

George Fox University
School of Physical Therapy

COURSE SYLLABUS

<u>COURSE:</u>	PDPT 782 Clinical Internship V - Spring
<u>CREDIT HOURS:</u>	9
<u>CLOCK HOURS:</u>	360 clinic hours.
<u>PREREQUISITES:</u>	PDPT 781 Clinical Internship IV Successful completion of Didactic coursework to date Recommendation by Academic Faculty
<u>INSTRUCTOR:</u>	Paul Shew P.T. DPT, Director of Clinical Education
<u>OFFICE HOURS:</u>	Dr. Shew is available by appointment.
<u>SCHEDULE:</u>	Schedule determined by Clinic.
<u>CLASSROOM:</u>	In Clinic

COURSE DESCRIPTION:

This course is an 8 week full time clinical experience. Students will be under direct supervision of a clinical instructor at an assigned outpatient physical therapy clinic, rehabilitation clinic, pediatric facility, 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:

1. Specific to APTA Clinical Performance Instrument (CPI): **Student is expected to be rated at least at "Entry Level"**
2. A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.
3. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
4. Consults with others and resolves unfamiliar or ambiguous situations.
5. The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
6. Prior to clinical Rotation complete Generic Abilities self-assessment.
7. 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:

Prior to Clinical Internship:

GFU Clinical Education Handbook

Review CPI

Review Medicare rules related to use of student Physical Therapists in the clinic

Supervision of Students Under Medicare Chart

Implementing MDS 3.0: Use of Therapy Students

Use of Students Under Medicare Part B

During Internship:

Reading as assigned by Clinical Instructor

RECOMMENDED TEXTS:

None

COURSE MATERIAL ON FOXTALE:

Links to the goal-setting form and the CPI assessment will be available on FoxTALE.

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 upon:
 - 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.

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.

OUTLINE OF CONTENT AND COURSE OBJECTIVES:

Upon completion of this course, the students will be able to:

1. Practices in a safe manner that minimizes the risk to the patient
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

19. Challenge the status quo of practice to raise it to the most effective level of care.
20. Specific to APTA Clinical Performance Instrument (CPI): **Student is expected to be rated at least at "Intermediate Level"**
 - a. A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
 - b. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
 - c. The student is capable of maintaining 50% of a full-time physical therapist's caseload.
21. Student should demonstrate progress on all items.

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

CLASS SCHEDULE:

Week 1-2: Overview:
Orientation
Establish close working relationship, feedback
Student observation and closely supervised interventions

The student should:

1. Meet with CCCE and/or CI.
 - a. Review student and clinic expectations as well as other information.
 - b. Facility Orientation.
 - c. Review policies, work hours, dress code, safety procedures etc.
 - d. Introductions to other staff members.
 - e. Review Facility Documentation.
2. Shadow CI to become familiar with the patients and procedures and discuss treatment and assessment rationale.
3. The Student may assist in treatment of non-complicated patients with close supervision.
4. The Student may discuss, identify or contrast pros and cons of tests or procedures.
5. Demonstrate safety for patient and self with guidance from CI.
6. Demonstrate professional communications and demeanor with department staff and other multi-disciplinary team members in a tertiary care environment.
7. Attempt daily notes on select, non-complicated patients and compare with CI.
8. During the second week, complete an initial examination/evaluation on non-complicated patients with close supervision and cueing as needed from the CI.
 - a. Take accurate patient history, Include medication profile as appropriate.
 - b. Discuss and perform Examination procedures under the guidance of the CI.
 - c. Synthesize available data to include impairments, functional limitations, and participation restrictions.
 - d. Integrate the examination findings to diagnostically classify the pt and discuss with CI.
 - e. Analyze impairments to determine a specific dysfunction towards which the intervention will be directed.

- f. Contrast indications, contraindications, precautions and limitations with CI.
- g. Synthesize plan of care, including prognosis, interventions and goals with assistance from CI.

At the end of 2nd week:

1. Require clinical supervision less than 75% of the time managing patients with simple conditions, and less than 100% of the time managing patients with complex conditions.
2. Demonstrate consistency in developing proficiency with basic tasks (eg, medical record review, goniometry, muscle testing, and basic interventions).
3. Review your performance for the week and exchange feedback with CI regarding level of supervision, teaching methods, plan for next week, etc. (This is on-going for the entire duration of the internship).
4. Demonstrate collaboration with all members of health care team for a patient during all phases of care in the patient management model.

Week 3-4:

Overview:

Increased Student Participation

Student should be familiar with facility, routine, policies and procedures

Student should be increasing their own clinical reasoning into the discussions with the CI

Increased participation with non-complicated patient care

Student may be introduced to more complex patient situations

The student should:

1. Schedule CPI mid-term review with DCE and CI.
2. Continue to conduct initial examinations/evaluations on non-complicated patients with supervision from the CI. 50% or less cueing needed for accuracy, and completeness plus efficiency is improving.
3. Increase participation in the examination and evaluation of more complicated patients.
4. Assess effectiveness and make adjustments with interventions concerning on-going, non-complicated patients with 50% or less assistance from CI.
5. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with 25% or less assistance from CI.
6. Actively seek feedback with and demonstrate safety (patient and self).
7. Actively seek feedback with professional communications and demeanor from CI.
8. Write measurable functional goals that are time referenced with less than 25% assistance from CI.
9. Prepare for patient conferencing and or/progress report writing with less than 50% assistance from CI.
10. With 1-2 patients weekly, apply evidence from the most current literature that supports the clinical decision making for each case.

11. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with 75% assistance from CI.
12. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.
13. Complete CPI mid-term review at end of 4th week.
 - a. Re-adjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria that the student had no learning/assessment opportunities.
 - b. Complete appropriate sections of the student assessment of clinical instruction and discuss with CI.

At the end of 4th week:

1. Require clinical supervision 50% of the time managing patients with simple conditions, and 75% of the time managing patients and tasks with complex conditions.
2. Demonstrate more consistency with proficiency of basic tasks (eg, medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
3. Be capable of managing 50% of a full-time PT case load.
4. Student will participate in the supervision of PT Aides, PTA students, and other DPT students with appropriate knowledge base.

Week 5-6: Overview:
Increased confidence
Increased participation in patient care
Increased participation in their own learning process

The student should:

1. Continue to complete evaluations on non-complicated patients with less than 25% assistance from CI.
2. Select, administer and evaluate valid and reliable examination procedures to assess patient function.
3. Consistently cite the evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals in consideration of cultural background with less feedback from CI.
5. Consistently demonstrate safe behaviors requiring no cueing from CI.
6. Consistently demonstrate professional communications, integrity, and demeanor with patients/clients requiring no cueing from CI.
7. Document progress notes and initial evaluations with increasing efficiency needing less than 25% assistance from CI.
8. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient's situation 25% or less assistance from CI.

9. Student to collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge and discontinuation of service and transfer of care.
10. Present patient during care conference or writes up progress reports with less than 25% assistance needed from CI.
11. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with less than 25% assistance from CI.

At the end of 6th week:

1. Require clinical supervision less than 10% of the time managing patients with simple conditions, and 25% of the time managing patients and tasks with complex conditions.
2. Demonstrate more consistency with proficiency of basic tasks (eg, medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
3. Be capable of managing 75% of a full-time PT case load.
4. Participate in pro bono services when available.
5. Demonstrate ability to provide care for patients referred by a variety of health care providers over the continuum of their plan of care.

Week 6-9:

Overview:

Demonstrates skill in patient care requiring only occasional assistance from Clinical Instructor.

Demonstrates commitment to lifelong learning and evidence based care

The student should:

1. Complete examinations on non-complicated patients with no assistance from CI.
2. Select, administer and analyze valid and reliable examination procedures to assess patient function.
3. Construct an appropriate Plan of Care by consistently interpreting the examination and citing the evidence and plausible rationales to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with no feedback from CI.
5. Consistently demonstrate safe behaviors with no cueing from CI.
6. Consistently demonstrate professional communications and demeanor with no cueing from CI.
7. Document progress notes and initial evaluations with good efficiency and minimal feedback from CI.
8. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program.
9. Design interventions with consideration of patients' situation with little supervision

from CI.

10. Student to take the lead with patient discharge responsibilities.
11. Present patient during care conference or writes up progress reports with diminishing feedback needed from CI.
12. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed cueing from CI.

At the end of 8th week:

1. Select an outcome measurement tool to assess patient outcomes taking into consideration therapy setting, cultural background and reimbursement when selecting the measurement tool.
2. Demonstrate the use of outcome measures that are selected to be generalizable to the clinic education site's patient population.
3. Demonstrate ability to perform an appropriate medical screening and examination for a patient seen through direct access, determine need for intervention and provide appropriate care.
4. Complete CPI and Student Assessment of Clinical Site and Experience form and review with CI.
5. Student should demonstrate progress on all items.

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 **“Entry”** level.

CURRICULUM COMPLETED

Professional Practices in Physical Therapy Basic Patient Care Skills Human Anatomy with labs Neuroscience/Motor Control Evidence Based Practice Applied Physiology Therapeutic Exercise Biomechanics and Kinesiology Therapeutic Modalities Essentials of Research and Statistics Pathophysiology Cardiopulmonary Therapy Pharmacology for PT Geriatric Physical Therapy	Neurorehabilitation Pediatric Physical Therapy Orthopedic Rehabilitation Professional Research Project Differential Diagnosis Medical Surgical & Integumentary Management Health and Wellness in Physical Therapy Prosthetics and Orthotics Diagnostic Imaging for Physical Therapists Psychosocial Aspects of Patient Care and Disability Professional Duty & Social responsibility Administration in Physical Therapy Professional Seminar/Special Topics Clinical Education (26wks)
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COURSEWORK INCLUDED

Professional Practices in PT

Subjective history evaluation
 Documentation
 Universal precautions
 Legal issues (state and federal)
 Ethics
 HIPPA
 Vital signs

Basic Patient Care Skills

Range of motion
 Manual muscle testing
 Transfers
 Bed mobility
 Gait with assistive devices
 Body mechanics

Human Anatomy

Muscle attachment/innervation
 Palpation including arteries

Neuroscience/Motor Control

Dermatomes
 Postural control
 Reflex testing
 Sensory testing
 Cranial nerve testing
 Basic vestibular test/treatment

Therapeutic Exercise

Design and modify basic exercise and stretching programs
 Posture
 Ergonomics
 Balance and proprioceptive training
 Limited joint mobilization
 • Grades 1-3

Therapeutic Modalities

Massage
 Ultrasound
 Phonophoresis
 Electrical muscle stimulation (NMES)
 Iontophoresis
 TENS
 Laser
 Whirlpool
 Paraffin bath
 Mechanical traction
 • Cervical
 • Lumbar
 Biofeedback

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

Ortho Spine

Red and yellow flags

Spinal mobilization

- Grade I-V

HVLAT

- Lumbar spine neutral gap
- Lumbosacral
- Thoracic flexion and Extension
- Cervical/Thoracic

Neurodynamics

Manual therapy

- Cervical spine NAG, SNAG
- Trigger point: Compression

Spinal muscle strength assessment

- Motor control theory
- Global muscle training

TMJ

Movement analysis

Chronic pain assessment

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
- Gait

Wheelchair seating/positioning

Pathophysiology, examination, prognosis, and intervention for:

- Stroke
- Multiple sclerosis
- Cerebellar dysfunction
- Brain tumors
- Traumatic brain injury
- Vestibular dysfunction
- Balance dysfunction
- Parkinson's disease
- Spinal cord injury
- Neuromuscular diseases: Guillain-Barre, ALS, etc.

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

Differential Diagnosis

Patient interview

- Special questions and follow-up questions related to pathologies in major systems of the body

Screening questions and exams

- Upper extremity
- Lower extremity
- Spine

Abdominal auscultation, inspection, palpation, and percussion

Knowledge of flags and associated signs and symptoms

Other

Evidence Based Practice

Biomechanics and Kinesiology

Essentials of Research/Statistics

Pathophysiology

Pharmacology

Geriatric Physical Therapy

Pediatric Physical Therapy

Decision making

Professional Research Project

Med/Surg/Integument

Management

Health and Wellness in PT

Prosthetics and Orthotics

Decision making

Diagnostic Imaging for PT

Psychosocial Aspects of Patient

Care and Disability

Professional Duty & Social responsibility

Administration in Physical Therapy

Professional Seminar/Special Topics