Syllabus

Course Number: PTH 611
Course Title: Clinical Internship II
Number of Credits: 12 credits

Day/Time/Location: May through August. Specific hours and days are determined by the clinical site. Additional class hours are required in information sessions during previous semesters as communicated in the Information Session schedule.

Course Grading Scale: Satisfactory/Unsatisfactory

Prerequisites: Good standing in the Physical Therapy Program and successful completion of all Phase I and Phase II Year 1 academic and clinical course work. Must have proof of the required and current medical records/immunizations, CPR/First Aid, and background check. Students must be registered for PTH 611 prior to going to the clinical site.

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Course Description:
Students participate in a twelve week, full-time internship at clinical facilities affiliated with the Doctor of Physical Therapy Program. During the internship, students will actively engage in patient and practice management in a supervised environment. The student’s ability to apply, integrate and evaluate the knowledge and skills and behaviors consistent with best care and autonomous practice that have been developed during Phase I and Phase II Year 1 of the Program is assessed and documented.

Course Objectives: During the internship the student will, to an appropriate advanced intermediate level (as defined in the CPI), meet the following objectives within the domains of 1) professional practice expectations, 2) patient/client management expectations, and 3) practice management expectations. Additionally, all course policies and requirements as defined in this syllabus will be adhered to and met.

I. Professional Practice Expectations
   A) Accountability
      1) Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care.
      2) Practice in a manner consistent with the professional code of ethics
      3) Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

   B) Altruism
      1) Places patient’s/client’s needs above the physical therapist’s needs

   C) Compassion/Caring
      1) Exhibit caring, compassion, and empathy in providing services to patients/clients
      2) Promote active involvement of the patient/client in his or her care

   D) Integrity
      1) Demonstrates integrity in all interactions with patients/clients, family members, caregivers and other health care providers.

   E) Professional Duty
      1) Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, and other health care providers
      2) Adherence to Core Values: accountability, altruism, integrity, professional duty, compassion/caring, excellence and social responsibility in a culturally competent manner.
      3) Adherence to Core Professional Behaviors: critical thinking, communication, problem solving, interpersonal skills, responsibility, professionalism, use of constructive feedback, effective use of time and resources, stress management, and commitment to learning.
      4) Participate in self-assessment to improve clinical performance.
      5) Effectively deal with positive and negative outcomes resulting from assessment activities
F) Communication
   1) Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, and interdisciplinary team members.

G) Cultural Competence
   1) Identify, respect, and act in consideration for patients’/clients’ differences, values, preferences, and expressed needs.

H) Clinical Reasoning
   1) Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.
   2) Apply current knowledge, theory and professional judgment while considering the patient/client perspective in patient/client management.

I) Evidence-Based Practice
   1) Uses information technology to access sources of information to support clinical decisions.
   2) Critically evaluate sources of information to determine its appropriate use in patient/client management.
   3) Integrate and apply the best evidence for practice in order to provide best care for patients/clients.

J) Education
   1) Effectively educate patients/clients, caregivers, family members, and interdisciplinary team members, using culturally appropriate teaching methods that are commensurate with the needs of the learner.

II. Patient/Client Management Expectations
   A) Screening
      1) Recognize when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

   B) Examination
      1) Examine patients/clients by obtaining a history from them and from other sources
      2) Examine patients/clients by performing a systems review.
      3) Examine patients/clients by selecting and administering culturally appropriate and age related tests and measures.

   C) Evaluation
      1) Evaluate data from the examination to make clinical judgments regarding patients/clients.
D) Diagnosis and Prognosis
   1) Determine a diagnosis and prognosis that guides future patient/client management.

E) Plan of Care
   1) Collaborate with patients/clients, family members, and other professionals to determine a plan of care that is safe, acceptable, realistic, culturally competent, and patient/client centered.
   2) Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.
   3) Monitor and adjust the plan of care in response to patient/client status.

F) Intervention
   1) Provide physical therapy interventions to achieve patient/client goals and outcomes.
   2) Complete documentation that follows professional guidelines and guidelines required by the practice setting.
   3) Respond effectively to patient/client and environmental emergencies in one’s practice setting.

G) Outcomes Assessment
   1) Select valid and reliable outcome measures that appropriately assess patient/client progress.
   2) Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.
   3) Use analysis of outcome measures to modify the plan of care.

III. Practice Management Expectation
   A) Prevention, Health Promotion, Fitness, and Wellness
      1) Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability and health risks within the scope of physical therapy practice.

   B) Management of Care Delivery
      1) Participate in the case management process

   C) Practice Management
      1) With guidance directs and supervises therapy personnel to meet the patient’s/client’s goals and expected outcomes.
      2) Correctly bills services in accordance with legal and professional ethical guidelines.
      3) Schedules patients/clients, equipment and space.
      4) Coordinates physical therapy with other services to facilitate efficient and effective patient care.
IV. Course Requirements and Policies
   A) Students will adhere to all course policies as defined in this syllabus and Clinical Education Manual.
   B) Students will meet and satisfy all course requirements as defined in this syllabus and Clinical Education Manual.

**Format and Teaching Methods:**
The student is placed at a clinical site for 12 weeks. The student will be evaluating and treating patient/clients under the direct supervision of a licensed physical therapist who is the Clinical Instructor (CI). The CI is responsible for directing the student's activities, and evaluating and documenting student performance.

**Grading Methods:**
Clinical Internship III is graded on a Satisfactory/Unsatisfactory (S/U) basis and the grade is assigned by the ACCE. The student is expected to meet course and program objectives and demonstrate appropriate progression on the CPI instrument. The expectation upon completion of the 12-week rotation is advanced intermediate. Determining whether advanced intermediate performance has been achieved is based not solely on the location mark on the anchored line but also the comments by the student and CI and whether the comments justify the marking. To achieve a satisfactory grade, advanced intermediate level practice is determined through ACCE evaluation of the results of the CPI and consultation with clinical education faculty, program faculty and students as needed.

The student will receive a grade of U if it is determined that course and program requirements are not successfully met. Unsatisfactory performance in any one of the following criteria: 1 (safety), 2 (professional behavior), 3 (accountability), 4 (communication) or 7 (clinical reasoning) exhibited by the student is grounds for a U grade and possible dismissal from the program. If a grade of U is earned for failure to meet the objectives and requirements the student fails the course. The failed rotation may be repeated only once. If the student receives a grade of U a second time, the student will be dismissed from the program.

In order to progress in the program or graduate following failure of an internship, the student will be required to follow a remediation plan specified by the ACCE and Clinical Coordinator. At minimum, the student is required to repeat the failed internship in the same type of practice setting. The timing of the remedial internship is dependent upon availability of clinical facilities and faculty. Relevant information regarding the student’s unsatisfactory performance will be shared with the remedial site. Other forms of remediation may also be required. The student will not be allowed to progress in the program or graduate until the remediation has been satisfactorily completed. The total number of required weeks of full-time clinical internships in the program must be attained prior to graduation. A student’s graduation date may be delayed when internship remediation is required. The student must register and pay tuition for the remedial internship course.
Course Policies:

Statement on Academic Integrity – The Carroll University Academic Integrity Policy is located in your student handbook. Students are expected to be familiar with it. If a student violates this policy in any way, the instructor reserves the right to impose a sanction of failure in the course.

Accommodation for Disabilities – Any requests for accommodation must be made through the Disability Services Coordinator at the Walter Young Center. Appropriate accommodations will be made once notification has been received.

Modification of the Syllabus – The instructor and the University reserve the right to modify, amend, or change the syllabus (course requirements, grading policy, etc.) as the curriculum and/or program require(s).

Course Requirements:

1. **Correspondence with the Clinic**
   At least eight weeks before the internship begins, students are responsible for:
   a. Reading the information on the Clinical Site Information Form (CSIF) if one is available.
   b. Personalizing the Letter of Introduction template to the CCCE/CI for the internship site and upload to the Exxat database.
   c. Completing the Intern Experience Form found in the My Profile section on the Exxat database.

2. **Documentation of Required Records**
   Students are to upload all required documents into the Exxat database, including current immunizations, CPR, First-Aid, and background checks. CCCEs and Clinical Instructors will be given access to these records. All records must be current through the last day of the internship. It is the students' responsibility to maintain currency of these records throughout the duration of the program.

3. **CI Information**
   By the end of the first week of the clinical internship, students are to enter all CI information into the Exxat database in the My Placements section. This information is used to pair students with CIs in CPI Web. If there is more than one clinical instructor assigned to a student at any point throughout the duration of the internship, the student is to enter information for both individuals at the beginning to facilitate CPI access for all parties involved.
4. Weekly Goal Planning Log
Responsibilities of the Student:
• Complete the initial orientation and planning page with a list of areas of interest, strengths and weaknesses prior to the start of the internship. This information should be reviewed and discussed between the student and CI within the first day or two of the internship.
• Near the end of each week, students are to complete one Weekly Progress and Planning Log, noting strengths and areas for growth. This includes addressing the goals established for the past week. Successful completion of goals is noted under accomplishments, while unmet goals will likely remain as areas of improvement with a similar goal in the following week. Goals may also be continued in the following week if there was not an opportunity to achieve that goal.
• Share this information with the CI and seek feedback regarding these issues.
• Collaboratively with the clinical instructor establish goals for the following week. Student will record these on form.
• After discussion with clinical instructor, sign and date the page of the form used that week.
• Upload completed goal planning log on Exxat on a weekly basis in the My Placements section.
• The Weekly Progress and Planning Log must be completed for the week in which the midterm and final CPIs are done.

Responsibilities of the Clinical Instructor:
• Review and complete the goal planning logs with the student. The previous week’s accomplishments, areas for improvement and goals should inform succeeding weeks planning logs.
• Collaboratively with the student establish goals for the following week. Student will record these on form.

5. Midterm Call for Assessment of Performance
There is a telephone discussion between course faculty member-student and course faculty member-CI at the midterm point of each experience. There is an electronic scheduling process and it is the student’s responsibility to go to the site and sign up for an available time with one of the course faculty. Students on probation or under closer monitoring due to specific circumstances are required to have their midterm phone call with the ACCE or Clinical Coordinator (not an adjunct faculty). This appointment needs to be established by the student by Friday of the second week of the rotation. The student must make sure that he/she has discussed potential times with the CI. Both the student and the clinical instructor must be available at the time of the call. In the event that a student and CI have a conflict (staffing, illness, etc.) and are unable to make the call at the established time, the student is expected to contact the schedule faculty member to reschedule. If there is more than one CI, both do not have to be present for the call. Rather, they can confer regarding student performance and one of them participates in the call. During the phone call, both the student and the CI will talk with the course faculty member, each individually and in private.
6. **Clinical Performance Instrument (CPI)**
   This is the web-based assessment tool used to evaluate the student's clinical performance. It requires training on the part of the student and CI prior to being able to access it. Both CI and student complete the CPI and discuss the student’s performance at midterm and final time frames. If there are two CIs, both are able to make comments on the CPI, although there can only be one mark on the anchored line. If it is preferred, only one CI can complete the assessment, but it is expected that they first confer with their colleague. The midterm CPI is to be completed no later than Friday of the fourth week and the final CPI no later than the final day of the clinical. The student and CI must sign off on both copies.

7. **Attendance**
   The student is required to adhere to the Clinical Internship Attendance Policy as outlined in the manual and below.

   **Clinical Internship Attendance Policy**
   Promptness and attendance are mandatory during clinical internships. Absences for communicable illness, health emergencies, family emergencies and presentations at Program approved professional conferences are the only standard excused absences allowed during clinical internships. Conference presentations are limited to one per rotation and time absent from the internship is to be minimalized. When at a professional conference, the student will attend educational sessions during official conference hours and shall submit proof of attendance. All other absences are generally considered unexcused and are not acceptable with consequence subject to ACCE and Clinical Coordinator discretion. If a situation arises in which a student feels strongly that he or she has a valid request for exception to this policy, it is the student’s responsibility to discuss their particular situation with the clinical coordinators in a timely manner. After discussion regarding a student request, decisions by the ACCE and Clinical Coordinator regarding whether the requested absence will be considered excused or unexcused are final. If a student does not discuss their particular situation with the clinical coordinators in a timely manner, the absence will automatically be considered unexcused. If a student has any questions regarding the attendance policy, it is his or her responsibility to clarify with the ACCE or Clinical Coordinator.

   In the event of any absence, the ACCE, Clinical Coordinator, and the clinical facility must be notified of the details of the situation in a timely manner and the absence must be made up. The plan for making up the time as determined by the student in conjunction with the CI/facility must be in writing and submitted to the ACCE and Clinical Coordinator. Make-up time is dependent upon clinical faculty and facility availability and must be approved by the ACCE and Clinical Coordinator. The required number of hours for each internship must be completed prior to the end of the academic semester in order to earn a passing grade for the internship. For the final internship, the student will not be allowed to graduate until the make-up time has been satisfactorily completed.
8. **Dress**
Appropriate dress for a clinical internship is determined by the clinical facility. However, the Physical Therapy Program expects the student to dress in a professional manner at all times. In the absence of specific facility guidelines students should refer to the dress code as outlined in the TLP syllabi. During clinical internships, all students must wear the nametag supplied by the program, which identifies them as students.

9. **Forms**
Upon completion of the internship, all required paperwork must be uploaded to or completed in the Exxat database, with the exception of the survey completed by the CIs.

The required paperwork includes:
- b. Weekly Progress and Planning Log - uploaded to the My Placements section in the Exxat database on a weekly basis.
- c. Clinical Performance Instrument (CPI) - Electronic submission of the student and CI versions of the CPI are completed at midterm and final. The CPI for the midterm assessment is submitted at the time it is completed but **no later** than the end of the fourth week. The final CPI must be submitted **no later** than the last day of the internship.
- d. PT Student Evaluation of Clinical Experience and Clinical Instruction – completed by the student no later than the last day of the internship via the My Placements section of the Exxat database. These forms are labeled PTSE 1 and 2.
- e. Clinical Instructor Survey- completed by the CI using the web link provided by the students with completion expected within the week following the last day of the internship.

<table>
<thead>
<tr>
<th>Course Requirements</th>
<th>Linked Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm call</td>
<td>IV</td>
</tr>
<tr>
<td>Student Goal Planning Log</td>
<td>IV</td>
</tr>
<tr>
<td>Clinical Performance Instrument</td>
<td>IV</td>
</tr>
<tr>
<td>Attendance</td>
<td>IV</td>
</tr>
<tr>
<td>Correspondence with the Clinic</td>
<td>IV</td>
</tr>
<tr>
<td>Documentation of Required Materials</td>
<td>IV</td>
</tr>
<tr>
<td>Forms</td>
<td>IV</td>
</tr>
</tbody>
</table>