



## **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.

## MIDTERM SUMMATIVE COMMENTS

Given this student's level of academic and clinical preparation and the objectives for this clinical experience, identify strengths and areas for further development. If this is the student's final clinical experience, comment on the student's readiness to practice as a physical therapist.

### AREAS OF STRENGTH

Midterm:

### AREAS FOR FURTHER DEVELOPMENT

Midterm:

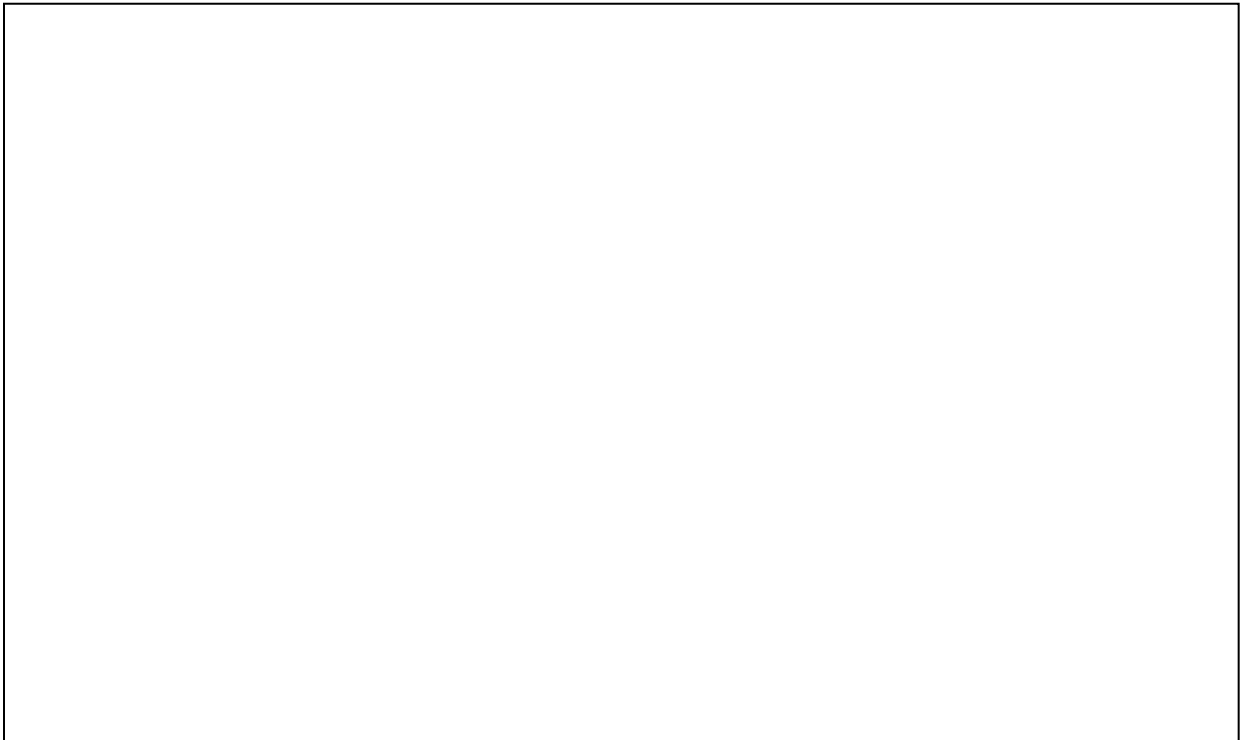
OTHER COMMENTS

Midterm:

A large, empty rectangular box with a thin black border, intended for providing other comments.

RECOMMENDATIONS

Midterm:

A large, empty rectangular box with a thin black border, intended for providing recommendations.

**EVALUATION SIGNATURES**

MIDTERM EVALUATION

***For the Student***

I have prepared, reviewed, and discussed the midterm completed PT CPI Summative Comments with the clinical instructor(s) who evaluated my performance.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Academic Institution

***For the Evaluator(s)***

I/We have prepared, reviewed, and discussed the midterm completed PT CPI Summative Comments with the student with respect to his/her clinical performance.

\_\_\_\_\_  
Evaluator Name (1) (Print)

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Signature of Evaluator (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Name (2) (Print)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature of Evaluator (2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCCE Signature

\_\_\_\_\_  
Date