COURSE: PDPT 680 Clinical Internship II - Spring

CREDIT HOURS: 6

CLOCK HOURS: 240 clinic hours

PREREQUISITES: PDPT 580 Clinical Internship I
Successful completion of Didactic coursework to date
Recommendation by Academic Faculty

INSTRUCTOR: Paul Shew P.T. DPT, Director of Clinical Education

OFFICE HOURS: Dr. Shew is available by appointment.

SCHEDULE: Schedule determined by Clinic

CLASSROOM: In Clinic

COURSE DESCRIPTION:
This course is a 6 week full time clinical experience. Students will be under direct supervision of a clinical instructor at an assigned outpatient physical therapy clinic, rehabilitation clinic, or acute care facility. Clinical sites vary in their location and it is the student’s responsibility for travel and living expenses if they occur.

COURSE REQUIREMENTS:
Specific to APTA Clinical Performance Instrument (CPI):
A. The student is expected to be rated at least “Advanced Beginner.”
B. Student should demonstrate progress on all items.
C. Professional Behavior:
   1. Demonstrate at least Advanced Beginner level proficiency in all areas by end of affiliation.
   2. Identify differences in patients’ values and demonstrate the ability to respect and act based on patients’ preferences.
   3. Prior to clinical Rotation complete Generic Abilities self-assessment
D. Complete assigned post clinical surveys.

METHODS OF INSTRUCTION:
These courses emphasize application and integration of academic coursework in the clinical setting. Students are directly supervised by licensed physical therapists.

REQUIRED TEXTS/OTHER MATERIAL:
None
RECOMMENDED TEXTS:
None

COURSE MATERIAL ON FOXTALE:
Links to the self-assessment and goal-setting forms can be accessed through FoxTale, as well as a link to the CPI assessment.

METHODS OF EVALUATION AND GRADING:

1. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern must write two or more goals for herself/himself to be achieved by the end of the internship.
2. At the end of each internship, the intern and Clinical Instructor will again evaluate student performance using the CPI.
3. The CPI’s and the Evaluation of Clinical Experience and Clinical Instruction form are due immediately following the last day of the internship. A link to the Clinical Experience and Clinical Instruction form will be e-mailed to the student the last week of the internship.
4. Grades will be assigned based on the completion of the following, along with verbal input from the CI and intern. Ultimately the academic faculty determines the final grade based on:
   - Student CPI
   - CI CPI
   - Evaluation of Clinical Experience and Clinical Instruction form
5. Clinical internships not completed for personal or medical reasons will be evaluated by the faculty on an individual basis to determine whether the student will continue progression through the curriculum.

OUTLINE OF CONTENT AND COURSE OBJECTIVES:
Upon completion of this course, the students will be able to:

Cognitive:
1. Discuss and Demonstrate strong theoretical and didactic background in all areas listed under PDPT 580 and in addition, pathology, motor control, Neurorehabilitation, PNF principles of joint mobilization (including specific techniques for lumbar spine and SI only), Prosthetics and Orthotics, and Integumentary.
2. Appropriately justify and apply any chosen treatment technique relative to coursework to date.
3. Report and analyze on any valid subject matter designed to enhance the clinical learning experience as determined by the clinical instructor.
4. Analyze specific outcomes and modify interventions and behaviors accordingly.

Skill:
1. Assist in evaluating patients in all settings including but not limited to: muscle performance, ROM, posture, pain, functional mobility status (transfers, bed mobility, etc), and assistive gait.
2. Demonstrate advanced beginning proficiency in choosing and applying therapeutic exercise, soft tissue mobilization, joint mobilization (limb joints only), physical agents, and functional mobility training.
3. Determine and discuss appropriate intervention/instruction for simple gait disorders, including selection of assistive device, gait pattern, and assistance.

4. Instruct patients/caregivers in home management programs with advanced beginning proficiency.

5. Document with advanced beginning proficiency any treatment provided including subjective, objective, assessment, and plan components.

6. Demonstrate advanced beginning level of effectiveness in professional communication.

7. Demonstrate advanced beginning level of time management (2-3 times longer than entry-level).

8. Require clinical supervision 75-90% of the time managing new patients or patients with simple conditions and 100% of the time for patients with complex conditions.

9. Is consistent in developing proficiency with simple tasks (i.e. Medical record review, goniometry, muscle testing and simple interventions), but is not yet able to perform skilled examinations and clinical reasoning without supervision.

10. May begin sharing the physical therapist’s caseload.

PROGRAM AND UNIVERSITY POLICIES:

1. Working hours are those established by the facility. The intern is not expected to work a longer day than any one staff PT.

2. If applicable, the intern may work on the weekend with a day off during the week according to departmental policies.

3. Students can expect to spend 8-10 hours per week studying, preparing, and reviewing relevant material. This is in addition to the 40 hours/week that the students spend in the clinic.

4. The facility dress code is to be the guide for the intern.

5. Students/Interns must have current appropriate CPR certification and complete immunization records. This includes, MMR, HBV, DPT, and TB. Students/Interns are responsible for keeping copies of their own records so that they can be presented to their clinical instructors on the first day.

6. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.

7. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, return to school, and assume things will improve, or try to "gut things out." Problem areas can often be easily handled without wasting valuable clinic time.

8. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

Absences:

1. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE or clinical instructor.

2. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.

3. The DCE must be notified each day of an absence.

4. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including state, national, or international professional meetings, and service learning experiences. Students may participate in these activities under the following conditions:
   a. The absence is approved by the clinical instructor
   b. The absence is approved by the DCE
   c. The time missed is made up
Refer to the George Fox University Student Handbook, Clinical Education Handbook, and the program specific Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

**CLASS SCHEDULE:**
Determined by clinical facility.
COURSEWORK

EXPECTATIONS:  Allow the student to have hands on experience within the limits of their knowledge and current skill set. A Midpoint and Final CPI is required. By the end of this clinical experience, the student should be at “Advanced Beginner” level.

CURRICULUM COMPLETED

<table>
<thead>
<tr>
<th>Professional Practices in Physical Therapy</th>
<th>Pathophysiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Patient Care Skills</td>
<td>Cardiopulmonary Therapy</td>
</tr>
<tr>
<td>Human Anatomy with labs</td>
<td>Pharmacology for Physical Therapy</td>
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<tr>
<td>Neuroscience/Motor Control</td>
<td>Geriatric Physical Therapy</td>
</tr>
<tr>
<td>Evidence Based Practice</td>
<td>2/3 Neurorehabilitation</td>
</tr>
<tr>
<td>Applied Physiology</td>
<td>Pediatric Physical Therapy</td>
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<tr>
<td>Therapeutic Exercise</td>
<td>2/3 Orthopedic Rehabilitation</td>
</tr>
<tr>
<td>Biomechanics and Kinesiology</td>
<td>Professional Research Project</td>
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<tr>
<td>Therapeutic Modalities</td>
<td>Clinical Education (4wks)</td>
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<tr>
<td>Essentials of Research and Statistics</td>
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</tbody>
</table>

COURSEWORK INCLUDED

<table>
<thead>
<tr>
<th>Professional Practices in PT</th>
<th>Neuroscience/Motor Control</th>
<th>Therapeutic Modalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective history evaluation</td>
<td>Dermatomes</td>
<td>Massage</td>
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<tr>
<td>Documentation</td>
<td>Postural control</td>
<td>Ultrasound</td>
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<tr>
<td>Universal precautions</td>
<td>Reflex testing</td>
<td>Phonophoresis</td>
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<tr>
<td>Legal issues (state and federal)</td>
<td>Sensory testing</td>
<td>Electrical muscle stimulation (NMES)</td>
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<td>Ethics</td>
<td>Cranial nerve testing</td>
<td>Iontophoresis</td>
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<td>HIPPA</td>
<td>Basic vestibular test/treatment</td>
<td>TENS</td>
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<td>Vital signs</td>
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<td>Laser</td>
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<tr>
<td><strong>Basic Patient Care Skills</strong></td>
<td><strong>Therapeutic Exercise</strong></td>
<td>Whirlpool</td>
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<tr>
<td>Range of motion</td>
<td>Design and modify basic exercise and stretching programs</td>
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<tr>
<td>Manual muscle testing</td>
<td>Posture</td>
<td>Paraffin bath</td>
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<tr>
<td>Transfers</td>
<td>Ergonomics</td>
<td>Mechanical traction</td>
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<tr>
<td>Bed mobility</td>
<td>Balance and proprioceptive training</td>
<td>• Cervical</td>
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<tr>
<td>Gait with assistive devices</td>
<td>Limited joint mobilization</td>
<td>• Lumbar</td>
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<tr>
<td>Body mechanics</td>
<td></td>
<td>Biofeedback</td>
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<tr>
<td><strong>Human Anatomy</strong></td>
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<tr>
<td>Muscle attachment/innervation</td>
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<tr>
<td>Palpation including arteries</td>
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- Grades 1-3
Neuro Rehab
Use of a systematic clinical decision making frameworks
Patient interview
Neurologic tests and measures
  • Cognition
  • Perception
  • Motor control
  • Postural control
  • Sensory exam
  • Cranial nerves
Principles of neuroplasticity and neurotherapeutics
Interventions to enhance:
  • Bed mobility
  • Sitting function
  • Sit to stand
Wheelchair seating/positioning
Pathophysiology, examination, prognosis, and intervention for:
  • Stroke
  • Multiple sclerosis
  • Cerebellar dysfunction
  • Brain tumors

Ortho Extremities
Patient interview
Tests and measures
  • Upper and lower extremities
General orthopedic conditions
  • Diagnosis
  • Prognosis
  • Plan of Care
Post-operative care
Hand mobilizations
  • Grade 1-3, limited grade 4

Cardio Pulmonary Rehab
EKG
Cardiac Rehab
  • Phases I-IV
Spirometry
6-Minute Walk Test
Aerobic and anaerobic testing
Breathing exercises
Postural drainage and percussion
Exercise prescription

Other
Evidence Based Practice
Applied Physiology
Biomechanics and Kinesiology
Essentials of Research/Statistics
Pathophysiology
Pharmacology
Geriatric Physical Therapy
Pediatric Physical Therapy
  Decision making
Professional Research Project

CURRICULUM NOT COMPLETED

Neurologic topics not listed above
Orthopedic Assessment and Rehabilitation (Spine)
Professional Research Project
Med/Surg/Integumentary Management
Health and Wellness in Physical Therapy
Prosthetics and Orthotics

Medical Screening and Differential Diagnosis
Diagnostic Imaging for Physical Therapists
Psychosocial Aspects of Patient Care and Disability
Professional Duty and Social Responsibility
Administration in Physical Therapy
Professional Seminar/Special Topics