



# Department of Physical Therapy

## Clinical Internship Information for Clinical Sites Class of 2015 and Beyond

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### Internship Requirements

MUPT ensures the following requirements are in place for all students participating in an internship experience.

- ✓ **Proof of Medical Insurance Coverage:** i.e. copy of insurance card, letter from provider, etc.
- ✓ **MMR:** Requires documented proof by a health care provider of two vaccinations or titer
- ✓ **TB Test:** completed within one year of internship end date, or as required by clinical facility if different
- ✓ **CPR** (infant, child, 1 and 2 person adult, AED): effective throughout internship
- ✓ **OSHA Training** (yearly): completed at Marquette University
- ✓ **Hepatitis B:** 3 vaccinations or a signed waiver
- ✓ **Background Information Disclosure Form:** State of WI
- ✓ **Criminal Background Check:** Completed for all states in which student has lived or worked since they were 18, including WI and the WI Caregiver Background Check.
- ✓ **Yearly flu vaccination:** The regular seasonal intramuscular flu shot or intranasal vaccination is adequate for most facilities.

When students have fulfilled all MUPT requirements listed above, they are provided with a letter to give to their internship site stating these requirements have been met and proof is on file in the MUPT department. A sample of that letter is included within this section of the handbook.

**MUPT does not send copies** of the requirements to your individual clinical sites. **NOTE: This includes copies of the Background Information Disclosure Forms and the Criminal Background Check results.** If your facility requires copies, it is the student's responsibility to send copies to you.

In addition, the students are instructed to maintain their own portfolio of this information and bring it with them to each internship.

### Additional facility requirements

We realize that facilities may have clinical requirements beyond those of Marquette University. Students are instructed to check the most recent CSIF's contained in our files as well as to inquire within their introductory letters about any additional requirements your facility may have. Students are then required to document these additional requirements, complete them, and provide proof of their completion to MUPT department prior to receiving their internship requirements letter.

### Certificate of Insurance

In lieu of certificate of insurances, our risk management department has constructed a pdf document outlining the insurance coverage summary. You can link to this file here:

<http://www.marquette.edu/riskunit/riskmanagement/documents/INSURANCECOVERAGESUMMARY11-01-2014.pdf> . Please contact Laurie or Danille with any questions.

*SAMPLE LETTER OF CLINICAL REQUIREMENTS MET*

# MEMO

**DATE:**

**TO:** CENTER COORDINATOR FOR CLINICAL EDUCATION

**FROM:** DANILLE PARKER, PT, MPT, DPT, GCS, CEEAA, DCE  
LAURIE B. KONTNEY, PT, MS, DPT, CEEAA, DCE

**RE:** INTERNSHIP CONTRACTUAL REQUIREMENTS

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This memo is to verify that **(Student's Name)** has successfully met all of the internship contractual requirements:

- Current medical insurance
- OSHA certification
- CPR certification
- MMR vaccinations
- TB test within past 1 year
- Hepatitis B (vaccinations or waiver)
- Background Information Disclosure Forms
- Criminal Background Checks
- Yearly Flu Vaccination
- as well as any additional requirements your facility may have (i.e. physical, proof of chicken pox titer, 2-step TB test).

If you have any question or comments, please feel free to give either one of us a call at (414) 288-7161. Thank you for your participation.



## **DEPARTMENT OF PHYSICAL THERAPY**

### **Attendance Guidelines for Clinical Internships**

#### **Sick Time**

The student is allowed one sick day during the course of their internship. It is up to the discretion of the CI as to whether or not the student needs to make up that missed day.

If the student is sick more than one day, they must call Laurie or Danille to notify them of the absences, and will need to make up this time.

#### **Time off**

There is no time off allowed during the course of your internships, except for emergencies or illness (see sick time policy). In the case of an emergency, please contact Laurie or Danille. If the student is off from their clinical due to a holiday, we strongly recommend they make up this time, but we leave this decision up to the discretion of the CI.

#### **Vacation Time**

Absolutely no vacation time is allowed during the course of an internship

#### **Make up time**

Any make up time must be related to patient care experiences. Extra time needed to complete duties that should be completed in the course of a typical clinical day should not be included in make-up time (i.e. staying late one hour each day to complete documentation, billing, scheduling, etc...).

Please feel free to call us if you have any questions:                      Danille (414) 288-3179  
   Laurie (414) 388-3383

#### **Certificate of Insurance**

A copy of the certificate of insurance can be found at this link:

<http://www.marquette.edu/riskunit/riskmanagement/documents/INSURANCECOVERAGESUMMARY1-01-2014.pdf>



## DEPARTMENT OF PHYSICAL THERAPY

### **Clinical Affiliation Agreements**

If you would like to utilize the standard affiliation agreement of Marquette University, you can download the appropriate agreement from the MU Clinical Education web site. Note that there are two different agreements, one if any facility in the state of Wisconsin and a second one for any facility not in the state of Wisconsin.

### **Scheduled Mailings to Clinical Sites**

#### COMMITMENT LETTERS (MARCH)

Marquette University follows the APTA's voluntary uniform mailing dates. Our commitment letters are emailed March 1st of each year.

#### SITE SELECTION CONFIRMATION LETTERS (SEPTEMBER/OCTOBER)

Our students complete site selection in two rounds. The first selection process occurs in June (for the 4 week and summer internship) and the second selection occurs the first part of September (for the final 8 week internships). Once site selection is completed we will send confirmation letters to each facility that offered an internship slot, indicating whether the slot was selected by a student, and if so, the name of the student. We will not send confirmation letters to facilities offering slots on a first come, first served basis unless an MU student has been confirmed with that facility.

#### LETTERS FROM STUDENTS

Students are required to send introductory letters to their clinical sites well in advance of the clinical dates. Within this letter, students will include a completed Kolb Learning Style Inventory and a Student Information Form listing past work/volunteer experiences and goals for the clinical experience.

### **Benefits to Clinical Sites**

As a thank you for providing clinical education to our students, Marquette University offers the following benefits:

- A stipend (information to apply for the stipend is mailed every March)
- 10% continuing education course fee reduction
- Credentialing Workshops and CI workshops

## Internship Expectations

Marquette University utilizes the APTA Weekly Planning Forms, Professional Behaviors and PT Clinical Performance Instrument (CPI) Web 2006 for all internship experiences. Through use of the tool, and listening to CI and student feedback, we have developed specific expectations for each internship experience. (See individual internship information for expectations)

The PT CPI 2006 includes 18 performance criteria that describe the essential aspects of professional practice of a physical therapist clinician performing at entry-level. The performance criteria are grouped by the aspects of practice that they represent. Items 1-6 are related to professional practice, items 7-15 address patient management, and items 16-18 address practice management. The rating scale was designed to reflect a continuum of performance ranging from "Beginning Performance" to "Beyond Entry-Level Performance." The rating scale was not designed to be a visual analog scale. Each performance criterion is rated relative to entry-level practices as a physical therapist, where entry level is defined as:

- A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist's caseload in a cost effective manner. See Appendix C (attached) for the complete anchor definitions.

To assist in the use of the CPI, we recommend the use of 'Appendix C' on the PT CPI Web. This serves as a nice "cheat sheet" that defines all *Performance Dimensions* and *Anchor Criteria* that should guide your comments and ratings. We suggest you keep this next to you as a reference when writing comments and determining ratings. Please feel free to call us with any questions regarding the internship assessment of our students at your facility.

This definition encompasses the five performance dimensions that should be considered in your evaluation of the student on each skill (see CPI instructions):

Supervision/guidance required  
Quality of care  
Complexity of tasks/environment  
Consistency of performance  
Efficiency of performance

Please keep these performance dimensions in mind when completing the rating scale and providing supportive comments for each skill. If you rate a student below minimal expectations (as defined in the following sections) for a skill, please utilize the performance dimensions in your comments to support your rating of the student's performance. Hopefully, this will help you and the student to develop learning objectives/plan of action for the remainder of the internship and/or help us establish learning objectives with the student for the next internship experience.

To us, the CPI definition of entry-level does not necessarily mean that an entry-level clinician can independently treat a case load, but that they can efficiently and effectively manage a case load. This would include the ability to determine what a patient needs and provide that care and/or determine who is most appropriate to provide that care. Following are two specific examples of entry-level interpreted in this manner:

- 1) I am a new grad and just evaluated a cervical patient that I feel has a facet problem. However, I am not proficient at performing the joint mobilizations necessary for that patient to maximally benefit from PT services. Realizing this, I consult with a colleague who I feel can provide that component of the treatment.
- 2) My student has never treated a Guillian-Barre patient, but has shown excellent clinical problem-solving and critical thinking skills when faced with other diagnosis for the first time. Based on this judgment, I feel confident that when presented with a patient with this diagnosis for the first time, the student would effectively evaluate and provide treatment to that patient and seek out appropriate resources as needed.

## APPENDIX C

### DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<b>Performance Dimensions</b>	
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</li> </ul>
Quality	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</li> </ul>
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</li> </ul>
Consistency	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</li> </ul>
Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> <li>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</li> </ul>
<b>Rating Scale Anchors</b>	
Beginning performance	<ul style="list-style-type: none"> <li>A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>Performance reflects little or no experience.</li> <li>The student does not carry a caseload.</li> </ul>
Advanced beginner performance	<ul style="list-style-type: none"> <li>A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</li> <li>At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</li> <li>The student may begin to share a caseload with the clinical instructor.</li> </ul>
Intermediate performance	<ul style="list-style-type: none"> <li>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.</li> <li>At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <u>capable of</u> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
Advanced intermediate performance	<ul style="list-style-type: none"> <li>A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</li> <li>At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <u>capable of</u> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
Entry-level performance	<ul style="list-style-type: none"> <li>A student who is <u>capable of</u> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>The student is <u>capable of</u> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>
Beyond entry-level performance	<ul style="list-style-type: none"> <li>A student who is <u>capable of</u> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</li> <li>At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</li> <li>The student is <u>capable of</u> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li> <li>The student is capable of supervising others.</li> <li>The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li> </ul>

**Marquette University Physical Therapy  
DPT Curriculum Class of 2015**

<b>DPT-4</b>	<b>Fall Semester</b>	<b>Spring Semester</b>	<b>Summer Session</b>
	Patient Management I	Pathophysiology and Aging	Differential Diagnosis
	Culture and Disability	Pain Mechanisms	Physical Technologies/Electrotherapy
	Human Gross Anatomy	Tests and Measures	Diagnostic Imaging and Testing
	Human Physiology	General Pathology	Intro Evidence Based Decision Making in Clinical Practice
	Health Care Policy/Management	Kinesiology I (UE)	Patient Management II
	Medical Ethics	Pharmacology	
<b>DPT-5</b>	<b>Fall Semester</b>	<b>Spring Semester</b>	<b>Summer Session</b>
	Applied Evidence Based Decision Making	Advanced Kinesiology	<b>Internship II (10 weeks)</b>
	Orthopedics I (UE)	Neuroanatomy	(Any 10 wks from May-Aug)
	Kinesiology II (LE/Spine)	Neurological Rehab I	
	Patient. Management III	Lifespan Development	
	Physiology of Activity	Wound Management/Integumentary PT	
	<b>Internship I (last 4 wks of the semester)</b>	Orthopedics II (LE/Spine)	
<b>DPT-6</b>	<b>Fall Semester</b>	<b>Spring Semester</b>	
	Critically Appraising & Contributing to the Evidence for Clinical Practice	<b>Internship III &amp; IV (each 8 weeks long)</b>	
	Pediatric Disorders/Intervention Strategies	One rotation must be in a multidisciplinary inpatient setting	
	Cardiovascular and Pulmonary PT		
	Clinical Issues and Decision Making	One rotation is the student's choice	
	Neurological Rehabilitation II		
	Advanced Electives	<b>May Graduation</b>	



**Marquette University Physical Therapy  
DPT Curriculum Class of 2016 and beyond**

<b>DPT-4</b>	<b>Fall Semester</b>	<b>Spring Semester</b>	<b>Summer Session</b>
	Patient Management I	Pathophysiology and Aging	Differential Diagnosis
	Culture and Disability	Patient Management II	Physical Technologies/Electrotherapy
	Human Gross Anatomy	Tests and Measures	Diagnostic Imaging and Testing
	Human Physiology	General Pathology	Intro Evidence Based Decision Making in Clinical Practice
	Health Care Policy/Management	Kinesiology I (UE)	Wound Management/Integumentary PT
	Medical Ethics	Pharmacology	
<b>DPT-5</b>	<b>Fall Semester</b>	<b>Spring Semester</b>	<b>Summer Session</b>
	Applied Evidence Based Decision Making	Advanced Kinesiology	<b><i>Internship II (10 weeks)</i></b>
	Orthopedics I (UE)	Neuroanatomy	(Any 10 wks from May-Aug)
	Kinesiology II (LE/Spine)	Neurological Rehab I	
	Patient. Management III	Lifespan Development	
	Physiology of Activity	Pain Mechanisms	
	<b><i>Internship I (last 4 wks of the semester)</i></b>	Orthopedics II (LE/Spine)	
<b>DPT-6</b>	<b>Fall Semester</b>	<b>Spring Semester</b>	
	Critically Appraising & Contributing to the Evidence for Clinical Practice	<b><i>Internship III &amp; IV (each 8 weeks long)</i></b>	
	Pediatric Disorders/Intervention Strategies	One rotation must be in a multidisciplinary inpatient setting	
	Cardiovascular and Pulmonary PT		
	Clinical Issues and Decision Making	One rotation is the student's choice	
	Neurological Rehabilitation II		
	Advanced Electives	<b>May Graduation</b>	



## **Performance Expectations for Internship 1**

This first internship experience occurs in the Fall semester (Nov.-Dec.) of the DPT5 year. Interns will come into this internship with varying levels of skill and knowledge due to previous work experience. As this is an integrated internship, all academic coursework has not yet been completed. See enclosed MUPT DPT curriculum for courses student will have completed prior to this experience.

### **Learning Units**

All interns are required to complete daily structured learning units during the 4 week internship. The learning units are designed to assist the students in developing clinical decision-making skills and utilize a variety of resources, rather than relying on CI input and/or observation.

The CI can help guide the intern in selecting appropriate patient cases and in seeking out other resources for completion of the learning units. The learning units allow the CI the flexibility to complete other activities, without the intern having to be with the CI the entire time, i.e. Learning Unit #1 requires the intern to research the pathophysiology of primary and secondary medical and physical therapy diagnosis.

### **APTA Weekly Planning Forms**

Interns are expected to self-assess and reflect on their weekly performance, progress toward goals, as well as areas for improvement. We expect the intern to show weekly progress and identify multiple goals for the following week based on their reflection. To achieve this outcome, the intern will use the **APTA Weekly Planning Forms** at the end of each week of the internship. Weekly goals must be written in a 'SMART' format (specific, measurable, achievable, results oriented, time bounded). Interns are expected to write their own goals with CI input after (edit and/or add as needed). We do ask that CIs please take time to provide written feedback each week to assist the intern in setting goals and in

gauging progress and accuracy of self-assessment.

### **Professional Behaviors**

The intern completes the Professional Behaviors self-assessment at the **end** of the experience. The CI does not have to complete the form, but is asked to review the intern's self-assessment and provide feedback as appropriate.

### **PT Clinical Performance Instrument 2006**

Please refer to the PT CPI Web "Appendix C" to guide comments and ratings.

**Midterm Evaluation:** Due to the short duration of the first internship, the formal mid-term assessment is minimized. There is no need to complete a formal online web CPI rating for the midterm time frame. However, we ask that the midterm summary comments page (students will have a copy for you) be completely filled out. This should be completed by CI and Student prior to midterm discussion.

**Final Evaluation:** A formal final assessment on all of the skills on the PT CPI Web is required. Please rate and comment on each section completely.

We have established the following **minimal performance criteria** on the PT CPI:

- The student must be **at or between Advanced Beginner Performance and Intermediate Performance** on all CPI skills, as assessed by the clinical instructor.

## Internship Assessment Checklist – Internship I

- Day 1 – Student is to fax or email Laurie or Danille the First Day Fax form with name, email and all required information of CI.**
  
- Daily – Learning Units (as indicated on the learning units). It is the student’s responsibility to ensure completion of the learning units and seeking feedback from the CI. Learning Units must be turned in at the end of the internship for review from DCE to achieve a Satisfactory grade.**
  
- End of each Week 1-4**
  - **Weekly Planning Form-** Intern summarizes the week’s performance and writes goals for the following week. Weekly reflections should include: 1) overall self-assessment on performance and how felt; 2) progress toward goals; and 3) areas for improvement. CI reviews and adds comments, may revise goals as appropriate. Weekly goals must be written in a ‘SMART’ format (specific, measurable, achievable, results oriented, time bound). Interns must write own goals with CI input as needed.
  
- End of Week 1**
  - **Weekly Planning Form** - as above
  
- End of Week 2**
  - **Weekly Planning Form** - as above
  - **Student and CI complete midterm SUMMARY COMMENTS**– we do not require formal midterm rating on the CPI skills for the midterm assessment of this first clinical experience.
  
- End of Week 3**
  - **Weekly Planning Form** - as above
  
- End of Week 4 (end of clinical)**
  - **Weekly Planning Form-** as above, no need for goals
  - **CPI** – one CPI is completed by student, one by the CI. Students are expected to complete their CPI prior to discussion at the final assessment. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.

We have established the following **minimal performance criteria** for the PT CPI 2006:

- ✓ The student must be **at or between Advanced Beginner Performance and Intermediate Performance** on all CPI skills, as assessed by self and the clinical instructor.
  
- **Professional Behaviors** – completed by student only, CI reviews and provides comments as needed and signs off.
- **APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** - completed by the student to provide feedback to the facility and CI.

NOTE: This information will be made available to future students going through the site selection process only if it has been shared with the CI.

- **Facility specific requirements** – the student is expected to complete any additional requirements that the facility may have.

**Upon completion of the internship, it is the student's responsibility to ensure that all evaluation materials are received by the Department of Physical Therapy at Marquette University within **five** business days.**

We strongly encourage you to pre-purchase a US Post Office Priority Mail Envelope (\$5.75) and have it all ready to stuff and send at the end of your final internship day.

**Address if sending U.S. Post Office Priority Mail, Fed Ex, UPS, etc.**

Marquette University  
Department of Physical Therapy SC 346  
561 N. 15<sup>th</sup> Street  
Milwaukee, WI 53233

**Address if sending via regular U.S. Post Office**

Marquette University  
Department of Physical Therapy  
PO Box 1881  
Milwaukee, WI 53201-1881

**PLEASE** do not trifold paperwork and place in a standard envelope. The folds make it very difficult to file paperwork which we are required to keep for at least 7 years.

## **COLLABORATIVE/PROBLEM BASED CLINICAL EDUCATION**

### **Learning Units**

#### **Introduction**

Health care continues to evolve at a very rapid pace. No longer can therapists consider themselves to be sole practitioners. As all clients who come to the clinic require different expertise, and different professions involved in their care, Concordia University and Marquette University have chosen to begin their Physical Therapist clinical education training with an experience designed to emphasize the case-management, decision-making, and collaborative responsibilities of the Physical Therapist.

Clinical Problem Solving I at Concordia University is a clinical education experience designed to introduce the student to patient care in Physical Therapy. The emphasis of this clinical is not hands on experience. Rather, the goal of this clinical learning experience is to expose the student to the decision-making, planning, and problem solving role the Physical Therapist plays in client management.

Practicum I at Marquette University is an introductory clinical experience in any clinical practice setting intended to provide the student with as much problem solving and hands-on opportunities as appropriate to their level of academic preparation. It is intended to be an interactive experience that exposes the student to all aspects of patient care and management while applying the concepts of the learning unit model.

Ideally students are assigned to clinical facilities in groups of 2 or more. This model has, however, been used with traditional 1:1 experiences in cases where the clinical facility does not feel they could accommodate multiple students. Each student is assigned a small caseload of approximately 2 patients each day for whom they have responsibility to complete the daily learning unit for that clinical day. When in a collaborative experience, students are expected to work as a group to solve the general problems of each daily learning unit, to personalize each daily learning unit to their specific patients/clients and patient/client needs, to be prepared for the clinical experience on a daily basis, and to participate as a colleague to assist in problem solving of other group members.

This is not a grading tool, but rather a guide and structure for the clinical experience. Students will be provided some time in the clinic to complete requirements for daily learning units. However, it should be noted that not all resources are immediately available and consultation and research both in and outside of the clinical day is expected. Students should plan their time in and outside of the clinic accordingly. Grading tools used for this clinical by Concordia University will be The Generic Abilities Assessment Tool, and The Clinical Skills List for CPS I. The grading tool used by Marquette University will be selected skills within the Clinical Performance Instrument consistent with their academic preparation.

#### **Learning Units**

1. Physical Therapy Evaluation - Pathophysiology
2. Alternative Discharge Options/Community Supports
3. Physical Therapy Examination - Subjective and Objective Components
4. Physical Therapy Evaluation - Assessment
5. Physical Therapy Evaluation - Treatment planning
6. Implementation and Progression of the Treatment Plan
7. Delegation
8. Documentation
9. Reimbursement and Cost of Care
10. Other Health Care Providers
11. Pharmacology
12. Case Study

### **Responsibilities of the Student**

The student assumes responsibility for completing the daily learning unit. The clinical instructor is a “guide on the side”, a facilitator, a resource and a mentor, but not responsible for supervising the work of the student on the daily learning units. There is considerable independent time, and the student is responsible for structuring the day such that all requirements for completing the daily learning units are met. When working with patients/clients, the student recognizes that the clinical instructor is the primary care provider who delegates to the student consistent with the students’ academic knowledge and experience.

Students remain responsible for completing the requirements as outlined by the grading tools used by their university. The learning units are designed such that students should meet all requirements of the clinical experience through completing the learning units.

As students will be using support materials that may be proprietary, students are expected to maintain confidentiality of records, and confidentiality of policies and procedures, unless otherwise approved by the clinical facility. No records are to leave the clinical facility without direct knowledge and consent of the clinical instructor.

While completing the clinical experience and learning units, numerous resources are available. In addition to the recommended resources identified for each learning unit, students should also consider: course notes, journal articles, clinical guidelines, texts, (i.e., Rehab Specialist Handbook), videos, faculty (Faculty are available by phone, however, may or may not be immediately in the office at the time of your call. They should not be used as your primary source of information) and any other resources available within the clinical learning environment.

### **Responsibilities of the Clinical Instructor**

The clinical instructor should serve primarily as a resource for the daily learning units and assume primary responsibility for patient/client care provided by and with the student. The clinical instructor is to be familiar with their caseload, and with the individuals they delegate to students for completion of the daily learning units. The clinical instructor has the sole authority to determine which patients are appropriate for student intervention, and have the ability to withdraw the student from patient contact at any time.

The clinical instructor should be familiar with the daily learning units. Completion of the daily learning units is the responsibility of the student; the role of the clinical instructor is to provide guidance, support, and structure where needed. Clinical instructors should be available for mentorship, and provide clear and concise feedback on the quality of the work produced by the student. The clinical instructor should also complete the designated grading tool(s) required by the university.

### **Responsibilities of the Academic Faculty and ACCE**

The ACCE should remain as the contact between the clinical facility, the student and the university, and be available for training and questions as they arise. Should any questions arise, please contact the ACCE immediately to have these resolved.

**LEARNING UNIT 1 - PHYSICAL THERAPY EVALUATION: PATHOPHYSIOLOGY**  
*Clinical Days 1-2*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will identify the pathophysiology of primary and secondary patient/client medical and/or physical therapy diagnoses and will determine the impact of those pathophysiologies on the efficacy of Physical Therapy care, patient/client safety, and in the clinical decision making process for the examination and evaluation of each patient/client.

Unit Organization and Guidelines: Students will be assigned two (2) cases from the Clinical Instructor's caseload at the start of the clinical day. Students are to research the primary and secondary medical and/or physical therapy diagnoses of the assigned patients/clients. Using support materials students are expected to be able to report cause and general management of the pathophysiology, and given this information suggest the impact (i.e., restrictions, precautions, necessary physical therapy examination procedures) on the Physical Therapy examination and evaluation.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Verbalize restrictions and/or precautions to the provision of Physical Therapy care
- Identify necessary physical therapy examination procedures
- Be able to verbalize patient/client and/or caregiver educational needs
- Utilize a medical database to research and obtain one article about management of an identified pathophysiology

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |   |  |
|---|--|
| • Students must provide a 10 minute oral presentation of findings at the end of the clinical day to the student group and the clinical instructor on the patient/client of the CI's choice. | Due at the end of the clinical day             |
| • Students must provide a written summary of the information obtained on both patients/clients to the clinical instructor.  | Due at the start of the following clinical day |
| • Student will turn in research article obtained along with the written summary.  | Due at the start of the following clinical day |

Time for Completion: Students will be provided 2 patients/clients per day, and will repeat the unit for 2 consecutive days. The unit should assume Day 1 and Day 2 of the clinical experience.

Recommended Resources: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- General and Geriatric MERK manual (available in the CUW or MU bookstore for purchase)
- Faculty and clinical instructors.
- Medical databases via the internet, OVID: MEDLINE/HealthSTAR/CINAHL, PubMed: MEDLINE, SUMSearch, PEDro, Cochrane Library

**LEARNING UNIT 2 - ALTERNATIVE DISCHARGE OPTIONS/COMMUNITY SUPPORTS**  
*Clinical Day 3*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will identify community supports and discharge options for patients/clients and/or caregivers.

Unit Organization and Guidelines: Students will be assigned two (2) cases from the Clinical Instructor's caseload at the start of the clinical day (note: these may be the same patients/clients the student has worked with on previous units). Students are to investigate community supports and discharge options, which meet the individual needs of the clients or the caregivers of those clients. Students are to prepare this information as though they were presenting to a group of healthcare providers with discharge recommendations.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Provide discharge recommendations as if they were planning discharge with another healthcare provider
- Locate general information important to the patient/client or caregiver about community supports in the immediate area
- Anticipate how the expected discharge environment (i.e., skilled nursing, home, outpatient services) may affect the Physical Therapy Plan of Care

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- Students must provide a 10 minute oral presentation of findings at the end of the clinical day to the student group and the clinical instructor on the patient of the CI's choice. Due at the end of the clinical day

Time for Completion: Students will be provided 2 patients/clients and will complete the unit in one clinical day.

Recommended Resources: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Local phone book and/or yellow pages
- Social Services in the facility if available
- Faculty and clinical instructors.



**LEARNING UNIT 3 - PHYSICAL THERAPY EXAMINATION:  
SUBJECTIVE AND OBJECTIVE COMPONENTS  
*Clinical Days 4 and 5***

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Based on the pathophysiology students will identify the functional limitations and impairments a patient/client may have and hypothesize a means of testing those functional limitations and underlying impairments.

Unit Organization and Guidelines: Students will be assigned two (2) cases from the Clinical Instructor's caseload at the start of the clinical day. Students are to examine the primary and secondary medical and/or physical therapy diagnoses of the assigned patients. From this alone, students should develop a subjective (patient interview questions) and objective (physical therapy tests and measures) component which could be included in a comprehensive physical therapy examination to determine the functional limitations and impairments. Students should not be hindered by time, and should develop as comprehensive an examination as they feel necessary to collect all valuable information.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Develop and complete a patient/client interview
- Develop a list of physical therapy tests and measures to identify the patient's/client's functional limitations and impairments
- Apply tests and measures as appropriate for academic preparation with appropriate supervision
- If appropriate perform Manual Muscle Testing, ROM - emphasizing specific goniometric measurement rather than gross assessment, and gross mobility skills assessments of the patient/client in question
- Record findings of tests and measures applied by CI
- Obtain one research article to support test or measure chosen

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Students will write the Subjective and Objective components of the physical therapy evaluation using the data collected in the patient/client examination</li><li>• Present the findings and evaluation to the student group and the clinical instructor for feedback</li><li>• Student will turn in research article obtained.</li></ul> | <p>Due at the start of the following clinical day</p> <p>Due at the end of the clinical day</p> <p>Due at the start of the following clinical day</p> |
|---|---|

Time for Completion: Students will be provided 2 patients/clients per day, and will repeat the unit for 2 consecutive days.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Examples of past Physical Therapy evaluations for that facility (your CI can provide examples of these)
- Kettenbach SOAP Note text
- APTA Guide for Physical Therapist Practice (note: this document was published in the January 2001, journal Physical Therapy, and/or is available for purchase through the APTA)
- Faculty and clinical instructors
- Medical databases via the internet, OVID: MEDLINE/HealthSTAR/CINAHL, PubMed: MEDLINE, SUMSearch, PEDro, Cochrane Library

**LEARNING UNIT 4 - PHYSICAL THERAPY EVALUATION: ASSESSMENT**  
*Clinical Day 6*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will develop a problem list and long term goals, and with guidance, provide a prognosis for reaching those goals.

Unit Organization and Guidelines: Students will be assigned two (2) cases from the Clinical Instructor's caseload at the start of the clinical day. These may be the patients/clients assigned during Unit 3, however, given the unique nature of the clinical these may be different patients/clients. From information developed in an S and O sections, students will be guided through completion of the Assessment sections of the SOAP note.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Develop a patient/client problem list including impairments and functional limitations
- Discuss which impairments might impact the functional limitations observed
- Develop long term goals (LTGs) from the functional problem list
- Identify the following components in the documentation format used by the facility: Physical therapy diagnosis (summary/impression of the patient's major impairments); Evaluation (factors identified that may influence the patient's ability to meet PT goals, e.g., motivation, cognition); Prognosis (patient's potential for reaching goals)

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Students will submit a written problem list, long term goals, prognosis and rationale for that prognosis to the clinical instructor. This information, as it is generally part of a medical record can be hand written. All writing must be legible or it will be considered incomplete work.</li><li>• Students should prepare an 'Assessment' as though part of the SOAP note.</li></ul> | <p>Due at the start of the following clinical day.</p> <p>Due at the start of the following clinical day</p> |
|--|--|

Time for Completion: Students will be provided 2 patients/clients per day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Physical Therapy evaluation provided from the facility
- Kettenbach SOAP note text
- APTA Guide for Physical Therapist Practice

**LEARNING UNIT 5 - PHYSICAL THERAPY PLAN OF CARE**  
*Clinical days 7 and 8*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will develop a beginning Physical Therapy Plan of Care.

Unit Organization and Guidelines: Students will be assigned two (2) cases from the Clinical Instructor's caseload at the start of the clinical day. Based on the Physical Therapy assessment completed in Unit 4, students will develop a plan of care, which will address both functional limitations and impairments. Additionally, students will develop short-term goals to measure patient/client progress.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Develop a list of impairments off a functional limitation list and objective physical therapy examination
- Develop two (2) treatment alternatives to address each impairment and provide a rationale for that approach
- Develop short term goals (STGs) for each long term goal established
- Obtain one research article to support the rationale for one of the chosen treatment alternatives

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Students will submit a written impairment list, and short term goals to the clinical instructor.</li><li>• Students should discuss treatment options selected with the student group and be prepared to demonstrate how to implement those options if requested by the clinical instructor.</li><li>• Student will turn in research article obtained.</li></ul> | <p>Due at the start of the following clinical day.</p> <p>Due at the completion of that clinical day.</p> <p>Due at the start of the next clinical day.</p> |
|---|---|

Time for Completion: Students will be provided 2 patients/clients per day. This unit will be repeated over 2 consecutive days.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Physical Therapy evaluation provided from the facility
- Kettenbach SOAP note text
- APTA Guide for Physical Therapist Practice
- Clinic library
- Medical databases via the internet, OVID: MEDLINE/HealthSTAR/CINAHL, PubMed: MEDLINE, SUMSearch, PEDro, Cochrane Library

**LEARNING UNIT 6 - IMPLEMENTATION AND PROGRESSION OF TREATMENT**  
*Clinical day 9*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will implement a Physical Therapy Plan of Care and discuss modifications to that plan of care

Unit Organization and Guidelines: Students will be assigned two (2) cases from the Clinical Instructor's caseload at the start of the clinical day, ideally these cases will follow from days 7 and 8, but this is not required for completion of this unit. Based on the Physical Therapy assessment student will implement a plan of care (POC) and evaluate the outcome of the treatment session as well as the appropriateness of the original POC. Students will identify and discuss modifications to the POC implemented based on the response from the patient/client.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Perform specific Physical Therapy interventions developed to move the patient/client towards completion of the short term/interim goals
- Evaluate the outcome of the intervention (i.e., did the treatment meet your objectives for that session)
- Hypothesize modification of the POC based on the treatment outcomes achieved during the therapeutic implementation

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |  |   |
|--|---|
| • Discuss outcomes of the treatment session and modifications of the POC with the student group  | Due at the end of the clinical day.             |
| • Present a written summary of outcomes and modifications of the treatment plan to the CI including recommendations from the student discussions | Due at the start of the following clinical day. |

Time for Completion: Students will be provided 2 patients/clients. The unit will be completed in one clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Collaborative pathways used by the clinical facilities
- Faculty
- Clinic library
- Exercise files available on site
- APTA Guide for Physical Therapist Practice

**LEARNING UNIT 7 - DELEGATION OF TREATMENT**  
*Clinical day 10*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will identify the scope of responsibility of Physical Therapy when delegating components of the Physical Therapy POC.

Unit Organization and Guidelines: Based on a POC of one (1) familiar patient/client, students will develop a comprehensive perspective of delegation of the Physical Therapy POC. The student should be expansive on the understanding of delegation, considering not only traditional support personnel (e.g., PTA, PT Aide) but should include all members of the health care team including family, other professional staff, and the patient/client directly.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Determine theoretically all individuals to whom the PT can appropriately delegate components of the PT POC (note: students should not restrict themselves to the support personnel available at the clinical facility, but consider all options).
- Determine which components of the POC the PT can delegate to each party
- Determine the basis for these delegation choices
- Determine whether the delegation choices made are consistent with the Standards of Practice in Physical Therapy, APTA Policies and Positions, the State Practice Act, Institutional Policies and Procedures

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- Present theoretical findings of the learning unit to the group for discussion      Due at noon (12:00) on the clinical day
- Present one actual delegation plan to the CI and student group by the end of the day      Due at the end of the clinical day.

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- State Physical Therapy Practice Act
- APTA Guide for Professional Conduct
- APTA Policies and Positions
- Job descriptions of Physical Therapy and all support personnel available at the clinical facility
- Other clinic staff
- Family of the patient(s)/clients(s)

**LEARNING UNIT 8 - DOCUMENTATION**  
*Clinical day 11*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will complete various aspects of documentation in management of clients in Physical Therapy

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day; will review the medical record with special attention to the Physical Therapy initial evaluation; and, will co-treat with the Clinical Instructor. Following co-treatment the student will be assigned all documentation requirements according to the requirements of the clinical facility.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Read, critique, and re-write in SOAP note format the physical therapy evaluation of the assigned patient/client
- On the assigned patient/client, co-treat with the CI and prepare a progress note in the required clinic format
- Prepare any ancillary documentation as assigned by the clinical instructor

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |   |                                     |
|---|-------------------------------------|
| • Re-written Physical Therapy evaluation on the assigned client in SOAP note format | Due at the end of the clinical day. |
| • Progress note on assigned patient/client  | Due at the end of the clinical day. |
| • Any ancillary documentation as required by the CI                                 | Due at the end of the clinical day. |

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Documentation guidelines from the clinical facility's policy and procedure manual
- Medical records of the patient/client in question or other clients served by that clinic
- Kettenbach SOAP Note text

**LEARNING UNIT 9 - REIMBURSEMENT AND COST OF CARE**  
*Clinical day 12*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will develop an understanding of fiscal responsibility in Physical Therapy client management.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day; will calculate all Physical Therapy charges accrued to date, and will develop an understanding of the impact on reimbursement within the patient/client's reimbursement model (i.e., will understand payment based on the type of medical coverage the patient/client presents).

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Calculate all Physical Therapy charges accrued to date on the assigned patient/client
- Identify the patient/client's third party payor coverage
- Calculate the cost of care (i.e., cost of care = charges - reimbursement)
- Determine which Physical Therapy decisions need to be made based on reimbursement provided

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |  |   |
|--|---|
| • Calculated Physical Therapy charges on assigned patient/client | Due at the start of the following clinical day. |
| • Description of third party payor coverage                      | Due at the start of the following clinical day. |
| • Cost of care calculations                                      | Due at the start of the following clinical day. |
| • Discuss findings with the group and the clinical instructor    | Due at the end of the clinical day.             |

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day, with work turned in the following clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Medical records of the patient/client in question
- Billing records/business office records of the patient/client in question
- Patient/clients themselves
- Third party payor customer service information (number generally available in the medical record)

**LEARNING UNIT 10 - OTHER HEALTH CARE PROVIDERS**  
*Clinical day 13*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will identify the roles and responsibilities of other health care providers in the management of a patient/client.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day; and will identify and profile the individuals involved in care discussing the impact on the Physical Therapy Treatment plan.

NOTE TO CI: In this instance, you can present students with options of service providers who may be outside of the clinical facility directly; for example, include individuals monitoring progress at a health club, or church support, social support. This is not restricted to individuals available in the immediate clinical environment.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Identify other health care providers involved in the management of the patient/client
- Profile those health care providers
- Appreciate the impact of all health care providers in case management of an assigned patient/client
- Interview one non PT/PTA health care provider to discern their roles and responsibilities in patient/client management

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- Students will participate in a roundtable discussion presenting the findings of their particular patient/client situation. Due at the end of the clinical day.
- Present a written profile of the health care providers participating in the care of their assigned patient/client to include a write up from the health care provider interview. Due at the start of the following clinical day.

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day, with work turned in the following clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- The patient/client
- Health care providers available in the care of the patient/client (be sensitive to time issues)
- The World Wide Web
- Job descriptions of various health care providers available on site



## LEARNING UNIT 11 - PHARMACOLOGY

### Clinical day 14

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will describe the impact of over the counter and prescription medications on the clinical presentation and physical therapy intervention.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day to be managed as a group, and one case to be managed individually for a total of two (2) clinical cases. The group assignment will involve identification of suspected pathophysiology from a medication list. In the individual case students will hypothesize the impact of medications on the clinical presentation of the case.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- As a group identify a pathology for the following cases:

Outpatient case: Medication list includes:

Tylenol #3  
Flexeril  
Diabinese  
Feldene or Naprosyn  
Xanax  
Pepcid

Acute care case: Medication list includes:

Glyburide 5mg q am (breakfast); 2.5 mg  
q pm (supper)  
Hydrochlorothiazide 25 mg qd  
Imipramine 150mg qhs  
Nifedipine 90 mg qd  
Potassium Chloride 20MEQ qd  
Simvastatin 20 ms qhs  
Ticlopidine 250 mg bid  
Acetaminophen 650 mg q4 hours prn

- Recognize/hypothesize impact of medications on the clinical presentation of the patient/client

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- Students will discuss the group work as a part of a roundtable discussion moderated by the CI Due at the end of the clinical day.
- Students will discuss the individually assigned patient/client as a part of a roundtable discussion Due at the end of the clinical day.

Time for Completion: Students will be provided 2 patients/clients (one as a group, and one individually). Both should be completed by the end of the clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Physicians Desk Reference (generally available in the clinic environment or available in the CUW or MU library on reserve)
- Drug Formulary
- Pharmacist
- Clinic library

**LEARNING UNIT 12 - CASE STUDY**  
*Clinical day 15*

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

Unit Objective: Students will develop and present a case study based on the previous learning units.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day and will prepare an oral and written case study addressing all learning units to date.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Integrate the previous learning units into a comprehensive understanding of Physical Therapy intervention

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the ACCE at the completion of the course as evidence of successful completion of individual learning units.

- |  |                                     |
|--|-------------------------------------|
| • Students will present an oral presentation (10 - 15 minutes) at noon to all clinical staff               | Due at noon of the clinical day.    |
| • Students will critique the presentation of their peers for style and content                             | Due at the end of the clinical day. |
| • Students will present an oral summation of the critique to other students at the end of the clinical day | Due at the end of the clinical day. |

Time for Completion: Students will be provided 1 patient/client and will complete the entire case study within the clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Peers
- Previous learning unit materials
- All resources listed in the prior learning units can be used for this learning unit as well

## WEEKLY PLANNING FORM

Dates: \_\_\_\_\_

Week #: \_\_\_\_\_

### REVIEW OF THE WEEK

**WHEN COMPLETING THIS FORM CONSIDER THE FIVE (5) PERFORMANCE DIMENSIONS: QUALITY OF CARE, SUPERVISION/GUIDANCE REQUIRED, CONSISTENCY OF PERFORMANCE, COMPLEXITY OF TASKS/ENVIRONMENT, AND EFFICIENCY OF PERFORMANCE.**

Student:

CI:

### OBJECTIVE GOALS FOR THE UPCOMING WEEK

Student's Signature: \_\_\_\_\_

CI Signature: \_\_\_\_\_



## Practicum (Internship) 2

This internship experience occurs in the summer between the 5<sup>th</sup> and 6<sup>th</sup> year in the program. Students will have just one semester of didactic work remaining before their terminal internship experiences. The remaining coursework for that final semester consists of neurological treatment, pediatrics, cardiopulmonary, and an advanced elective in their specialty area of choice. See attached curriculum to determine completed coursework.

### Determination of Dates

Any 10 weeks starting the Monday after graduation (Mid-May) and ending on Friday the week before classes are scheduled to begin for the Fall semester (2<sup>nd</sup> to last or last week of August).

If the internship site does not specify specific dates on the commitment form, dates are determined between the student and the internship site.

### APTA Weekly Planning Forms

Interns are expected to self-assess and reflect on their weekly performance, progress toward goals as well as areas for improvement. We expect the intern to show weekly progress and identify multiple goals for the following week based on their reflection. To achieve this outcome, the intern will use the **APTA Weekly Planning Forms** at the end of each week of the internship. Weekly goals must be written in a 'SMART' format (specific, measurable, achievable, results oriented, time bounded). Interns are expected to write their own goals with CI input after (edit and/or add as needed). We do ask that CIs please take time to provide written feedback each week to assist the intern in setting goals and in gauging progress and accuracy of self-assessment.

### Professional Behaviors

The intern completes the Professional Behaviors self-assessment at the **midterm and final** point of the internship experience. The CI does not have to complete the form, however is asked to review the intern's self-assessment and provide feedback as appropriate.

### PT Clinical Performance Instrument 2006

Please refer to the PT CPI Web "appendix C" to guide comments and ratings.

Midterm Evaluation: A formal midterm assessment on all of the skills on the PT CPI Web is required at midterm. This should be completed by the CI and Intern prior to midterm discussion. The Intern should sign off prior to the review so that their comments and ratings can be seen and so that they do not change them based on discussion. When changes are made based on discussion; this no longer constitutes self-assessment which is a valuable tool in guiding future learning experiences.

Final Evaluation: A formal final assessment on all of the skills on the PT CPI Web is required at final as above. Please rate and comment on each section completely.

### Performance Expectations

At the final evaluation of the 10 week internship, the student is expected to be **at or above Advanced Intermediate Performance** for all skills of the CPI. Use these expectations as a guideline for gauging student progress throughout the 10 weeks and to establish learning objectives with the student(s) as needed, and/or to call Laurie or Danille if you feel the student will not be able to meet these expectations. Advanced Intermediate Performance is defined as:

- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is **capable of** maintaining 75% of a full-time physical therapist's caseload.



- ❑ **Day 1 – Student is to fax or email Laurie or Danille the First Day Fax form with name, email and all required information of CI.**
  
- ❑ **End of each Week 1-10**
  - **Weekly Planning Form** – Intern summarizes the week’s performance and writes goals for the following week. Weekly reflections should include: 1) overall self-assessment on performance and how felt; 2) progress toward goals; and 3) areas for improvement. CI reviews and adds comments, may revise goals as appropriate. Weekly goals must be written in a ‘SMART’ format (specific, measurable, achievable, results oriented, time bound). Interns must write own goals with CI input as needed.
  
- ❑ **End of Week 5 (Midterm Evaluation)**
  - **Weekly Planning Form** – as above
  - **Student and CI complete midterm CPI** – One CPI is completed by student, one by the CI. Students are expected to complete their CPI and sign off prior to discussion at the midterm assessment. We require formal midterm comments and ratings on each of the CPI skills. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.
  - **Professional Behaviors:** midterm assessment completed by student only, CI reviews and provides comments as needed
  
- ❑ **End of Week 10 (Final Evaluation)**
  - **CPI Final:** Student and CI complete the final evaluation portion of each CPI Skill on the PT CPI Web along with the SUMMARATIVE COMMENTS prior to formal discussion. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.

We have established the following **minimal performance criteria** for the PT CPI 2006:

- ✓ The student must achieve **Advanced Intermediate** Performance at the final assessment on all CPI skills as assessed by self and clinical instructor(s).
  
- **Professional Behaviors** – final assessment completed by student only, CI reviews and provides comments as needed, CI signs off.
- **APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** - completed by the student to provide feedback to the facility and CI. NOTE: This information will be made available to future students going through the site selection process only if it has been shared with the CI.
- **Facility specific requirements** – the student is expected to complete any additional requirements given by the facility.

Upon completion of the clinical, it is the student’s responsibility to ensure that all evaluation materials listed above are received by the Department of Physical Therapy at Marquette University within **five** business days.

We strongly encourage you to pre-purchase a US Post Office Priority Mail Envelope (\$5.75) and have it all ready to stuff and send at the end of your final internship day.

**Address if sending via U.S. Post Office Priority Mail, Fed Ex, UPS, etc.**

Marquette University  
Department of Physical Therapy SC 346  
561 N. 15<sup>th</sup> Street  
Milwaukee, WI 53233

**Address if sending via regular U.S. Post Office**

Marquette University  
Department of Physical Therapy  
PO Box 1881  
Milwaukee, WI 53201-1881

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### Performance Expectations for Internships 3 & 4

The final internship experiences occur in the Spring semester (January - May) of the DPT-6 year. Interns will come into each internship experience with varying levels of skill and knowledge due to previous work and internship experiences. As these are the final internships prior to graduation; interns are expected to achieve entry level performance on all skills in each of the final 2 internships as they have completed all academic coursework and will not be revisiting these practice settings prior to graduation.

#### APTA Weekly Planning Forms

Interns are expected to self-assess and reflect on their weekly performance, progress toward goals as well as areas for improvement. We expect the intern to show weekly progress and identify multiple goals for the following week based on their reflection. To achieve this outcome, the intern will use the **APTA Weekly Planning Forms** at the end of each week of the internship. Weekly goals must be written in a 'SMART' format (specific, measurable, achievable, results oriented, time bounded). Interns are expected to write their own goals with CI input after (edit and/or add as needed). We do ask that CIs please take time to provide written feedback each week to assist the intern in setting goals and in gauging progress and accuracy of self assessment.

#### Professional Behaviors

The intern completes the Professional Behaviors self-assessment at the **midterm and final** point of the internship experience. The CI does not have to complete the form, however is asked to review the intern's self-assessment and provide feedback as appropriate.

#### PT Clinical Performance Instrument 2006

The PT CPI Web has a nice "cheat sheet" that defines all *Performance Dimensions* and *Anchor Criteria* that should guide your comments and ratings. We suggest you keep this next to you as a reference when writing comments and determining ratings.

#### PT Clinical Performance Instrument 2006

Midterm Evaluation: A formal midterm assessment on all of the skills on the PT CPI Web is required

at midterm. This should be completed by the CI and Intern prior to midterm discussion. The Intern should sign off prior to the review so that their comments and ratings can be seen and so that they do not change them based on discussion. When changes are made based on discussion; this no longer constitutes self assessment which is a valuable tool in guiding future learning experiences.

Final Evaluation: A formal final assessment on all of the skills on the PT CPI Web is required at final as above. Please rate and comment on each section completely.

#### Performance Expectations

The intern must be at Entry Level Performance on all CPI skills at the **Final** assessment as assessed by self and CI. Any ratings below Entry Level must be justified.

If an intern or CI anticipate that a rating of entry level will not be achieved on a skill or skills by the end of the internship; we ask that you please contact Laurie or Danille to discuss a strategy to address the deficits. While many internship settings require advanced skills to practice effectively and efficiently; we ask that you please keep in mind what is required for **entry level** and not advanced practice. Remember, an intern will not look like their CI at the end of a final internship as the CI has at least one more year of experience.

## Internship Assessment Checklist – Internships 3 & 4

- ❑ **Day 1 – Intern is to fax Laurie or Danille the First Day Fax form with name, email and all required information of CI.**
  
- ❑ **End of each Week 1-8**
  - **Weekly Planning Form** – Intern summarizes the week’s performance and writes goals for the following week. Weekly reflections should include: 1) overall self assessment on performance and how felt; 2) progress toward goals; and 3) areas for improvement. CI reviews and adds comments, may revise goals as appropriate. Weekly goals must be written in a ‘SMART’ format (specific, measurable, achievable, results oriented, time bounded). Interns must write own goals with CI input as needed.
  
- ❑ **End of Week 4**
  - **Student completes midterm comments on Professional Behaviors** - CI reads through and comments as necessary and signs off.
  - **Student and CI complete midterm CPI** – One CPI is completed by student, one by the CI. Students are expected to complete their CPI and sign off prior to discussion at the midterm assessment. We require formal midterm comments and ratings on each of the CPI skills. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.
  
- ❑ **End of Week 8 (end of clinical)**
  - **Student completes final comments on Professional Behaviors** - CI reads through and comments as necessary and signs off.
  - **CPI** – One CPI is completed by student, one by the CI. Students are expected to complete their CPI and sign off prior to discussion at the final assessment. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.

We have established the following **minimal performance criteria** for the PT CPI 2006:

- ✓ The student must achieve **Entry Level** Performance at the final assessment on all CPI skills as assessed by self and clinical instructor(s).
  
- **Professional Behaviors** – Completed by student only, CI reviews and provides comments as needed.
  
- **APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** - Completed by the student to provide feedback to the facility and CI.  
NOTE: This information will be made available to future students going through the site selection process only if it has been shared with the CI.
  
- **Facility specific requirements** – The student is expected to complete any additional requirements that the facility may have.



**Upon completion of the internship, it is the student's responsibility to ensure that all evaluation materials are received by the Department of Physical Therapy at Marquette University within **five** business days.**

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