

## Podiatry Competencies Examples

Competency	Novice Example	Intermediate Beginner	Advanced Beginner	Competent
<b>History taking</b>	Uses a checklist to ask basic questions about pain location and onset. May require guidance for deeper exploration.	Begins to ask follow-up questions but requires prompts; focuses on presenting complaint mainly.	Collects a systematic, thorough history, adapts questions to patient's responses, recognises relevant red flags.	Identifies subtle cues, explores psychosocial factors, efficiently gathers complex histories even in challenging scenarios.
<b>Communication</b>	Uses structured language to explain assessment steps. May require guidance to adapt communication style more effectively.	Begins to adapt communication to patient cues; may need reminders to confirm understanding.	Communicates assessment findings clearly, adjusts explanation to patient needs, involves patient in decision-making.	Advanced conversational skills, promotes patient involvement in decision-making, handles difficult conversations efficiently.
<b>Clinical Reasoning</b>	Relies on rules or stepwise processes. May require guidance to integrate history and assessments to support diagnostic reasoning.	Attempts creating hypothesis but may benefit from guidance to strengthen diagnostic connections.	Integrates findings to form differential diagnoses, prioritises appropriately, adapts reasoning to evolving information.	Recognises complex patterns efficiently. Synthesises patient history and hypothesis well, adjusting diagnostic reasoning appropriately.
<b>Assessments</b>	Follows step-by-step protocol; requires guidance for most assessments.	Performs basic techniques wee. May need support with special tests and clinical reasoning.	Selects and performs appropriate exam techniques based on history, interprets key signs, modifies approach for individual cases.	Demonstrates advanced skills (e.g. complex/specialist assessments), able to recognise atypical patterns.
<b>Treatment</b>	Delivers simple, supervised treatments step-by-step with minimal adaptation, focusing on one issue at a time.	Implements basic interventions with some prompting; may need guidance for corrections or unexpected results.	Selects and combines appropriate techniques; recognises need for alteration during sessions; increasingly manages patient variability.	Independently delivers more complex interventions; able to adjust approach in real time to changes in presentation/ patient status.
<b>Adaptability &amp; Safety</b>	Needs constant supervision to ensure safe practice. Requires support when dealing with unexpected findings.	Recognises need for help in complex or unexpected situations; starts to modify routine as needed.	Adapts procedures, recognises when to refer, manages evolving cases safely. May require occasional guidance.	Adapts procedures to unfamiliar and evolving situations confidently.
<b>Reflective Practice</b>	Developing ability to notice subtle cues. Relies on patient feedback and may require guidance to confirm understanding.	Begins to monitor response and seek feedback; may require support interpreting inconsistent outcomes.	Routinely evaluates effectiveness, correlates outcomes with clinical reasoning; makes timely adjustments to plan.	Proactively anticipates potential obstacles; evaluates progress critically; uses outcome measures to guide decisions.
<b>Patient Education</b>	Provides basic advice. May require guidance to tailor effectively the information to the patient.	Gives simple instructions, begins to tailor explanations, seeks validation of patient understanding.	Delivers clear, tailored education; checks understanding, supports self-management	Promotes shared decision-making; empowers patient for long-term management, adapts education to diverse needs.