

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIKINETICS
GUIDELINES FOR THE EVALUATION OF INSTITUTIONS FOR THE TRAINING
OF INTERN BIKINETICISTS
GUIDELINES FOR APPLICANTS AND EVALUATORS

Objectives

To ensure that the accredited intern training institutions are able to satisfactorily accommodate and train intern biokineticists in their year of internship.

Specific aims

To ensure that the intern training institution has adequate facilities, space, equipment and clients/patients for the training of intern biokineticists.

To ensure that upon completion of the year of internship the biokinetic intern is able to demonstrate that he or she had received adequate exposure and is able to practice independently within the **entire scope of biokinetic practice**.

To assist intern training institutions in overcoming problem areas.

Process of accreditation

Evaluators ***should spend sufficient time to evaluate*** the intern training facility. Evaluation will comprise aspects such as training facilities, space, the availability of clients/patients, and the supervising biokineticist's ability to guide the intern towards independent practice.

Evaluation of intern training facility

The evaluators will **assess** the facilities available for training of the intern biokineticists including but not limited to the following:

- Equipment available for physical evaluation of clients/patients.
- The prescription of scientifically based physical activities/exercise programmes.
- Floor space available for the execution of prescribed physical activity programmes/exercises.
- Management- and entrepreneurial skills of the supervising biokineticist and other staff.

REPORT ON THE EVALUATION

The following details should be included in the report:

1. Strengths and weaknesses of the intern training institution/practice.
2. Factors contributing towards the quality of the training of intern biokineticists, e.g. facilities, equipment and staffing.
3. The scope of the practice and client/patient availability
4. Scrutiny and availability of the agreement between the Intern and Biokineticist based on South African Labour legislation confirming -
 - a minimum monthly salary of R3 000-00;
 - working hours of \pm 40 hours per week;
 - provision for annual and sick leave.
5. The following should further be submitted as part of the evaluation report:
 - A written mentorship programme for the duration of the internship – See Annexure A for specific information
 - Evidence of supervisory arrangements as follows:
 - A ratio of at least 1 supervisor per 2 interns
 - At least 50% direct supervision during the first six months;
 - At least 30% direct supervision during the second six months;
 - Names of supervising biokineticists at multiple practices
 - An emergency plan reflecting the following information:
 - Standard/status of CPR/ACD training of practitioners in the practice
 - Immediate on site emergency treatment provided by biokineticist (to assist, rescue or resuscitate patient)
 - Emergency equipment available such as defibrillators, etc
 - Emergency telephone numbers
 - Response time
 - Evacuation procedure
 - Proximity of nearest hospital/clinic/doctor
 - Availability of fire extinguishers
 - How often are mock exercises conducted?
 - Clinical and evacuation plan specified
6. The level of involvement and exposure of the intern in the administration, practice management and clinical skills.
7. Proof by supervising biokineticist that indemnity insurance for intern has been provided or written undertaking that provision will be made once approval has been granted.
8. Proof of ethical compliance in terms of naming of practice, letterheads and business cards e.g. correct letterhead captions (attach copy of letterhead or business card). In terms of the ethical rules the use of a practice name other than the name of one or more practitioners is not permissible.
9. An undertaking from the supervising biokineticist that should the facility change in status, the Professional Board would be advised accordingly.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

**EVALUATION REPORT REGARDING THE EVALUATION OF FACILITIES
FOR THE TRAINING OF INTERN BIOKINETICISTS
(To be jointly completed by the team of evaluators)**

1. TRAINING INSTITUTION/PRACTICE*

1.1	NAME OF INSTITUTION/PRACTICE**:	
1.2	HEAD OF INSTITUTION:	
1.3	Postal address of Institution/Practice:	
1.4	Physical address of Institution/Practice*:	
1.5	Code and Tel no:	
	Fax no:	Mobile No:
	E-mail address:	

* Separate reports to be submitted for different practices

** In terms of the ethical rules the use of a practice name other than the name of one or more practitioners is not permissible.

2. OTHER PRACTICES PREVIOUSLY APPROVED

PRACTICE LOCATION / STREET ADDRESS	NUMBER OF INTERNS APPROVED	YEAR APPROVED

3. EVALUATORS

NAME (Please print)	SIGNATURE
1.	
2.	
DATE OF EVALUATION	

4. FACILITIES FOR TRAINING OF INTERNS

4.1 STANDARD OF FACILITIES

Rate according to the following scale: 0 = Absent, 1 = Unacceptable, 2 = Unsatisfactory, 3 = Average, 4 = Good, 5 = Excellent.

		Rating (0-5)
4.1.1	Is there adequate space for client/patient for physical evaluation and physical intervention?	
4.1.2	Is there adequate equipment available to i) measure the physical parameters required for biokinetic practice, and ii) physical exercise/activity programmes?	
4.1.3	Is the equipment <i>adequate</i> ?	
4.1.4	Is the equipment adequately maintained?	
4.1.5	Is the equipment used to its full potential?	
4.1.6	Is there adequate work space for staff?	
4.1.7	Is there adequate work space for interns?	
4.1.8	Rate the general hygiene of the facility.	
4.1.9	Is there a change room/ablution facility available?	

4.2 SURVEY OF EXERCISE EQUIPMENT AND FACILITIES

ASSESSMENT EQUIPMENT		Yes/No	Comments
Stadiometre	M		
Scale	M		
VO ₂ max equipment			
Isokinetic equipment			
Skin fold calipers	M		
Flexibility box	M		
Plinth	M		
Goniometers	M		
Dynamometers			
Strength testing equipment			
Calibrated cycle ergometer	M		
Treadmill			
12 lead ECG machine			
Cholesterol Measuring device	M		
Glucose measuring device	M		
Peak flow meter (Portable)	M		
Lung function machine			
Assessment area	M		
Posture grid	M		
Other			
EMERGENCY EQUIPMENT			
AED defibrillator	(M)*		
Portable oxygen cylinder	(M)**		
Ambubag with 100% oxygen reservoir	M		
CPR valves and gloves	M		
First Aid box	M		

EXERCISE MONITORING EQUIPMENT			
BP machines	M		
Stethoscopes	M		
Heart rate monitors (watches)	M		
Clocks with second hands	M		
Oxygen saturation monitors			
Borg Scale	M		
Other			
EXERCISE EQUIPMENT			
Bicycles	M		
Treadmills			
Steppers			
Rowers			
Stair climbers			
Arm ergometers			
Walking area	M		
Exercise area	M		
Physio-balls	M		
Wobble boards	M		
Dumbbells	M		
Circuit weight stations			
Mats	M		
Benches	M		
Other			
EDUCATION AND TEACHING AIDS			
Seminar/Lecture room			
Educational Handouts			
No of educational sessions			

* Required for high risk and elderly patients.

** Must have training in O₂ treatment

INFORMATION MANAGEMENT		Yes/No	Comments
Patient demographics and health questionnaire	M		
Indemnity form and informed consent	M		
Medication list of patients	M		
Individual files for patients (secured and locked away)	M		
Assessment results and feedback to patient	M		
Exercise and attendance record	M		
E-mail access	M		
Record keeping/Patient Reports, Filing and Pro formas	M		
ADMINISTRATION AND MANAGEMENT			
Professional liability/indemnity insurance	M		
Assessment form for intern evaluation	M		
Contract of Employment	M		

M = Minimum requirements

5. INTERN TRAINING INSTITUTION CRITERIA

Rate according to the following scale: 1 = Unacceptable, 2 = Unsatisfactory, 3 = Average, 4 = Good, 5 = Excellent.

Please note that with the evaluation of *new institutions/practices* some of the questions may not apply (e.g. 4.1.5).

5.1	SUPERVISION OF INTERNS (Not applicable to first time applications)	Rating(1-5)
5.1.1	How thoroughly is the intern's work supervised?	
5.1.2	How regularly is the intern's work supervised?	
5.1.3	Will the interns be supervised in terms of their ability to prescribe correct physical activity/exercise programmes?	
5.1.4	How regularly is the intern's knowledge of biokinetic practice being supervised?	
5.1.5	What is your perception of the attitude of the supervising biokineticist towards the interns?	
5.1.6	How comprehensive are the quarterly reports kept in terms of the work and performance of the interns?	
5.1.7	How adequate is the programme of work drawn up for the training of interns?	

5.2	INTERN EXPOSURE TO BIOKINETICS PRACTICE	Rating (1-5)
5.2.1	How varied is the client/patient population to which the interns will be exposed?	
5.2.2	To what extent are the interns integrated in the duties of a multi disciplinary team?	
5.2.3	To what extent are interns guided to assume progressively more responsibility regarding client/patient care?	
5.2.4	How satisfactory is the extent of direct contact with clients/patients for purposes of therapy or consultation?	
5.2.5	To what extent is the intern exposed to the whole biokinetic scope of practice?	

If the practice is unable to provide exposure in the entire scope of biokinetics provide information regarding alternative arrangements with other practices as well as written undertakings regarding such arrangements

5.3 BIOKINETICISTS RESPONSIBLE FOR DIRECT SUPERVISION

Initials, Surname and HPCSA registration number	Highest academic qualification	Biokinetics experience	Years of registration with the HPCSA

6. EMERGENCY PROCEDURES IN INTERN TRAINING INSTITUTION

6.1	Does the institution/practice have an emergency programme?	Yes	No
6.2	Is the standard of the emergency programme sufficient?	Yes	No
6.3	Is the CPR/ACD training of all practitioners in the practice up to date?	Yes	No
6.4	Was an emergency plan provided? (To be attached)	Yes	No

7. COOPERATION AND INTERACTION WITH OTHER DISCIPLINES: LIST OF REFERRAL NETWORK(Use separate page if necessary)

NAME	DISCIPLINE	ADDRESS	TEL	FAX NO	E-MAIL

8. FINAL RECOMMENDATION ON THE SUITABILITY OF THE TRAINING INSTITUTION/PRACTICE FOR THE TRAINING OF INTERN BIOKINETICISTS

8.1 After careful consideration, indicate in one of the boxes below, the ability of the training institution/practice to meet the minimum standards for the training of intern biokineticists:

Very good	
Good	
Average/Satisfactory	
Unsatisfactory/Below average	
Unacceptable	

8.2 FINAL COMMENTS

8.2.1	Qualifications and experience of supervisor
8.2.2	Ethical Compliance
8.2.3	Facility and Equipment
8.2.4	Information System and Management

8.2.5	Supervision and Mentoring Programme (Mentoring programme to be attached)
8.2.6	Emergency Plan Procedure (Emergency plan to be attached)

8.3 Indicate the exposure to Biokinetics scope of Practice

	Scope of Practice	Practice	Other	Where completed (attach report)
8.3.1	Orthopaedic Rehabilitation			
8.3.2	Health Promotion			
8.3.3	Chronic Rehabilitation			
8.3.4	Corporate Wellness			
8.3.5	Other:			

8.4	Strengths

8.5	Weaknesses

8.6	FINAL RECOMMENDATION
<p>That the facility/practice at</p> <p>(physical address) be accredited for the training ofintern biokineticist/s with</p> <p>effect from</p>	

Documents to be attached to the evaluation report:

- Evidence of compliance with ethical principles
- Mentorship Programme
- Emergency Plan
- Written undertakings regarding additional exposure
- Employment contract according to Labour legislation
- List of equipment

.....
SIGNATURE

.....
DATE

TEL

CELL

.....
SIGNATURE

.....
DATE

TEL

CELL

ANNEXURE A

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
DRAFT MENTORSHIP PROGRAMME FOR INTERN BIOKINETICISTS
(To be submitted with the evaluation report)**

The mentorship programme should provide a clear strategy on the programme to be followed and actions to be taken by the supervising biokineticist to ensure that the intern receives adequate exposure to the full scope of the profession according to the minimum standards determined by the Professional Board and to ensure that training facilities and resources are sufficient and appropriate for the education and training of students in biokinetics.

1. SUPERVISORS ASSIGNED FOR DIRECT SUPERVISION:

.....

2. FIRST 6 MONTHS - NATURE OF EXPOSURE (Provide approximate time to be spent for each of the areas, where the training will take place as well as the role of the supervisor in mentoring the student/intern)

ORTHOPAEDIC REHABILITATION (In-house Y / N)
CHRONIC REHABILITATION(In-house Y / N)
CORPORATE WELLNESS (In-house Y / N)
HEALTH PROMOTION (In-house Y / N)
OTHER (E.g. Practice administration, observing operations, etc. (In-house Y / N))
If not in-house indicate where the training will be done. The name of the supervising biokineticist and /or medical practitioner responsible for the training should further be provided

3. SECOND 6 MONTHS - NATURE OF EXPOSURE (Provide approximate time to be spent for each of the areas, where the training will take place as well as the role of the supervisor in mentoring the student/intern)

ORTHOPAEDIC REHABILITATION (In-house Y / N)
CHRONIC REHABILITATION (In-house Y / N)
CORPORATE WELLNESS (In-house Y / N)
HEALTH PROMOTION (In-house Y / N)
OTHER (E.g. Practice administration, observing operations, etc. (In-house Y / N))

4. INFORMATION REGARDING ADDITIONAL EXPOSURE

If the practice is unable to provide exposure to the entire scope of biokinetics information regarding alternative arrangements with other practices should be attached (Written undertakings regarding such arrangements with other accredited practices should include undertakings regarding supervision).

Name of Practice	Address	Discipline in Biokinetics

How will the intern rotate between the different practices?

Arrangements regarding supervision between the relevant practices, including written undertakings regarding supervision.

Names of supervisors at the respective practices.

5. MONITORING AND REPORTING

List skills to be developed and plan of action
Indicate planned exposure and frequency to journal clubs, workshops, clinics, discussion patient groups, etc.
How will exposure to administrative practice management skills be structured?
Additional comments on training

6. TRAINING ON EMERGENCY PROCEDURES

How do you intend to structure training on emergency procedures? Specific reference should be made to immediate on site emergency treatment by the biokineticist (to assist, rescue or resuscitate patient) and the standard/status of CPR/ACD training of practitioners in the practice.

