

PT 589 - Clinical Experience II Site Objectives

These objectives are meant to provide generic guidance. Actual progression will be dependent on the judgment of the Clinical Instructor in consideration of student abilities and patients served.

Week 1-2

Emphasis in on orientation and establishing positive, productive relationships and accurate and appropriate expectations for the internship. *Student initially would require close monitoring for most patient care activities; student is primarily relying on being an active observer, initiating questions and discussing clinical rationales. Student would typically need intermittent to constant monitoring and guidance for all patient care activities; and receive formative feedback as needed.*

The student should:

1. Meet with SCCE and/or CI
 - a. Review objectives, and other information; share past experience, expectations, etc.
 - b. Be introduced to rest of the team.
2. Complete orientation to the facility and policy and procedures (documentation, risk management, safety, tour, etc.).
3. Shadow CI to become familiar with the patients and procedures.
 - a. Share your ideas on assessment of patients (diagnosis, treatment plan, etc.).
 - b. Request to participate in interventions with non-complicated patients and close monitoring and correction provided by CI.
4. As time progresses - with non-complicated patients and with close monitoring provided by CI.
 - a. Begin to assist the CI in examination procedures including patient interview and test and measures.
5. Demonstrate safety (pt and self), professional communications and demeanor with some monitoring from CI.
6. Complete daily notes on select, non-complicated patients with monitoring as needed from CI.
7. During the second week, complete an initial examination/evaluation on non-complicated patients with close monitoring and correction as needed from the CI.
 - a. Synthesize available data on a patient/client with a simple diagnosis to include impairments, activity limitations, and participation restrictions.
 - b. Integrate the examination findings to diagnostically classify the pt and discuss with CI.
 - c. Prioritize impairments to determine a specific dysfunction towards which the intervention will be directed.
8. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.
9. Review your performance for the week and exchange feedback with CI regarding level of monitoring, teaching methods, plan for next week, etc. (This is on-going for the entire duration of the internship)
10. At the end of 2nd week, in general:
 - a. Require monitoring and/or correction no more than 75% of the time managing patients with simple conditions, and up to 100% of the time managing patients with complex conditions.
 - b. Demonstrate consistency with basic tasks (e.g., medical record review, goniometry, muscle testing, and basic interventions).

A sample of other activities a student may engage in includes:

1. Participating in determining patient scheduling.
2. Ensuring patient safety.
3. Participate in discharge planning, including ordering of patient equipment.
4. Attend patient conferences with CI.
5. Work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.

Week 3-4

The student should be familiar with facility, general policies and procedures and personnel. It is expected that student is becoming more efficient and consistent at basic tasks and eager to share their own clinical reasoning. Student is consistently requesting and assuming patient care responsibilities with non-complicated patients and routine administrative tasks and beginning to participate in more complex patient management activities.

The student should:

1. Schedule PAS mid-term review for end of 4th week.
2. Continue to conduct initial examinations/evaluations on non-complicated patients with monitoring from the CI. Less correction needed for accuracy and completeness; plus, efficiency is improving.
3. Increase participation in the examination and evaluation of more complicated patients.
4. Assess effectiveness and make adjustments with interventions concerning on-going, non-complicated patients with some assistance from CI.
5. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with assistance from CI.
6. Actively seek feedback with and demonstrate safety (pt and self), professional communications and demeanor with little monitoring needed from CI.
7. Write measurable, functional goals that are time referenced with assistance from CI.
8. Prepare for patient conferencing and or/progress report writing with assistance from CI.
9. Share evidence they are researching that supports clinical decision making.
10. Take initiative with patient scheduling and other administrative responsibilities with considerable assistance from CI.
11. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.

Midterm

1. Student and CI will individually complete the PAS and review assessments together.
 - a. In general, the Student should typically require monitoring, and/or correction no more than 50% of the time from CI on non-complicated patients and no more than 75% of the time managing patients and tasks with complex conditions; and be capable of managing approximately 25% of a full-time, entry-level PT case load.
 - b. In general, the student should typically require monitoring and/or correction no more than 40% of the time in professionalism, interpersonal communication/relations, and professional behavior.
 - c. Student should propose specific short-term goals and collaborate with CI in order to remedy any instances where they have not met expectations.
 - d. Student should perform a self-evaluation of Generic Abilities and discuss with CI (or DCE if appropriate) if any problems are noted in performance.

- e. Readjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria that the student had no learning/assessment opportunities.
2. Student will complete midterm assessment of Student Evaluation of Clinical Instruction (in EXXAT) and share with the CI feedback regarding level of supervision, teaching methods, etc.

Week 5-6

The student should be demonstrating more confidence, taking initiative in identifying appropriate learning activities and consistently self-assessing.

The student should:

1. Continue to complete evaluations on non-complicated patients with minimal assistance from CI.
2. Select, administer, and evaluate valid and reliable outcome measures to assess patient function.
3. More consistently cite the evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with less feedback from CI.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no monitoring from CI.
6. Document progress notes and initial evaluations with increasing efficiency and decreasing need of feedback from CI.
7. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient's situation with some monitoring from CI.
8. Student to collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge and discontinuation of service and transfer of care.
9. Present patient during care conference or writes up progress reports with diminishing feedback needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with infrequent assistance from CI.
11. At the end of 6th week, in general:
 - a. Require monitoring and/or correction 50% of the time managing the patient population.
 - b. Demonstrate more consistency with proficiency of basic tasks (e.g., medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
 - c. Be capable of managing approximately 50% of a full-time, entry-level PT case load.

Week 7-8

Student is efficient and skilled with basic tasks and requires only occasional monitoring for performing skilled examinations, interventions, and clinical reasoning.

The student should:

1. Continue to complete evaluations on non-complicated patients with little assistance from CI.
2. Select, administer, and evaluate valid and reliable outcome measures to assess patient function.
3. Consistently cite the evidence and other plausible rationales to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with minimal feedback from CI.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no correction from CI.
6. Document progress notes and initial evaluations with good efficiency and minimal feedback from CI.
7. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient's situation with little monitoring from CI.
8. Student to take the lead with patient discharge responsibilities.
9. Present patient during care conference or writes up progress reports with little feedback needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed monitoring from CI.
11. At the end of 8th week, in general:
 - a. Require clinical monitoring and/or correction 25% of the time managing the patient population.
 - b. Be capable of managing 75% of a full-time, entry-level PT case load.
12. Complete Final Self Performance Assessment and Final Student Experience Evaluation form found on EXXAT and review with CI.

By the end of week 8 in general, the student requires monitoring and/or correction no more than 30% of the time with clinical skills competency categories and 20% of the time with professionalism and safety competency categories. Student should be engaging in activities represented in all 10 competency categories as appropriate for the clinical setting.

Final Evaluation

1. Student should be able to accurately self-assess using the PAS and receive constructive feedback from CI (Professional Development).
2. Student should share constructive feedback on their experience with CI using the EXXAT Final experience assessment form on supervision, teaching methods etc. (Communication).