Facilitation of Learning (FoL) – ENPHE
Good Practice for Physiotherapy Education

1. **Title of the Good Practice + Author(s) + e-mail:**

Screening process

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2. **Background & Rationale:**

Screening is a process in which the physiotherapist gains insight into the patient's complaints and request for help and decides whether further physiotherapeutic assessment is indicated (KNGF Guideline for Physiotherapy Dossiervoering, 2019). During screening, targeted questions in the history taking and/or diagnostic procedures are used, within a limited time, to determine whether there is a recognizable pattern of signs and/or symptoms ("worrysome" or "not worrysome") that falls within the scope of physiotherapy and the competencies of the individual physiotherapist.

The entry-level professional:

- informs the patient about the screening procedure.
- identifies the specific request for help, with all necessary (medical) information being obtained and analyzed.
- draws the conclusion of "within expected findings" or "unexpected findings" based on pattern recognition and the identification of any red flags, warning signs, and/or an unexplained atypical course.
- substantiates this conclusion in the screening report on the basis of the following profiles:
    - a profile recognizable to the physiotherapist and falling within the competencies of the individual physiotherapist;
    - a profile not recognizable to the physiotherapist (advice: refer the patient to the general practitioner for a second opinion);
    - a profile recognizable to the physiotherapist, with recognition of possible serious pathology (advice: refer the patient to the general practitioner);
    - a profile recognizable to the physiotherapist that would be better treated by another healthcare professional (advice: refer the patient to another healthcare professional).
- when the entry-level professional concludes that the findings are "unexpected," they inform the patient accordingly and advise the patient to contact their general practitioner or physician.
- when the entry-level professional concludes that the findings are "within expected findings," they inform the patient about the possibility of continuing the diagnostic process without the intervention of a physician.

We are also interested to learn what educational concept, framework or underlying vision has inspired this practice.

The screening process is an operationalisation of the competences (CanMed) of the Dutch Professional profile (KNGF, 2021).

Direct Access Physiotherapy started in the Netherlands in 2006. Graduates from the Physiotherapy bachelor of science programme (240 ECTS) are allowed to conduct the screening process in practise.

I categorise my case under the following theme (please tick the appropriate box):

✓ Clinical reasoning skills
✓ Learning between students
✓ Simulation-based learning
☐ Lack of motivation
☐ Tailored learning for student diversity
☐ Facilitation of online physiotherapy
☐ Self-regulation in physiotherapy learning (professional issues)
☐ Blended learning strategies
☐ Other: .....

3. Learning Objectives:

The first-year physiotherapy student conducts the screening of a simulated patient with knee or hip osteoarthritis without a referral, using tailored techniques to structure and regulate the conversation, and reaches a decision on whether further physiotherapy assessment is indicated. They use targeted history-taking questions and, where appropriate, screening tests.

- The student explains the objective of the screening related to direct access to a patient.

4. Implementation & Description of the Good Practice:

Within vertical alignment, EPA 1 has been decomposed to the level of the first year by working with a simulated patient and a single pathology. The complex, whole task has been reduced to a single task within the screening process. This assignment therefore focuses on a part-task that matches the level of the first year and, from a 4C/ID perspective, forms the starting point for learning the whole task by the end of the relevant teaching week.

Step-by-step explanation of the practice

1. Student prepare knowledge of the screening process with an assignment from the electronical learning environment.
2. Activating prior knowledge asking the students 2 questions with a "*Think* (write down)-*Pair* (Share with a peer next to you)-*Share* (some of the answers will be shared with the whole group)" assignment:
    a. According to you, what is a screening and what are the success elements of a good explanation of the screening process.
    b. How do you communicate the screening process in a proper way (on communication skill level)

Together with guidance from the lecturer you formulate 5 success criteria for the screening conversation.

3. Students make an audio-file with an explanation of the screening process in layman's terms in pairs. (1 physiotherapists – 1 patient) and put it on a padlet (or other medium).
4. Listen to at least 2-3 other audio files from other students and give feedback on them according to the success criteria you formulated.
5. Note on an individual base what you have learned from listening to the other audio files. Process the received feedback on your own audio file. Note what you are going to improve next time.
6. Make a new audio file in which you implement your noted improvements. (in pairs). You switch roles this time.
7. The teacher gives general group-related feedback on the success criteria and possible misconceptions.

Developing quality criteria is a deliberate step we take with the students to foster quality awareness and clarify expectations, in accordance with the principles of Formative Assessment (Wiliam, 2019). However, it is essential for the teacher to have a clear direction in mind regarding the final competencies students are expected to demonstrate.

Below is a guideline that teachers can use for coaching purposes. We want to emphasize that the starting point should be the students' own work when co-creating these quality criteria; the teacher then supplements these with any missing elements to ensure a comprehensive standard.

Quality Criteria: Explaining the Screening Process (Direct Access)

1. Completeness of Content (The "What")

The student clearly explains the three possible outcomes of the screening:

- Safe ("Not worrysome"): The complaint falls within the physical therapist's domain; we proceed with the assessment.
- Unsafe/Red Flag ("worrysome"): The patient is referred (back) to the GP.
    - There are warning signs (red flags) that fall outside our scope of practice.
    - There is an unexplained atypical progression of symptoms.
    - There is a recognizable pattern, but one or more deviating symptoms are present.
    - Unknown = Unauthorized: There is no recognizable pattern.
- Uncertainty: Additional information is required (e.g., consultation with the GP) before we can begin.

2. The Justification (The "Why")

The student fosters quality awareness by placing safety at the heart of the explanation:

- The student explains that the screening is a legal requirement for direct access (without a referral) to ensure patient safety.
- The student explains that we must rule out whether the knee or hip pain stems from an underlying medical cause that cannot be treated by a physical therapist.

3. Structure and Regulation (The "How")

In accordance with the learning objectives regarding communication skills:

- Transparency: The student announces the screening before it begins (e.g., *"I will now start with a brief interview to determine if you have come to the right place for your complaints"*).
- Check for Understanding: The student asks the patient if the procedure is clear (e.g., *"Do you have any questions about this?"*).
- Summary: At the end of the screening, a clear conclusion is provided before the physical therapy assessment starts.

5. **Evaluation & Feedback:**

Formative evaluation and qualitative peer feedback is facilitating the more complex task the students need show during for example a performance assessment.

6. **Challenges & Solutions:**

The assignment is evaluated with feedback from the group. Positive feedback from the discrepancy between the initially assumed simplicity and the actual difficulty of the task.

Challenges:

- If the group of students is uneven, there will be 1 group of 3 students in step 3. This group will make 2 audio-files.

7. **Impact & Sustainability**

Knowledge → processing knowledge into application → feedback on the application → re-processing the knowledge, which leads to a higher probability of long-term retention.

Based on 4CID, we work from a complex, authentic professional task, scaling it down into learning tasks. These smaller learning tasks are later reintegrated within the curriculum into a simulated setting with a different context (e.g., a different medical condition) and eventually applied in an authentic setting (internship). This ensures the theme is frequently revisited (repetition without repetition).

8. References & Supporting Materials:

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- Wiliam, D. (2011). What is assessment for learning? *Studies in Educational Evaluation*, *37*(1), 3–14.
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If you have any questions about the template, please email: Matthias.eggermont@vub.be

Thank you in advance for completing the template and for your valuable input.

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