University of Montana
School of Physical Therapy & Rehabilitation Science
PT 589 Clinical Experience II
Summer 2019, Professional Year 2

Primary Course Instructor:
Susan Ostertag, PT, DPT NCS
Email: susan.ostertag@umontana.edu
Office Location: 215A Skaggs
Office Hours: by appointment

Credits 6
Lecture Credits: 0  Lab Credits: 0

Course Meeting Times:
TBD

Course Descriptions: PT 589 is the second of three full-time clinical experiences. Students are typically placed in an area of practice that provides a different experience than what they had in PT 587.

Schedule: Students must compete 320 hours where assigned, typically over an eight (8) week period. Students are advised to determine their exact schedule with the SCCE and Ci(s). Students often match the schedule of their clinical instructor. Students must be prepared to adapt to changing schedules. If scheduling conflicts arise, the ADCE will assist in determining an appropriate schedule. Students have two (2) days excused absence. See student handbook for more information. Time spent in appropriate learning activities, such as shadowing other types of providers, doing clinic administrative work, etc., can count as hours.

Course pre-requisites: To enroll students must have successfully completed PT 582, PT 583, PT 587, and all UMPT coursework.

Course Objectives:
The student will demonstrate developing competence in each of the below competency categories. Each competency category below includes an expected level of correction/monitoring to be achieved by the end of the experience.

Example behaviors are described below but are not limited to those mentioned:
1. Professionalism: Includes behaviors expected of a professional health care provider by society, those within the profession and by your organization. (Includes: commitment to core values, patient centered care, ethical practice, legal practice, punctuality, appearance/dress, initiative, flexibility, etc.). 20% monitoring and/or correction.

2. Interpersonal Relations and Communication: Includes the ability to work collaboratively with people of diverse backgrounds; demonstration of appropriate verbal/non-verbal communication, constructive conflict management, sensitivity/respectfulness, open-mindedness – lacking in defensiveness; able to adjust to the situation and individual needs of others (culturally aware). 20% monitoring and/or correction.

3. Professional Development: Able to be intellectually curious, asking appropriate questions and self-directed in seeking new information and knowledge; open-- minded to other possibilities and ideas; reflective and able to assess strengths and deficits; responsive to feedback; takes initiative and is an active, engaged adult learner. 20% monitoring and/or correction.
4. **Examination**: Able to efficiently and accurately obtaining patient information/history via review of past medical records; patient interview; interview of others and conducting appropriate screening and specific tests and measures, all the while maintaining patient dignity and comfort; and use of appropriate outcomes data collection tools. **30% monitoring and/or correction.**

5. **Evaluation/Clinical Reasoning**: Able to make defensible, rational clinical judgments based on the information collected from the patient history, system review, tests and measures and other relevant sources, including outcomes data collection tools. Clinical judgments include the establishment of a diagnoses, prognoses, and plan of care. Able to recognize and manage biases (cognitive & affective) and other issues that can impact decision-making. Applies principles of evidence-based practice. **30% monitoring and/or correction.**

6. **Procedural Interventions**: Able to effectively apply various procedural interventions that are within the scope of practice of a physical therapist. **30% monitoring and/or correction.**

7. **Documentation**: Able to provide documentation of services in the format required that is comprehensible, complete and accurate; done in an efficient manner; abides by legal requirements. **30% monitoring and/or correction.**

8. **Teaching/Education**: Able to assess the learning needs of patients and other learners; delivering the needed information in the most appropriate format(s); and employing effective assessment strategies. **30% monitoring and/or correction.**

9. **Safety**: Able to provide a safe environment for patients, self and others. **20% monitoring and/or correction.**

10. **Administration and Management**: Able to supervise and guide of others; charging for services; time management, scheduling and productivity; marketing and promotional activities; equipment and supply management. **30% monitoring and/or correction.**

**Required Textbooks and Materials:**
- There are no required texts. Students should bring the appropriate course notes and texts that are relevant to their assigned practice setting and patient populations.

**Recommended Materials:**
- None

**Teaching Methods and Learning Experiences:**
Students will be assigned a primary Clinical Instructor. Students may also work with other PT clinical instructors on a formal and/or informal basis. As feasible, students should engage clinicians and students from other healthcare professions to expand their knowledge of roles and responsibilities, improve their ability to communicate across professions and to collaborate in team-based care. Students typically will learn primarily through observation of and discussion with their CI early in the clinical experience. Students typically progress to co-treatments and shared participation in the examination process. Eventually students assume more responsibility for patient care and other clinical responsibilities progressing from direct monitoring to more distant supervision. Responsibility and associated level of monitoring should be related to the complexity of the task and/or patient, as well as other considerations (please see supervision guidelines in the
PT student clinical education handbook). As the student engages in more complex learning activities, CI engagement should be adjusted upward. Students learn from sharing their self-assessments and clinical reasoning with their CI and listening to the CI feedback that should follow. Students are encouraged to use the weekly planning and key patient care planning forms. It is expected that students have CI and/or self-directed homework so they are prepared to carry out any patient care or other clinical responsibilities.

Below is an outline of the requirements to be completed in order to receive credit for this course. The student will:

A. Supply to the Administrative Associate for Clinical Education **proof of compliance of requirements** for the assigned clinical site prior to the first day of the clinical experience.

B. Supply to SCCE and CI **prior to finals week**:
   - Cover letter
   - Student Information Form – found on Acadaware
   - Pre-internship self-assessment – found on Acadaware
   - As appropriate, proof of compliance of clinical site’s requirements (medical records, insurance, background check information, etc)

C. Meet during the **first day** with the CI and/or SCCE for orientation and planning. Review and revise student goals as needed and clarify expectations, referring to the appropriate generic site objectives. The facility may have its own goals/expectations of the student. Review the PAS with CI.

D. Within the **first week**, email the Contact Information and Orientation form to the Administrative Associate for Clinical Education.

E. To assist with PAS self-assessment and professional growth, **maintain a clinic journal** that should include:
   - Description of patients seen
   - Description of developing key skills and knowledge.
   - Clinical Reasoning/Decision Making:
   - Make notations regarding how you and your CI go about clinical decision making and problem solving. What works and what doesn’t seem to work. Utilize the Key Patient Care Plan as needed
   - Clinical patterns for specific pathologies/diagnoses/problems.
   - Note what knowledge assisted you with decision making
   - Note what knowledge you need to acquire to improve your problem solving.
   - Make note of cognitive errors and use of analysis and synthesis.
   - Reflection on how you are progressing with your clinical internship.
   - Plans, reminders, goals, etc to help stay organized.

E. Use **Weekly Learning Plan** document or other appropriate form throughout internship to track your goals and communicate with CI.

F. Use the **Key Pt Care** Plan for clinical decision making at least once.
G. **Identify a patient case and complete a Case Report Summary Form** and other case study activities. Be in compliance with applicable laws and policies associated with patient protected health information.

I. **At mid-term of Clinical Experience:**
   - Complete a **mid-term PAS self-assessment** independently.
   - **Compare** your self-assessment with your CI’s PAS assessment. Be open to constructive feedback. **Make sure you and your CI SIGN OFF on these PAS assessments** at mid-term.
   - **Revise your behavioral objectives** for the second half of the internship with CI’s input.
   - **Complete and discuss** with your CI the Acadaware **mid-term assessment of your experience**, providing constructive feedback on teaching, supervision, etc.

J. **At end of Clinical Experience:**
   - **Complete a final PAS self-assessment** independently and share it with the CI.
   - **Review and discuss the final PAS assessment** done by the CI. Ensure that both of you sign off on the PAS.
   - **Complete a Clinical Experience and Instruction Form** found on Acadaware and share it with the CI.

K. **At the end of the Clinical Experience, the PAS goals are:**
   - Receives a score from the CI indicating no more than 30% monitoring and/or correction overall for the Global Rating.
   - Receives a score from the CI indicating no more than 20% monitoring and/or correction for Competency Categories #1-3, #9.
   - Receives a score from the CI indicating no more than 30% monitoring and/or correction for Competency Categories #4-8, #10.
   - Receives a final rating from the CI of “Strongly Disagree” or “Disagree” for the following question - In general, the student’s performance is appropriate for his/her level of education (Global Rating #2).
   - Receives any written or verbal comments/feedback that reflect significant concerns the student is not performing at a level expected.

**Course Grading:**

This course is a Credit/No Credit course unless otherwise arranged by the student prior to enrollment. The Performance Assessment and System (PAS) is the primary assessment tool. The ADCE assigned to the course is the individual who assigns the final grade after evaluating written and verbal feedback provided by the CI, SCCE, and student and from any other individual with direct knowledge of the student’s performance with regard to the current clinical experience. The ADCE will also consider the student’s entire academic and professionalism record and performance when determining the final grade. Please see the Student Handbook for more details.

The student will be automatically assessed for the need of remedial action, an extended experience, the awarding of a no-pass grade and/or the dismissal from the course if any of the following occurs:
1. Receives a score from the CI indicating a need of more than 30% monitoring and/or correction overall for the Global Rating.

2. Receives a score from the CI indicating a need of more than 20% monitoring and/or correction for Competency Categories #1-3, #9.

3. Receives a score from the CI indicating a need of more than 30% monitoring and/or correction for Competency Categories #4-8, #10.

4. Receives a final rating from the CI of “Strongly Disagree” or “Disagree” for the following question - In general, the student’s performance is appropriate for his/her level of education (Global Rating #2).

5. Receives any written or verbal comments/feedback that reflect significant concerns the student is not performing at a level expected.

The SCCE and/or CI, in consultation with the ADCE, may dismiss a student from their clinical if the student exhibits unsafe or unprofessional behavior or is not prepared to meet expected standards

Safe Clinical Practice:
Students are expected to demonstrate safe clinical practice at all times in order to be successful in this clinical experience. If you do not demonstrate safe clinical practice, you will be referred to the ADCE/Course Coordinator and PARC. Beyond the traditional definition of safety, this includes:

• Students are expected to demonstrate growth in clinical practice through application of knowledge and skills from previous courses.

• Students are expected to demonstrate growth in clinical practice as they progress through courses and to meet clinical expectations outlined in the clinical evaluation tool (PAS).

• Students are expected to prepare for clinical practice in order to provide safe, competent care.

Preparation expectations are detailed in this syllabus and dictated by your clinical instructor. If you are not meeting these expectations, your clinical instructor, SCCE, and/or ADCE/Course Coordinator will let you know. Repeated failure to meet expectations or egregious failures to meet the above expectations will be referred to the Clin Ed team and PARC for discussion of consequences which may include remediation, probation, suspension, or dismissal from the program. Any blatant disrespect of a patient, staff, fellow student, colleagues, etc means you may be dismissed for the day and consequences will be discussed with the Course Coordinator and PARC as necessary. For more details please refer to the Student Handbook.

Outline of Content:
Course content should include the 10 competency categories of the PAS and will be influenced by the general patient population of the assigned clinical site and setting and specific responsibilities that the CI assigns to the student.

Professional Behaviors:
Professional behaviors are expected in the course and are detailed in the DPT student handbook. Unprofessional conduct by a student when involved in school work, in and out of the department, may also be considered grounds for unsatisfactory progress in the program and is subject to review.
by the Professionalism and Academic Requirements Committee (PARC). Also, please refer to the "Generic Abilities" section in your student handbook.

**The School's Policy on Cellular Devices, Audio & Video recording:**

Cellular devices must be turned off and stowed during class. Use of a cellular device for class-related activities is permissible upon request of the instructor, but texting or web access use of the device in any communicative mode is prohibited unless otherwise permitted by an individual faculty member for his or her course. Audio or video recording of lectures or laboratory classes without written permission by the instructor or faculty member is strictly prohibited. Failure to abide by this policy is an infringement of copyrights afforded to faculty members and considered a violation of the University of Montana Student Conduct Code. Under certain circumstances (student missing class due to illness or other excused absence), faculty may choose to videotape their own classes for educational purposes. These recordings are the property of the faculty and must be returned to that faculty member. Students shall not copy or distribute the recordings.

**Attendance Policy:**

Students are allowed 2 excused absences during this 8-week clinical experience. If it is a personal reason and planned in advance, it should be coordinated with the CI for appropriate coverage of patients and other clinical duties. If the student is ill or has a personal/family emergency, the student is to notify the CI ASAP. These missed days do not need to be made up. However, if a student misses more than three days, they will need to coordinate with the ADCE and SCCE/CI to make up the missed days.

**Services for Students with Disability:**

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and Disability Services for Students. If you think you may have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or 406.243.2243. I will work with you and Disability Services to provide an appropriate modification. For more information, visit the Disability Services for Students website at [https://www.umt.edu/dss/](https://www.umt.edu/dss/).

**Academic Conduct:**

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. Any evidence of cheating or plagiarism will result in failure of the course. All students need to be familiar with the Student Conduct Code. The Code is available for review at [https://www.umt.edu/student-affairs/dean-of-students/default.php](https://www.umt.edu/student-affairs/dean-of-students/default.php).

**Schedule:**

TBD by Clinical Instructor with consultation with Course Coordinator as needed.