical Instructor/Clinical Academics.
- Information gained about the patient from any source must be kept in strictest confidence. Breaches of confidence can carry legal penalties.
- Students are entrusted with patients' treatments; therefore, they are responsible for seeing that they are carried out.
- Students are required to keep accurate records of their treatments as required by the hospital/workplace.
- Students should report any faulty equipment to the Clinical Instructor/Clinical Academics and do not use it again until it has been repaired.

Workplace Related Responsibilities

During clinical placement, students are member of a workplace, and with that come the following responsibilities:

- Students are expected to be **punctual**. Students must let the Clinical Instructor/Clinical Academics know before they expected time of commencement if they are sick or unable to attend or will be late. This is an important aspect of professionalism.
- Students will be expected to adhere to the Department of Coaching Sciences, Faculty of Sports Sciences and Coaching, Sultan Idris Education University uniform requirements.

Uniform

- Follow the University's polices and guidelines of clothing Ethics.
- Students need to wear either the Faculty of Sports Science or Coaching T –Shirts or Rehabilitation Programme T-Shirts and dark colored trousers (black or blue only).
- Hair should be shoulder length or if beyond the shoulder must be tied back neatly. No jewellery is to be worn except for wedding bands. This includes neck chains, dangling earrings and dress rings. Ear studs may be worn. Fingernails should be short and clean.
- The normal guidelines concerning cleanliness, tidiness, hair care and jewelry set by Department of Coaching Sciences, Faculty of Sports Sciences and Coaching, Sultan Idris Education University applies at all clinical placements.

IDENTIFICATION

Department of Health Sciences, Faculty of Sports Sciences and Coaching, Sultan Idris Education University requires all students to be identifiable by a name badge. All students must wear their student identification badges at all times when they are in clinical placements.

All students must introduce themselves as **students**. Clinical uniform with the identification badges must be worn everyday of the clinical placement unless permission is granted for students to wear other dress.

In addition; students are also expected to:

- **Be Punctual.**
- **You are not allowed to take any leave during SRePT.**
- Students are allowed to take leave for their health issues and appropriate Medical Certificate (MC) should be produced.
    - MCs will be accepted from the government hospitals/panel clinics for **maximum 2 days for QRL3013** and **maximum 4 days for QRL3028**; otherwise the students are considered not completed the SRePT and required to re register the respective course.
- **Notify the Clinical Instructor or Clinical Staff before 8.30 a.m. every day,** if they will not be able to attend clinic on that day in case of medical emergencies.
    - Reasons for their absence must be provided in written and should be agreed by CI.
    - The students are required to replace the hours of absence from the SRePT.
- Students who are all representing University for any reasons are allowed to take leave for maximum of 7 days only. Proper supportive documents must be produced to the Clinical Instructor and Clinical Academics well before.
    - The missing days should be replaced accordingly.
- Keep accurate records of all assessment and treatment undertaken as required by the hospital.
- Identify local hospital rules and protocols at clinical placement area.
- Attend Doctors' Ward Rounds in the areas they're working in for the purpose of patient review and discussion on their patients' issues.

- Discuss individual needs and interests with the clinical Instructor.
- Request specific feedback on performance.
- Report any faulty equipment to the Clinical instructor of Clinical staff.
- Act in a responsible manner in their interaction with all staff and their peers.

Failure to comply with these requirements will result in a student being excluded from SRePT until he/she complies.

LIAISON

Students will be under the leadership and supervision of a Clinical Instructor/Clinical Academics at all times during the clinical placement. Students will be working with a clinical instructor however the Clinical Academics undertake the overall supervision.

All students are encouraged to identify and be proactive in addressing their learning problems as early as possible, while on clinical placement. It is important that discussion with a Clinical Instructor/Clinical Academic is undertaken as soon as the problem is identified to allow for remedial action to be undertaken well before scheduled formal assessments are due.

WITHDRAWAL FROM SRePT

Students may be withdrawn from clinical placement for UNPROFESSIONAL CONDUCT such as: **removing patients' records from the hospital, non-compliance with medico-legal requirements, failure to treat assigned patients, breaching confidentiality, treating patients in the hospital premises outside working hours without the supervision of concerned clinical instructor.**

Withdrawal for any of the above reasons will be for a duration determined by the Course Coordinator in consultation with the senior officials and Clinical Instructors. Repeated failure by the student to abide by the regulations and requirements of the Clinical Placement will result in the permanent withdrawal of the student from all clinical placements. No supplementary placements will be offered. The student will be deemed to have failed the course due to failure to complete clinical practice requirements.

If students are wishing to withdraw from the course, they are allowed to withdraw and they need to apply to PULAMI through the Faculty. The students are not allowed to withdraw from SRePT during 6th Week for QRL3013 and 14th week for QRL3028 for any reasons.

The students can repeat if they withdrew from the current session. The students are allowed to reapply within 3 semesters of actual commencement of SRePT.

SECTION 4:

Planning for the Student Unit

Managing the Students' Workload

The number of patients allocated to each student will vary throughout the placement, with the unit and their level of competency. The student should have sufficient time to gather necessary information to plan and implement management programs for the patient. It is expected that students will read and revise any pertinent material. This could mean study at home, library or on campus.

It is expected that students will commence the unit with a small caseload and gradually increase this number through their placement. Complexity of caseload could also increase as appropriate.

The workload will depend on:

- Individual student factors (e.g., ability, self-esteem, confidence),
- Case load/patient/client availability,
- Whether the educator has a case load as well,
- Number of students,
- The number of other activities included in the student programs (e.g. ward rounds, clinics),
- The type of unit.

Guidelines for Time Spend Per Patient

The time allocated to the student for each patient needs to be guided by the needs of each patient. Consideration needs to be given to the following factors:

- Is it an initial assessment or a follow up?
- The acuteness of the condition,

- Individual patient factors e.g. age, cooperativeness, fatigue levels, other illnesses, language barriers and complexity of condition.

In the initial stages up to 1.5 hours can be allocated to an initial patient consultation. With subsequent consultations, the student should become more efficient. The time spent per patient will be influenced both by the skill of the student and by the complexity of the patient's presenting problems. **Encourage students not to take short cuts until they are thorough and accurate with all aspects of assessment and management**. Therefore allow them to become accurate.

Prepare/Organize

- An overall timetable for students to incorporate meetings, tutorials, area of work, assessment.
- Tutorials and visits to related areas.
- Suitable patients for the students notification of hospital/health care authorities regarding the students' visit.
- Orientation of students. This could include:
    - Introduction of students to staff,
    - Tour of department and hospital/health facility,
    - Clarification of the student and educator expectations and needs,
    - Review timetable/plan.

Remember

- Use the interactive time for interactive instruction and for presenting information that needs interpretation. Standardized information (such as names of staff etc can be provided on a handout or placed in a folder that students have easy access to.
- Avoid information overload. Some parts of the orientation will need to be immediate, but other aspects may be delayed for a few days.

SECTION 5:

Learning Objectives

1. **Assesses the patients' abilities, problems and needs**

- Applies background knowledge and skills to assessment;
    - Knowledge includes the pathology of relevant musculoskeletal disorders and their presenting signs and symptoms,
    - Principles of assessment and treatment ,
    - Functional anatomy of the musculoskeletal system,
    - Principles of exercise prescription.
- Take a comprehensive and relevant history. Gain information about the patient's problem, main concerns and expectations and their expectation of treatment by:
    - Completing a body chart,
    - Asking about behaviour of pain,
    - Ascertaining contraindications and precautions,
    - Clarifying current and past history,
    - Assessing pain, functional status and other appropriate signs,
    - Biopsychosocial history.
- Use history findings and relevant theoretical background in the planning of the physical examination.
- Conduct a safe and relevant physical examination demonstrating competence in the techniques necessary;
    - Observation e.g. posture and movement pattern,
    - Active ranges of movement to reproduce the patient's symptoms and provide reassessment tool,
    - Passive accessory and when indicated, passive physiological tests to elicit symptoms and gain information about stiffness/end feel,
    - Overpressures and where necessary, combined movements,

- Tensions tests,
- Specific tests of other structures e.g. ligaments, menisci etc…

- Involve patient in treatment decisions and communicate appropriately at their level of understanding.
- Recognize the individual circumstances for each patient.

2. Interprets and analyses assessment findings for the diagnosis of the patients' problems and definition of patients' needs

- Interprets findings from history and physical examination, including laboratory and radiology findings.
- Correlate a wide range of relevant information to identify the patient's main problems. Where relevant the student will need to:
  - Identify the structures or regions that could possibly give rise to symptoms
  - Identify precautions and limitations to treatment
  - Define reassessment measure from history and physical examination
  - Summarize the patient's overall status
  - Construct a list of the patient's problems in order of priority

3. Develops a therapeutic intervention plan to meet defined goals

- Identify realistic therapeutic goals (short and long term) of treatment.
- Plan and justify an initial treatment.
- Outline an ongoing treatment plan, justifying modifications and progression.
- State indications, precautions and contraindications associated with the assessment and treatment (include manual techniques, Electro Physical Agents (EPA), traction etc…) of musculoskeletal disorders of the spine and periphery.

- Describe the principles of management of spinal disorders.
- Plan long term strategies as appropriate, including self management.

4. Implements therapeutic intervention involving manual skills and therapeutic equipment

- Use mechanical apparatus such as traction, biofeedback, weights, collars, walking aids efficiently and appropriately.
- Apply EPA giving clear instructions and safety warnings, positioning the patient and apparatus correctly, choosing correct dosage and treatment time.
- Consider and manage individual patient factors (e.g. anxiety, pain etc…).
- Position the patient so they are stable, comfortable and appropriately covered.
- Demonstrate safety for client and therapist.

5. Implements therapeutic intervention involving training and teaching

- Tailor instructions to meet the specific needs of the patients.
- Provide logical, clear, accurate and appropriate instructions and demonstrations.
- Provide appropriate, immediate, accurate and constructive feedback, both verbal and manual.

6. Evaluates the effectiveness of therapeutic intervention and modifies accordingly

- Select appropriate measures relevant to the patient, to evaluate the effectiveness of intervention.
- Justify the use of evaluation tools on the basis of theory, research and practicality.
- Use measurement tools safely and appropriately.
- Consider the reliability and validity of the measurement tools.

- Modify the treatment as appropriate, e.g. repeating, increasing, decreasing, grades/repetitions or changing techniques on the basis of reassessment findings.

7. **Communicates effectively and appropriately (with patients, their families and care givers, with the clinical instructor, clinical academics, with other health professionals and relevant other referral sources)**
   - Conduct clinical education tutorial and presentations.
   - Inform the patient of main examination findings and reasons for treatment plan and gain consent for treatment.
   - Explain to the patient the purpose of the treatment, describe the procedures, and gain patient consent.
   - Maintain appropriate records which include:
     - Date, signature, designation,
     - Initial assessment and re-assessment signs/symptoms,
     - Specific treatment given i.e.- joints/region treated, techniques used, dose (this might include grade or force, repetitions), equipment required (for e.g., number and resistance of exercises, static/intermittent, time and force of traction),
     - The effects of the treatment (i.e. Reassess relevant signs and symptoms),
     - The patient's self report of treatment effectiveness at subsequent visits,
     - Documentation of warnings and results of concussion tests and vertebral artery tests with signature,
     - Documentation of consent for procedures involving significant risks.
   - Include discharge summaries which record history and major examination findings, treatment, progress, self management program, status at discharge.

- Ensure that written documentation (notes, statistics, letters, discharge summaries etc) is up to date, legible, accurate, grammatically correct and relevant.
- Communicate effectively with the clinical instructor/clinical academics, peers, team members, other health professionals and relevant referral sources.
- Effectively communicate information about the patient's examination findings and therapeutic management.
- Establish a rapport with coaches/relatives where relevant.
- Present clear verbal reports of the patient's problems, treatment, progress and goals at case discussions or via written report at an appropriate time to professionals involved in the patient's management.

8. Demonstrates professional behaviour appropriate to Sports Rehabilitation

- Address the patient with courtesy.
- Maintain dignity of the patient at all times.
- Cope with difficult or incompatible patients appropriately.
- Be punctual at required clinical activities.
- Complete duties required on the clinical placement and where relevant use initiative in seeking out new opportunities for learning.
- Participate in peer and self assessment.
- Maintain appropriate professional/personal presentation.
- Respect the professional status of colleagues.
- Apply knowledge, skills and attitudes in ways that demonstrate ethical and legal practice.
- Respect confidentiality of information regarding patient, staff and other matters pertaining to the hospital procedures.

- Accept all feedback from clinical educator in a professional/mature manner.

9. Operates effectively within the healthcare system

- Identify problems requiring further referral to other health professionals.
- Seek and impart relevant information when appropriate.
- Develop effective appointment schedules for patients.
- Organize working time efficiently (to include treatment, writing records, liaising with other health professionals, independent study time etc).
- Provide constructive, clear, accurate feedback to peers when involved in peer assessments or practice situations.

10. Ensures safety of patient, staff and self at all times

- Prepares treatment area adequately prior to using equipment.
- Gains consent for treatment.
- Demonstrates safety for patient and yourself.
- Recognizes own limitations and acts accordingly.
- Demonstrates safety and precision in the physical handling of patients in assessment and treatment.
- Positions self effectively and safely when carrying out procedures.
- Takes into account the safety of other staff.
- Monitors regularly and responds appropriately to patients' reports.
- Handles and applies equipment safely and effectively.
- Follows occupational health and safety guidelines as in accordance to the hospital including infection control.

SECTION 6:

Assessment and Evaluation

Assessment

It is the responsibility of the clinical instructor/clinical academics to provide ongoing assessment of the student clinical performance throughout the placement. There are two types of assessment, continuous and final practical assessment. Continuous assessment provides feedback to promote learning and grading.

Purpose of Assessment

The purposes of assessments are:

- To give the student an appraisal for their performance in relation to the objectives of the unit
- To give the student constructive comments and suggestions for future improvement
- To provide students performance evaluation to the Department of Coaching Sciences, Faculty of Sports Science and Coaching, Sultan Idris Education University at the end of the specified time for improving the process of teaching and learning in an industrial training
- To provide where indicated an avenue for counseling students

Student Self Assessment

The purposes of these assessments are to:

- Allow the educator to evaluate the student's ability to self assess
- Provide the student with the opportunity to practice self assessment
- Provide the student with the opportunity to reflect on their performance and possible strategies for improvement
- Provide an avenue of communication between the clinical instructor/clinical academics and the student

The ability to self assess will assist the student in identifying areas that need improvement and facilitate the development of responsibility for self learning. Issues raised and discrepancies between the clinical instructor's and clinical academic's and student's assessments should be discussed.

Passing Criteria

Students must score minimum C + to pass the practical training (SRePT).

- If any student scored C and below, they will be allowed to repeat the practical training **ONLY ONCE.**
- If students are missing in action for more than 4 days without any information, they will be failed from the SRePT.

SECTION 7:

Continuous Assessment Form

Practical Training Supervision: Date:

CONTINUOUS ASSESSMENT FORM

Name : _____ Matrix No: _____

Agency: _____ Area :_____

Assessment scale - points are of equal weighting. Circle the number on the scale opposite each objective:

1	2	3	4	5	6	7	8	9	10
Extremely poor	very Poor		clear fail	Just pass	Clear pass		very good		excellent

OBJECTIVES ***GRADE***

ASSESSMENT:

1. Reviews and summarizes information from patient records (charts, x-rays, tests, other relevant documents) 1 2 3 4 5 6 7 8 9 10
2. Prepares & positions patient/environment correctly, efficiently, giving clear & relevant information 1 2 3 4 5 6 7 8 9 10
3. Uses appropriate exam procedure relevant to the diagnosis to demonstrate proficiency in testing skills 1 2 3 4 5 6 7 8 9 10
4. Adapts handling procedures to patient's physical state 1 2 3 4 5 6 7 8 9 10
5. Examines in a logical & systematic sequence 1 2 3 4 5 6 7 8 9 10
6. Completes a comprehensive assessment 1 2 3 4 5 6 7 8 9 10
7. Summarizes assessment findings 1 2 3 4 5 6 7 8 9 10

TREATMENT:

1. Justifies selection of appropriate treatment techniques 1 2 3 4 5 6 7 8 9 10
2. Demonstrates a variety of treatment strategies and skills 1 2 3 4 5 6 7 8 9 10
3. Performs procedures safely 1 2 3 4 5 6 7 8 9 10
4. Performs procedures effectively and skillfully 1 2 3 4 5 6 7 8 9 10
5. Procedures are well sequenced 1 2 3 4 5 6 7 8 9 10
6. Assesses patients performance during treatment 1 2 3 4 5 6 7 8 9 10
7. Makes appropriate changes where necessary 1 2 3 4 5 6 7 8 9 10
8. Outlines prognosis and further management 1 2 3 4 5 6 7 8 9 10

9.	Provides home program/patient education	1 2 3 4 5 6 7 8 9 10
10.	Re-evaluates treatment outcomes objectively	1 2 3 4 5 6 7 8 9 10

KNOWLEDGE:

1.	Demonstrates understanding of the patients' condition	1 2 3 4 5 6 7 8 9 10
2.	Demonstrates sound logical clinical reasoning	1 2 3 4 5 6 7 8 9 10
3.	Defines & prioritizes problems relevant to the condition	1 2 3 4 5 6 7 8 9 10
4.	Prioritizes problems taking into account the patient's perceptions and functional needs	1 2 3 4 5 6 7 8 9 10
5.	Discusses correct Rehabilitation protocol	1 2 3 4 5 6 7 8 9 10
6.	Considers precautions/dangers/contraindications where applicable	1 2 3 4 5 6 7 8 9 10

PROFESSIONALISM:

1.	Demonstrates appropriate interpersonal skills e.g. listening, respect for patients privacy	1 2 3 4 5 6 7 8 9 10
2.	Records accurately	1 2 3 4 5 6 7 8 9 10
3.	Organizes time appropriately	1 2 3 4 5 6 7 8 9 10
4.	Ensures safety of patient and self	1 2 3 4 5 6 7 8 9 10
5.	Is able to critically evaluate own performance	1 2 3 4 5 6 7 8 9 10

Total Mark: _____/280 = CA _____/30% CI _____/20%

Assessor's Feedback

_____

_____

_____

Signature CA/CI **Date**

…… ……

Name:

SECTION 8:

Attendance Sheet

STUDENT ATTENDANCE

Name: _____Matrix Number: _____

Duration from _____ to _____(Weeks)

*Week		Monday	Tuesday	Wednesday	Thursday	Friday	CPE
1	Date						
	Signature						
2	Date						
	Signature						
3	Date						
	Signature						
4	Date						
	Signature						
5	Date						
	Signature						
6	Date						
	Signature						
Replacement if any							

SUMMARY OF STUDENT ATTENDANCE

Number of days of clinical placement	days
Number of days student present clinical placement	days
Number of days student absent clinical placement	days

Checked by CI

_____

(Name and stamp)

Endorsed by CA

_____

(Name and stamp)

*Please use additional sheet if necessary

SECTION 9:

CHECKLIST

OUT PATIENT SET-UP

CHECKLIST

---

1. Check and sight
    a. Referral form (if new patient)
    b. Appointment card
2. Prepare
    a. Cubicle (liaise with Supervisor)
    b. Assessment tools
3. Always Remember
    a. Get consent from patient
    b. Screen
    c. Commence with assessment
4. Have accurate patient details
    a. Name
    b. IC Number
    c. Referral source if any
5. Complete relevant forms
    a. Subjective assessment
    b. Objective assessment
    c. Body chart
    d. Home Exercise Programme sheets
    e. Reassessment
    f. Plan for next assessment

6. Patients Next Visit?
    a. Issued Appointment card
    b. Noted in CI appointment slots (diary)
7. Entered Patient Statistics (register) if any
8. Tidy cubicle after treatment session.
9. Assessment tools returned
10. Sign Patient Notes
11. Have patient notes counter-signed by Clinical Instructor (CI)
12. Identify personal learning issues
13. Inform CI on learning issues
14. At end of rotation have a set of notes photocopied for clinical Instructors records.

    Originals to be kept with Clinical Academics.

IN-PATIENT DEPARTMENT

CHECKLIST

---

1. Check and sight
    a. Observation Chart,
    b. Drug Chart.
2. Read
    a. Patient Folder (Physician's notes, Orders for the day, OT notes, Nurses notes, Medical investigations (bloods, X-Rays etc , PT notes).
3. Always Remember
    a. Get consent from patient,
    b. Screen,
    c. Commence with assessment.
4. Have accurate patient details
    a. Name,
    b. IC Number (Folder Number if any).
5. Complete relevant forms
    a. Subjective assessment,
    b. Objective assessment (objective tools of assessment),
    c. Body chart,
    d. Home Exercise Programme sheets,
    e. Reassessment,
    f. Plan for next visit.

6. Next Visit?
    a. Reminded of what to expect,
    b. The very next day, may need to be seen twice depending on assessment.
7. Entered Patient Statistics (register),
8. Tidy cubicle after treatment session
    a. Assessment Tools must be returned.
9. Sign Patient Notes.
10. Have patient notes counter-signed by Clinical Instructor (CI).
11. Identify personal learning issues.
12. Inform CI on learning issues.
13. At end of rotation have a set of notes photocopied for clinical instructor records. Originals to be kept with Clinical Academics.

SECTION 10:

PATIENT DETAILS FORM

PATIENT DETAILS

No	Name	Folder Number	Gender	Race	Age	Ward/ OP	Day & Time	Diagnosis	Treatment Carried Out & Next Appointment date
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

APPENDIX

Practical Training Supervision:	Date

CONTINUOUS ASSESSMENT FORM

Name : _____Matrix No: _____

Agency: _____Area :_____

Assessment Scale - Points are of equal weighting. Circle the number on the scale opposite each objective:

1	2	3	4	5	6	7	8	9	10
Extremely Poor	Very Poor		Clear Fail	Just Pass	Clear Pass		Very Good		Excellent

OBJECTIVES	***GRADE***

ASSESSMENT:

1. Reviews and summarizes information from patient records (charts, x-rays, tests, other relevant documents) — 1 2 3 4 5 6 7 8 9 10
2. Prepares & positions patient/environment correctly, efficiently, giving clear & relevant information — 1 2 3 4 5 6 7 8 9 10
3. Uses appropriate exam procedure relevant to the diagnosis to demonstrate proficiency in testing skills — 1 2 3 4 5 6 7 8 9 10
4. Adapts handling procedures to patient's physical state — 1 2 3 4 5 6 7 8 9 10
5. Examines in a logical & systematic sequence — 1 2 3 4 5 6 7 8 9 10
6. Completes a comprehensive assessment — 1 2 3 4 5 6 7 8 9 10
7. Summarizes assessment findings — 1 2 3 4 5 6 7 8 9 10

TREATMENT:

1. Justifies selection of appropriate treatment Techniques — 1 2 3 4 5 6 7 8 9 10
2. Demonstrates a variety of treatment strategies and skills — 1 2 3 4 5 6 7 8 9 10
3. Performs procedures safely — 1 2 3 4 5 6 7 8 9 10
4. Performs procedures effectively and skillfully — 1 2 3 4 5 6 7 8 9 10
5. Procedures are well sequenced — 1 2 3 4 5 6 7 8 9 10

6. Assesses patients performance during treatment 1 2 3 4 5 6 7 8 9 10
7. Makes appropriate changes where necessary 1 2 3 4 5 6 7 8 9 10
8. Outlines prognosis and further management 1 2 3 4 5 6 7 8 9 10
9. Provides home program/patient education 1 2 3 4 5 6 7 8 9 10
10. Re-evaluates treatment outcomes objectively 1 2 3 4 5 6 7 8 9 10

KNOWLEDGE:

1. Demonstrates understanding of the patients' condition 1 2 3 4 5 6 7 8 9 10
2. Demonstrates sound logical clinical reasoning 1 2 3 4 5 6 7 8 9 10
3. Defines & prioritizes problems relevant to the condition 1 2 3 4 5 6 7 8 9 10
4. Prioritizes problems taking into account the patient's perceptions and functional needs 1 2 3 4 5 6 7 8 9 10
5. Discusses correct Rehabilitation protocol 1 2 3 4 5 6 7 8 9 10
6. Considers precautions/dangers/contraindications where applicable 1 2 3 4 5 6 7 8 9 10

PROFESSIONALISM:

1. Demonstrates appropriate interpersonal skills e.g. listening, respect for patients privacy 1 2 3 4 5 6 7 8 9 10
2. Records accurately 1 2 3 4 5 6 7 8 9 10
3. Organizes time appropriately 1 2 3 4 5 6 7 8 9 10
4. Ensures safety of patient and self 1 2 3 4 5 6 7 8 9 10
5. Is able to critically evaluate own performance 1 2 3 4 5 6 7 8 9 10

Total Mark: _____/280 = CA ____/30% CI _____/20%

Assessor's Feedback

_____

_____

_____

Signature CA/CI: **Date:**

_____ _____

Name:

MARKS SUMMARY FORM FOR SRePT PROGRAM

Instructions: To be completed by Clinical Academic after getting supervision marks and CPE marks from Clinical Instructor in the last week of the program.

Enter UIMS overall score in at least seven (7) days after the date of the end of the program. Submit a copy of this form to the faculty coordinator.

Student Name:_____

Matrix No: _____ Program Code: _____

Clinical Instructor: _____

Agency: _____

No.	CA **30%**	CI **20%**	CPE **5%**	Log Book **20%**	Final Practical Examination (OSPE) **25%**	Total **100%**
Average						
					GRADE	

Clinical Academic Signature: _____

(Name:)

Date: _____

CONTINUOUS PROFESSIONAL EDUCATION (CPE)
(Evaluate by CI)

Name : _____

Matrix Number : _____

No.	Activity	Duty and Responsibility	Marks	Signature

CPE example: Patient education preparation, Presentation, Community service and Training Program ext.
Comments of CI :

Average mark = 5%

Signature of CI

_____

Name:
Date :

- **CI is needed to submit this evaluation form of CPE to CA on the last week of the SRePT program**
- **Use additional sheet if necessary**

Sports Rehabilitation Practical Training Program (SRePT)

Log Book Rubric

Name:_____ Matrix No.: _____

No.	Criteria	Mark %	Total %
1.	Reflective Diary		16
2.	Student Self Evaluation		2
3.	Student Attendance		2
	Total		20