Primary Course Instructor:
Jennifer Jeffrey Bell, PT, ScD, COMT
Email: jennifer.bell@umontana.edu
Office Location: 215B Skaggs
Office Hours: Connect via email or phone to schedule meetings in person, on the phone or videoconference.

Credits 11
Lecture Credits: 0 Lab Credits: 0
Course Meeting Times: TBD

Course Description:
PT 680 Internship is the final full-time clinical experience and consists of 600 hours over 15-weeks, typically completed the spring semester of the student’s third year. Students work with the DCE to develop an appreciation of their professional goals and plan for an internship assignment that best prepares them for the transition to professional practice. Students are typically placed in one practice setting. Customized learning opportunities may be available dependent on the student’s needs and interests and availability, and interests of potential clinical sites. Placement in multiple-practice settings is a possibility. Students are also required to complete a special project, or case study that should be presented at their clinical site and as well as to faculty and students upon their return to campus. Student clinical placement assignments may be made through lottery or an application and interview process.

Course Prerequisites:
Enrollment is dependent on faculty approval and the student’s successful completion of all previous coursework. (See clinical education policies and procedures).

Course Objectives:
The student will demonstrate entry-level competence in each of the below competency categories. Entry-level competent is defined as “Student rarely if ever needs correction and monitoring (Between 5 – 0%). Mentoring and/or demonstration is typically associated with the unusual, complex patient and/or situation; student appropriately consults for guidance. Performance is competent overall and is consistent with entry-level practice expectations of your facility. Student would be appropriate to practice as a new clinician colleague.” 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.)

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).

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.

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.

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.

6. Procedural Interventions: Able to effectively apply various procedural interventions that are within the scope of practice of a physical therapist.

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.

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.

9. Safety: Able to provide a safe environment for patients, self and others.

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.

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 and PT students 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 internship. Students typically assume clinical responsibilities more quickly, progressing from the non-complex to more complex patients and tasks. As students progress, the level of direct supervision should also be adjusted downward (as applicable with state and federal laws) and the amount of correction is typically more infrequent. Responsibility and associated level of monitoring should be related to the complexity of the task and/or patient though, 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 are expected to self-assess more accurately and make the necessary changes in performance than in previous internships. Students are encouraged to use the weekly planning form and key patient care planning form. It is expected that
students engage in on-going preparatory studies (homework) that are primarily self-directed, so they are ready to carry out assigned clinical responsibilities. Student should seek feedback and responsibilities that allow a demonstration of entry-level performance as determined by an assessment of the quality, consistency and efficiency of the students work, and associated with the appropriate amount of supervision and guidance given the complexity of the task and/or patient.

**Methods of Student Evaluation:**
The student will:

A. Prior to starting the internship, provide documentation demonstrating that you have fulfilled any course and site requirements.

B. Send to CI/SCCE at least 4 weeks prior to internship:
   1. Cover letter
   2. Student Information Form on Acadaware
   3. Student Pre-Internship Self-Assessment Form on Acadaware
   4. Student PAS Initial Eval
   5. Any other required information, (medical records, proof of insurance, back ground check information, etc.)
   6. Ideas related to a special project.

C. Complete 600 hours where assigned.

D. Meet during the first day with the CI and/or SCCE
   1. Get oriented
   2. Go over goals, Performance Assessment System (PAS), student’s biographical information and pre-experience self-eval and PAS initial eval.
   3. Share Key Pt Planner and Weekly Learning Planner forms
   4. Make plans for feedback process

E. Email the DCE by the end of the second week plans/ideas for special project and any questions regarding the assignment.

F. Maintain a clinic journal that includes:
   1. Description of patients exposed to (de-identified).
   2. Identification of clinical patterns for specific pathologies/diagnoses/problems.
   3. Record of key skills or knowledge exposed to.
   4. Reflection on how you are progressing with your clinical internship.
   5. Plans, reminders, goals, etc. to help stay organized.

G. At mid-term:
   2. Review and discuss the PAS self-assessment and share and compare with CI assessment of your performance.
   3. Complete and discuss with your CI the mid-term evaluation of your experience (found in Acadaware).
   4. Revise your behavioral objectives for the second half of the internship with CI’s input.
5. If you haven’t already, inform the DCE of the title of your special project or case study. (see below for more information)

H. Arrange with CI or SCCE to present your special project or case study.

I. At end of Clinical Internship:
   2. Review and discuss the PAS self-assessment and share and compare with CI assessment of your performance.
   3. Complete all sections of the Final Student Evaluation of Experience (found on Acadaware) and share pdf version with the CI.
   4. Complete the Evaluation of CI (found on Acadaware). This is for internal use and not required to share with your CI.

J. At the end of the Clinical Internship the goals are:
   1. Have CI scores of “Entry-level” or better on each Competency Category.
   2. Have no concerns documented by the CI.
   3. Receive written or verbal comments from the CI or SCCE that reflect that the student has made appropriate progress, is performing at the expected level and is ready for clinical practice.
   4. Be prepared to present special project or case study upon return to campus.

PT 680 Assignment Options:

Students have 2 options to fulfill this requirement, a special project or case study. Students need to email the DCE their ideas by the end of the third week. Students are required to present their project to the staff at the clinical site. Students should provide their audience a feedback form. Students are also required to present their projects as a poster when they return for graduation. Students will be provided more information about the timing and requirements for this portion of the assignment.

A. Special Project: The nature of the project will be determined jointly by the student, clinical site, with input from DCE as needed. The project should meet an educational goal of the student and serve a practical purpose for the clinic. The scope and specific product of the project will be negotiated, but should be reasonable given the time frame and training of the student.

The student will be required to present the project in the form of a poster. The poster will include:
   • title
   • general description of the project
   • description of the process and time frames
   • description of how the outcome of the project may be utilized by the clinic
   • discussion of any limitations or problems associated with the project
   • reference list of resources used in completing the project.

Example projects include:
1. Developing a marketing plan for a certain patient population.
2. Creating manuals for certain clinical or administrative functions.
   - Wheel chair evaluation, fitting and ordering procedures.
   - Student clinical education policies and procedures – orientation, progression of responsibilities and activities, etc.
3. Creating or revising clinical pathways for certain patient populations
4. Establishing a proposal for a research project
5. Developing education materials
6. Developing an educational program for a patient population
7. Recommending and/or developing a clinical outcomes data collection process.

B. Case Study Requirement: If the student chooses to do a case study they are required to identify a case that they completed the initial examination, provided the majority or the interventions and have seen the case through until discharge. You need to abide by appropriate clinical site policy and laws in obtaining and copying any medical records. Release forms can be found in Acadaware documents.

Upon the completion of the internship, you will be required to present your case study in poster format. You may use the case study outline to help you get organized. The poster should include the following:

Part I: Clinical Information
   1. Introduction
   2. Summary of the pertinent PMH and patient interview.
   3. Summary of the tests and measures
   4. Summary of the Evaluation – including DX and POC
   5. Summary of the Interventions
   6. Summary of the Outcomes of the Case

Part II. Key Background Information - Evidence based practice.

This section should provide the reader with the essential evidence that supported your clinical decision making and delivery of physical therapy services. Include brief explanations of the key decisions and other important aspects of the case with the evidence you used to help you with your decision making. At least one PICO/CAT should be included. Include references.

Part III. – Reflections: This should include -

   1. Summarize the key elements of the case.
   2. Explain why or why not the expected outcomes were achieved.
   3. What you learned from the case.
   4. An identification of biases and the impact on the case they may have had.
   5. Where the inconsistencies were and how you sorted things out.
   6. What the major obstacles were and how you overcame them or why you did not.
   7. Take home message.

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 DCE assigned to the course is the individual who assigns the final grade after evaluating written and verbal feedback provided by the CI and student and from any other individual with direct knowledge of the student’s performance with regard to the current internship. The DCE will also consider the entire record and performance of the student. 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 lower than Level 5 range for Global Rating (Item #1); therefore, needing more than 5% monitoring and/or correction overall.
2. Receives a score from the CI lower than Level 5 range for any of the Competency Categories; therefore, needing more than 5% monitoring, guidance and/or correction.
3. 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).
4. Receives written or verbal comments from the CI or SCCE that reflect significant concerns the student is not performing at a level expected.
5. Fails to satisfactorily complete a case study or special project and present via poster at the end of the semester.

The SCCE and/or CI, in consultation with the DCE, 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 DCE/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 DCE/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. 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 in accordance with your clinical site’s policies. Use of a cellular device for patient-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.

Attendance/Remediation Policy:
Students are allowed 3 excused absences during this 15-week clinical experience. If it is a personal reason and planned in advanced, 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 DCE 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 http://life.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 http://www.umt.edu/vpsa/policies/student_conduct.php.

Schedule:
Students must complete 600 hours where assigned, typically over a fifteen (15) week period. With permission of the student’s SCCE and CI, students are allowed release time to attend APTA’s Combined Sections Meeting (CSM). Release time includes time for travel that is reasonable. Students are expected to share information gathered from CSM with their clinical site. 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 DCE will assist in determining an appropriate schedule. Students have three (3) days excused absence. See student handbook for more information.