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

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

Facilitating Readiness for Direct Access Through EPA-Based Simulation and Feedback
Jonathan Stammers - international@efom.fr

2. Background & Rationale:

Across Europe, physiotherapy graduates are increasingly expected to act as first-contact practitioners. While regulatory and professional bodies describe graduates as autonomous at entry to practice, educators face a persistent challenge:

How can autonomy be facilitated, observed, and supported safely during training?

Traditional competency-based teaching often fragments learning into isolated skills, making it difficult for students to integrate clinical reasoning, risk management, communication, and ethical judgement in real-life situations.

This good practice addresses this gap by using Entrustable Professional Activities (EPAs) as learning anchors and formative feedback as the primary facilitation tool. Autonomy is not treated as a binary outcome, but as an emergent property of integrated professional practice.

Educational concepts underpinned :

- Entrustable Professional Activities
- Programmatic assessment
- Professional identity formation
- Self-regulated learning
- Safe learning environments for high-stakes decision-making

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:

1. Conduct a safe first-contact physiotherapy assessment, including screening for serious pathology.
2. Make and justify triage decisions appropriate to the clinical context.
3. Recognise when physiotherapy is not appropriate and escalate care safely.
4. Reflect on their own use of autonomy, including uncertainty and risk.
5. Use feedback to regulate and improve their professional judgement.

4. Implementation & Description of the Good Practice:

Context in the curriculum: this practice is implemented during:

- mid Bachelor (EQF6) or early Master (EQF7),
- prior to or alongside clinical placements,
- as preparation for direct access contexts.

Step 1 – EPA framing (10 minutes)
Students are introduced to EPA 1: First-contact assessment & triage as a *real professional activity*, not an exam task.
Instructions: "You are acting as an autonomous first-contact physiotherapist. The goal is not to be perfect, but to be safe and justifiable."

Step 2 – Simulation or case-based scenario (30–40 minutes)
Students work individually or in pairs on a simulated first-contact case (paper-based, role-play, or high-fidelity simulation).
The case includes: common musculoskeletal features, at least one potential red flag, contextual uncertainty (time pressure, patient expectations).

Step 3 – EPA-aligned formative assessment
Educators observe using an EPA-based rubric with four developmental descriptors:
Unsafe /Inconsistent /Safe but conservative /Safe & judicious
No grades are given at this stage. And mirror assessment could be used.

Step 4 – Facilitated feedback & reflection (20 minutes)
Feedback is structured around:
What made the decision safe? Where was the student conservative? How was uncertainty managed?
Students complete a short self-reflection:
Where did I feel confident? Where did I hesitate? What would make this unsafe in another context?

Barrier → Solution
Student anxiety about autonomy → Explicit framing that autonomy ≠ perfection
Educator discomfort with ambiguity → Shared EPA descriptors and calibration
Fear of failing → Strong emphasis on formative use and safety

5. **Evaluation & Feedback:**

Nature of feedback

- Primarily formative
- Verbal feedback + short written comments
- Peer discussion encouraged

Assessment approach

- No summative decision based on a single activity
- Patterns of performance are considered over time
- Unsafe decisions trigger immediate coaching, not "punishment"

6. **Challenges & Solutions:**

Observed challenges

- Students initially over-refer or under-refer
- Difficulty articulating reasoning

Educational value

- Students report increased confidence in explaining decisions
- Improved tolerance of uncertainty
- Stronger sense of professional responsibility

7. **Impact & Sustainability**

Impact

- Supports safe autonomy rather than checklist competence
- Transferable across institutions and countries
- Aligns with direct access expectations

Sustainability

- Low-cost (cases, rubrics)
- Scalable to large cohorts
- Can be adapted to other EPAs (e.g. escalation, episode of care)

8. References & Supporting Materials:

1. World Physiotherapy – Policy on Direct Access & Self-Referral
2. ENPHE – Definitions & Competencies for Direct Access
3. World Physiotherapy – Physiotherapist Education Framework
4. APTA – Competency-Based Education in Physical Therapy (2025)
5. Ten Cate – EPAs & Entrustment Decision-Making
6. Swiss EPA Pilot in Physiotherapy
7. Core Competencies for First-Contact Physiotherapists

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.

Niki Stolwijk, Anke van Erp, Livia Hoeben en Matthias Eggermont