APA Professional Development

Course Application / Review

Date of application       Re-submission date (if applicable)      

Type of application

Course to be offered for the first time through the APA

Review of Course already offered by the APA\*

\**All existing courses will undergo a review process as part of the implementation of the Education Framework. Once reviewed, an annual quality improvement and reporting cycle will be required. Once initially reviewed, a new Course Plan will only be required if major changes are made to the course.*

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| 1. **COURSE DETAILS** | | | | | | | | | | | | | | |
| **COURSE TITLE (*Max 100 characters*)** | | | | | | | | | | **Name of Provider organisation /group** (if applicable) | | | | |
| **STATUS OF COURSE** (please check all appropriate boxes below)  This course has been developed solely for delivery via the APA  This course is/will be run via the APA **and** other education providers. *Please list all the other education providers:*  Completion of this course results in credit/s to a post graduate qualification. *Please list which education provider and the qualification:* | | | | | | | | | **LEVEL OF LEARNING** (please check ONLY ONE box**)**  What will the level of competence be of the participant who successfully completes the course?  Foundation  Intermediate  Highly Developed  Expert  For an explanation of these descriptors, please see **page 5** of the [Physiotherapy Career Pathway Competence Framework document](http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/LearningandDevelopment/CareerPathway/Competence_Framework_V6.0.pdf) | | | | | |
| **CONTACT DETAILS** (of person responsible for application)    Name:  Email:  Phone:  Postal: | | | | | | | | | **ROLE OF CONTACT PERSON** (please check all boxes that apply)  Course product/content developer  Presenter  APA Committee Member  Which committee? (please specify)  Other (please specify) | | | | | |
| **COURSE DEVELOPER** (if different from above)  Name:  Email:  Phone: | | | | | | | | | **COURSE DEVELOPER QUALIFICATIONS (list below)** | | | | | |
| 1. **COURSE RATIONALE** | | | | | | | | | | | | | | |
| **Why is the course needed and what evidence do you have to support the need? (e.g. market research)** | | | | | | | | | | | | | | |
| 1. **TARGET AUDIENCE** | | | | | | | | | | | | | | |
| **Who is the target audience?**  **Main Practice Area/s Professional Interest Area/s in course content (e.g. Sports / Paeds / Cardio):**  **Who will benefit most from attending the course?**  *e.g. Physiotherapists with some experience treating common neurological conditions and are seeking to increase their knowledge of management of vestibular problems. They will be seeking to increase their knowledge and skills in the assessment and treatment of individuals with vestibular dysfunction resulting in activity limitations and participation restrictions.* | | | | | | | | | | | | | | |
| **Is this course suitable for non-physiotherapists?**  Yes  No  If yes, why? And what other profession(s) would it be suitable for? | | | | | | | | | | | | | | |
| 1. **COURSE OUTLINE/AIMS** | | | | | | | | | | | | | | |
| ***(MAX 250 words)*** | | | | | | | | | | | | | | |
| 1. **INTENDED LEARNING OUTCOME (ILO)** | | | | | | | | | | | | | | |
| 1. In the table below, provide clear statements that answer the question: *What are participants expected to be able to do by the end of this course****?***   An excellent resource for assisting you to develop suitable learning outcomes is “[Writing learning outcomes](http://melbourne-cshe.unimelb.edu.au/resources/teaching-and-learning/teaching-in-practice/writing-learning-outcomes)” by Popenici, S. & Millar, V. (2015). Melbourne Centre for the Study of Higher Education.”   1. Against each listed learning outcome, identify which competence(s) it will enable to be attained. ***Refer to pages 8-59 of*** [***Competence Framework document***](http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/LearningandDevelopment/CareerPathway/Competence_Framework_V6.0.pdf) | | | | | | | | | | | | | | |
| 1. **By the end of this course, participants should be able to:** | | | | | | | | | | | | | 1. **Key and Enabling competence number(s)** | |
| *e.g. Demonstrate the physical assessment of a client with a vestibular disorder* | | | | | | | | | | | | | *1.1.2, 1.2.1, 1.2.2, 2.1.1,2.1.2, 2.1.4, 2.2.3* | |
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| (*add lines if more required)* | | | | | | | | | | | | |  | |
| **Mode of delivery** | | | Face-to-face only  Online only (%100 online)  Blended - %face-to-face: | | | | | | | | | | | |
| **Contact hours- summary**  *Eg 36 hours comprising 6 x 2 hours of online lectures, 4 x 3 hours practical classes, 2 x 3 hours of workshops and 2 x 3 hours of seminars* | | |  | | | | | | | | | | | |
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| 1. **TEACHING STRATEGIES AND LEARNING ACTIVITIES** | | | | | | | | | | | | | | |
| **Session title**  (List In sequence presented. Identify where breaks occur between sessions) | | | **Duration**  *(in minutes)* | | | **Teaching Strategies and learning activities** (lecture, demonstration, discussion group, practical session) | | | | | **Course ILO Number(s)**  **(as per 5a)** | | **Presenter/facilitator name(s)** | |
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| (*add lines if more required)* | | |  | | |  | | | | |  | |  | |
| **Practical Skills sessions - please check appropriate box(es)**  no practical skills sessions  If your course contains practical sessions, please indicate how practise is planned:  participant to participant  presenter to participant (demonstration)  presenter to simulated patient\*  participant to simulated patient\*  participant to client\*  presenter to client\*  \*If a client/simulated patient is being used for practical sessions, please provide details how the client or simulated patient for the course will be sourced: | | | | | | | | | | | | | | |
| **Indicate the ideal presenter/facilitator to participant ratio to promote optimal learning:**  *(****Please note:*** *The APA recommends a minimum ratio of 1:10. If your ratio falls outside of recommendation, please advise reasons why you deem this acceptable)*  Reason: | | | | | | | | | | | | | | |
| **Duration**  *eg 1.5 days of on-line learning and 2 days of face to face sessions* | | | *(see glossary for typology of teaching and learning activities)* | | | | | | | | | | | |
| 1. **RISK ASSESSMENT**   **(Rating: L-low, M-moderate or H – high)** | | | | | | | | | | | | | | |
| **Description of risk** | **Possible consequences** | | | | | **Probability of risk**  (L/M/H) | **Severity of risk** (L/M/H) | | | | **Overall Risk** (L/M/H) | **Actions to minimise risk** | | |
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| 1. **LEARNING ASSESSMENT** | | | | | | | | | | | | | | |
| **Assessment has been prepared for this course**  Yes  No  If no, please explain why not. | | | | | | | | | | | | | | |
| 1. **Formative assessment (for feedback only)**  Yes  No   If yes, describe the formative feedback process for participants  *e.g. Formative assessment: verbal feedback during practical class (facilitator); feedback on case presentation (peer and facilitator)* | | | | | | | | | | | | | | |
| 1. Summative Assessment: | | | | | | | | | | | | | | |
| **Assessment Method**  *Multiple choice quiz (10 Questions, online- automated); critically appraised topic (2000 words) practical skills(10min)* | | **Corresponding Intended Learning Outcome/s** (refer to Item 5) | | | Is it a hurdle requirement to attain competence in this unit/session/module to pass the course (Yes/No) | | | **Name and role in the course of the assessor?**  e.g. Jane Smith - clinical facilitator | | | | | | **Timing of task** (during what part of course? Or after course) |
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| 1. **MARKING RUBRICS** | | | | | | | | | | | | | | |
| **Provide proposed marking rubric for written and practical assessments (not required for MCQ).** | | | | | | | | | | | | | | |
| 1. **PRESENTERS/FACILITATORS-** designate P for presenter / F for Facilitator in column provided | | | | | | | | | | | | | | |
| **Name of proposed presenter(s)/facilitators(s)** | | | | **P/F** | | **Relevant qualifications and experience** | | | | | | | | |
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| 1. **PRINCIPAL PRESENTER(s) BIOGRAPHY** | | | | | | | | | | | | | | |
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| 1. **COURSE LOCATIONS:** | | | | | | | | | | | | | | |
| **Proposed offering** | | | | | | Single state  More than one state/territory. Please detail :  If developed only for a single state, please explain why: | | | | | | | | |
| **Location(s) agreed to present** | | | | | | Please list : | | | | | | | | |
| **Proposed frequency** | | | | | | Online (restricted time frame)  Online (unrestricted)  Annually  More than once a year  Other- please detail: | | | | | | | | |
| **Resources required**  *E.g. any specific equipment, software. Note if already available, or if assistance is required to source.* | | | | | |  | | | | | | | | |
| 1. **PARTICIPANTS NUMBERS** | | | | | | | | | | | | | | |
| **Minimum participant number to ensure optimal learning environment:** | | | | | | | | | | | | | | |
| **Maximum number to ensure optimal learning environment is maintained**:  Explain why this maximum *(eg risk management, supervision of learning)* | | | | | | | | | | | | | | |
| 1. **PREREQUISITES:** | | | | | | | | | | | | | | |
| **Identify any pre-requisites for eligibility to attend this course:**  No pre-requisites  Pre-requisite list (*eg completed Level 1 course, employment in the practice area, qualifications that participants must have/recommended to be able to successfully undertake this course*): | | | | | | | | | | | | | | |
| 1. **PARTICIPANT COURSE PREPARATION** | | | | | | | | | | | | | | |
| **What pre - reading / pre-course preparation is required? Please list any pre-work requirements or learning that participants are advised to undertake prior to attending the course. Also include the estimated time it would take a participant to undertake this pre-work/learning.** | | | | | | | | | | | | | | |
| 1. **VENUE** | | | | | | | | | | | | | | |
| **Proposed venue** (where applicable) | | APA training room (includes seating, projector/screen, audio, plinths)  Other*. Please identify proposed location(s) with address* | | | | | | | | | | | | |
| **Venue requirements**  (mark all applicable) | | seating  tables for writing on  projector/screen  audio  plinths  Other (please specify) | | | | | | | | | | | | |
| 1. **REFERENCES/TEXTS** | | | | | | | | | | | | | | |
| List**:** | | | | | | | | | | | | | | |
| 1. **UNDERPINNING RESEARCH** | | | | | | | | | | | | | | |
| **Identify a concise list of the research underpinning the course content.**  *The content outline must demonstrate strong theoretical base supported by high quality evidence. If the course teaches interventions, what is the evidence-base for the interventions? This would normally require at least one good quality systematic review or clinical practice guideline, OR consistent results from multiple RCTs with low risk of bias. Where diagnostic tests are taught, provide research evidence of the utility and accuracy of the test.*  *If there is not good evidence, or if the research if inconsistent, or if there is controversy surrounding a diagnostic technique or intervention, a case needs to be made for inclusion in the course.*  *Please select the best available evidence and ensure accurate referencing details. An exhaustive list of all available evidence is not sought.*  *The APA will not approve content proposing to teach pseudoscientific theories and practices.* | | | | | | | | | | | | | | |
| 1. **MARKETING** | | | | | | | | | | | | | | |
| Please identify at least four unique aspects/benefits of your course that might help to market of your course: | | | | | | | | | | | | | | |

**Declaration:**

By signing this application form, I declare that the content and payment information is true & accurate. I confirm that I have read and accepted the terms and conditions that have been outlined.

Name       Signature      

**For further assistance and to submit your application form:**

Product Development Team

e: [product.development@physiotherapy.asn.au](mailto:product.development@physiotherapy.asn.au)

P: +61 3 9092 0888

# APA Course evaluation /review form (APA use only)

A copy of the evaluation will be provided to course developers as part of the quality improvement process for professional development.

COURSE REVIEWER EVALUATION # 1

|  |
| --- |
| Course reviewer  Name:  Email:  Phone: |
| Are the aims of the course clearly articulated? (refer section 4)  Yes  No  If no, provide comment |
| Are the pre-requisites and preparatory learning appropriate for the target audience to engage in this course?  Yes  No  If no, provide comment |
| Are intended learning outcomes suitably constructed, appropriate for the target audience and likely to achieve listed competences at the intended performance level? (refer section 5)  Yes  No  If no, provide comment |
| Are the teaching strategies and learning activities likely to achieve the intended learning outcomes? (refer Section 6)  Yes  No  If no, provide comment |
| Is the evaluation of risk for this course, and strategies to minimise risk reasonable?  Yes  No  If no, provide comment |
| Is the assessment(s) appropriate and align with learning outcomes? (refer section 8)  Yes  No  If no, provide comment |
| Does the marking rubric have: (refer section 9)  Specific criteria  Yes  No  A 3-5 pt scoring scale  Yes  No  Descriptions of gradations of quality  Yes  No  Continuity in differences between points on the scale  Yes  No  If no, provide comment |
| Do the presenters/facilitators have appropriate experience to deliver the outcomes of the course to the intended audience? (refer Section 10)  Yes  No  If no, provide comment |
| Has a strong theoretical base supported by high quality evidence been provided? (refer Section 11)  Yes  No  If no, provide comment |
| Additional comments / Recommended amendments |
| This course is:  Accepted as curriculum  Accepted as curriculum with recommended amendments above – re-submission not necessary  Accepted as curriculum with recommended amendments above – re-submission necessary  Rejected as curriculum. Please provide reason to feed back to applicant    Accepted as Adult Learning Professional Development (non-curriculum) |