

PT 743 CLINICAL PRACTICUM IV SYLLABUS

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**MEDICAL UNIVERSITY OF SOUTH CAROLINA
COLLEGE OF HEALTH PROFESSIONS
DEPARTMENT OF HEALTH PROFESSIONS
DIVISION OF PHYSICAL THERAPY**

COURSE SYLLABUS

COURSE INFORMATION

COURSE :	Clinical Practicum IV
COURSE NUMBER:	PT- 743
COURSE CREDIT:	12 semester hours
CONTACT HOURS:	40 hours per week for 12 weeks (approximately 480 hours)
COURSE PLACEMENT:	Spring semester, third year
COURSE TIME/PLACE:	At assigned clinical facility; variable hours of operation

COURSE COORDINATOR:

Ashley Bondurant, PT, DPT, M.Ed.
bonduraa@musc.edu

FACULTY INSTRUCTOR

TBD

COURSE DESCRIPTION

Located in the final semester of the program, this course is designed to build on skills learned in the first three clinical experiences by providing students with community-based opportunities to provide physical therapy and health care services actualizing skills and knowledge acquired in the previous eight semesters of the curriculum. This course will provide in-depth exposure and hands-on experience in the clinical setting. Students may have the opportunity to develop areas of special interest, such as pediatrics in the school system, neurorehabilitation, hand therapy, burns, or sports medicine. The clinical sites will include acute care medical centers, subacute centers, home health agencies, outpatient clinics and specialized practice centers. Students participate in supervised clinical practice on a full-time basis in a twelve-week assignment. Under the guidance of a licensed clinical faculty, the four full-time experiences are designed to foster integration, application, synthesis, expansion and modification of didactic learning in the development of clinical competence of at least entry-level performance. The cumulative outcome of the clinical experiences should represent practice patterns that range in conditions from acute to chronic and across the lifespan. This clinical experience is important to the development of patient care, teaching, administrative and consultative skills in coursework completed.

COURSE OBJECTIVES

The primary goal of this practicum experience is to participate in all aspects of patient/client management demonstrating progress toward entry-level competence. At the completion of this course, the student should be able to:

1. Apply didactic knowledge and skills to physical therapy examination and intervention in supervised clinical settings. (7D10, 7D11,7D17, 7D18, 7D19, 7D27)
2. Integrate principles and concepts of basic, social and clinical sciences to appropriate physical therapy examination and intervention. (7D10, 7D11,7D17, 7D18, 7D19, 7D27)
3. Safely and efficiently plan and perform physical therapy examination and intervention to individuals assigned by the clinical instructor. (7D10, 7D11,7D17, 7D18, 7D19, 7D27)
4. Consistently demonstrate professional behaviors such as responsibility, ethical behavior, initiative and flexibility. (7D1, 7D2, 7D3, 7D4, 7D5, 7D6)
5. Consistently adhere to the clinical department schedules, policies and procedures. (7D28,7D32, 7D33, 7D34,7D42)
6. Consistently demonstrate communication and social interaction behaviors that are effective and appropriate for a health care professional. (7D7, 7D29)
7. Recognize and demonstrate adherence with all legal standards. (7D1, 7D43)
8. Formulate a preliminary plan for evaluation of assigned patients based on information obtained from patient records, colleagues, the patient and care givers. (7D17, 7D20)
9. Demonstrate respect for privacy and dignity of patients on a consistent basis. (7D8)
10. Establish a rapport with the patient during the initial treatment to effectively accomplish the goals of treatment for assigned patients. (7D7, 7D12)
11. Select relevant components to evaluate and the appropriate standardized tests to perform given a specific patient population. (7D19)
12. Demonstrate competence in performing examinations of individuals with orthopedic, cardiopulmonary and/or pulmonary medical diagnosis as determined in collaboration with the clinical supervisor. (7D19)
13. Develop an evaluation, prognosis and priority for physical therapy interventions through analysis of assessment of data. (7D20, 7D22)
14. Design a physical therapy plan of care, which demonstrates comprehension of the patient's educational level, socioeconomic status, age, vocation needs and goals. (7D23, 7D24)
15. Initiate a treatment appropriate to the physical therapy plan of care and current patient status. (7D27)
16. Critique the effectiveness of the PT interventions and suggest changes as indicated. (7D27, 7D30)
17. Design a home program that is consistent with the individual patient's physical and emotional needs and compatible with his environment and lifestyle. (7D20, 7D27)
18. Select a variety of treatment techniques to address specific treatment goals that are appropriate to the physical therapy plan of care and patient variables. (7D20, 7D27)
19. Demonstrate timely and thorough documentation of evaluations, progress notes, and discharge summaries as assigned by the clinical instructor. (7D32, 7D37)
20. Design a program of health promotion for the patient and his family as appropriate for the patient's needs. (7D34)
21. Recognize indications for consultation with or referral to other health care providers as appropriate to the needs of the patient and the plan of care. (7D16, 7D24)
22. Discuss the importance of patient and caregiver education and demonstrate appropriate education strategies. (7D12, 7D25, 7D27)

23. Demonstrate initiative in clinical practice by developing strategies and opportunities for learning. (7D15)
24. Accurately self-assess clinical performance so that the assessment is congruent with the assessment of the clinical instructor.
25. Critique outcome researches relevant to patients discussed and apply this research in clinical practice. (7D9)
26. Participate in the development, implementation or evaluation of programs designed to insure quality clinical care. (7D38, 7D43)
27. Demonstrate progress toward attainment of entry level competence by continuous improvement in clinical skills as noted on the visual analog scale and clinical instructor comments. (7D)
28. Independently identify and locate the resources necessary for clinical decision making to prepare for continued professional growth. (7D15)
29. Identify and discriminate primary sources of dysfunction and impairment in a range of patients, e.g., simple to complex patient problems and/or multiple diagnoses. (7D21)
30. Make independent and accurate clinical judgments in establishing a diagnosis and prognosis, and in the implementation of the treatment program. (7D10, 7D11, 7D20)
31. Independently explore physical therapy treatments and procedures and discuss with the clinical instructor the efficacy of including such interventions in the plan. (7D10, 7D11, 7D20)
32. Demonstrate entry level competence in all physical therapy examination and evaluation activities identified in the patient/client management model of the Guide to Physical Therapist Practice. (7D11, 7D16, 7D20)
33. Demonstrate entry level competence in all intervention activities identified in the patient/client management model of the Guide to Physical Therapist Practice. (7D27)

CORE REQUIREMENTS

1. Demonstrated consistent, entry-level performance in all eighteen (18) performance criteria (unless a specialty area where entry level is not expected or reasonable in the given time frame for the practical. The red-flag performance criteria are considered foundational and related behaviors should be inherent to the student, with clinical instructors only noting if the behaviors are inappropriate or insufficient. If no deficiencies are noted, it is assumed the student is demonstrating appropriate entry-level performance.
2. Advance in all eighteen (18) criteria as compared to earlier clinic practicum experience. Advancement might be in the context of patient volume, patient acuity and/or patient complexity
3. Operationalization of internal schemata for administration of patient/client evaluations typical of the facility evidenced by organization in administration of patient/client evaluations.
4. Proficiency in basic patient care skills, respective of the facility.
5. Proficiency in patient/client interventions that were repeated throughout the experience.
6. Productivity in patient/client management as specified by student/CI established practicum goals. Entry-level productivity may become a reasonable outcome in this experience, dependent upon the student's prior and future assignments for practicums. Entry-level productivity is reasonable in settings where patient/client mix and acuity is somewhat predictable.
7. Completion of required documentation at least one month prior to clinical assignment
8. Regular attendance at clinical facility
9. Return of completed student information card
10. Completion of the midterm assessment
11. Successful documented progress in the "PT Clinical Performance Instrument"

12. Return of completed student evaluation of clinical experience and clinical instruction forms
13. Completion of Interprofessional Tracking Form
14. Completion of Wound Care assignment (on inpatient practicum PT 741, 742 or 743)

INSTRUCTIONAL STRATEGIES

The student and clinical instructor will design student learning activities based on student goals and objectives, student clinical performance and unique learning opportunities of the facility.

The clinical education process is a coordination of communication and activity among the academic instruction, the clinic facility and the student; therefore each clinical practicum situation is unique. In all cases, students are expected to be involved in direct patient care via involvement in multiple aspects of physical therapy patient client management.

Teaching methods include, but are not limited to: actual, supervised patient care delivery, simulated patient care delivery, structured and unstructured observation experiences, research, patient case presentations, formal in-service presentations, rounds, patient care conferences, formative evaluation meetings, self-evaluations and summative evaluation meetings, etc. The ratio of students to clinical instructors is pre-determined by the facility and the Director of Clinical Education (DCE). Generally, the ratio is either 1:1 or 2:1. In cases of 2:1 student to clinical instructor situations, peer-teaching learning activities will also guide the learning process.

For purposes of determining the final course grade, the *APTA Clinical Performance Instrument* form will be used to record, measure and interpret student performance. Formal, summative evaluations of student performance will be conducted at midterm and at the conclusion of the clinical practicum experience via the clinical instructor. In addition, communication from academic faculty with the student and the clinical instructor during the clinical practicum experience will augment the clinical instructor/student written evaluation process.

EVALUATION / GRADING SCALE

The Division of Physical therapy adheres to the Medical of University of South Carolina grading system which can be accessed at:

<https://musc.policytech.com/docview/?docid=4043&public=true>

The student clinical performance is documented using the Clinical Performance Instrument of the American Physical Therapy Association. Students are expected to demonstrate appropriate behaviors consistently on “red flag “items. The Clinical Performance Instrument (CPI) documentation and mid-term comments of the student and clinical instructor will be the primary sources for assessment of student progress and proficiency in clinical practice. The CPI should be completed by the CI and the student at mid-term and again at the end of the practicum. These should be discussed at both midterm and final and sign off in order for the DCE to review. The course is a pass/fail course. The clinical instructor and the Site Coordinator of Clinical Education will assess student competence. The academic institution will determine appropriate action for students that are not at the appropriate level of competency at the end of the ten weeks.

Satisfactory performance for a passing grade on Clinical Practicum IV must include:

- Mid-term comments indicate satisfactory level of performance and no concerns were brought to the attention of the DCE during the weeks following the mid-term.
- No red flag items are identified as areas of concern.
- Final performance is at a minimum of entry level clinical performance.
- Written comments on CPI do not indicate significant areas of concern.

- Successful completion of all “Core Requirements”

A pass grade will **not** be assigned by the DCE if any combination of the following occurs:

- Regression or no progress from mid-term to final evaluation in the performance criteria noted.
- Concerns about any red flag behavior is brought to the attention of the DCE prior to the final evaluation and not resolved by the completion of the rotation.
- Comments and anecdotal information on the CPI are accompanied by a suggestion of extended time by the CI.

Any concerns will be discussed with the student. Any unsatisfactory student evaluations will result in an individualized educational plan for the student determined by the DCE and Program Director with input from the program faculty.

Remediation: The options available to remediate with a passing grade, include, but are not limited to:

1. Additional time at that facility.
2. An additional clinical assignment of an appropriate length.
3. A successful remedial program followed by another clinical assignment of appropriate length.

A passing grade will be reported when all requirements of the individualized remediation plan are met.

TEXTS

COURSE SCHEDULE

Per facility

E-VALUE STATEMENT

It is a requirement of the Medical University and the College of Health Professions that each student complete an on-line evaluation of this course. An e-mail will be sent to your MUSC e-mail account prior to the end of the course providing you with a link to the on-line course evaluation. The evaluation is short and should only take a few minutes of your time. We expect your participation as a mechanism to ensure that we continue to improve the educational quality of every course and program in the College of Health Professions. We appreciate your efforts to keep all comments constructive and professional. *Please be assured that all student input is completely confidential.* There is no mechanism to track comments or scores back to a particular student. Faculty and program directors will only receive a summary of the scores and a summary of the typed comments.

ADDITIONAL RESOURCES AND INFORMATION

PROFESSIONALISM AND STANDARDS OF CONDUCT FOR STUDENTS

Ethical, professional behavior promotes trust in the health care and research professions, respect of others, and high standards of service. MUSC Policy on Professionalism and Standards of Conduct for Students identifies the expectations for student behavior and serves as the framework for the professional growth of our future biomedical scientists and healthcare providers. Students are expected to demonstrate the values of compassion, collaboration, respect, integrity, and innovation set forth by the MUSC enterprise.

The Division of Physical Therapy monitors each student's professional conduct, both in academic courses and clinical practical. The Division process, along with the University Policy on Professionalism **Standards of Conduct for Students** (<https://musc.policytech.com/docview/?docid=14493&public=true>) are intended to assure expectations of behaviors are clearly communicated and supported.

Reporting: Students may submit complaints of unprofessional conduct via letter to the Division Director (either signed or unsigned) with details of the alleged concern as well as any materials which may be needed for an investigation into the concern. The concern will be brought forward to members of the Division Professional Development Committee to discuss, document and decide on any needed investigations.

Professionalism issues may be considered concurrently with academic progress and performance issues. The standard of Professionalism is expected to be upheld throughout the duration of the students tenure at MUSC as well as for their career. Thus, the students entire professionalism history may be considered relative to an alleged violation.

CENTER FOR ACADEMIC EXCELLENCE (CAE)

- CAE is free of charge and provides opportunities to improve your learning strategies.
- The CAE is available to assist you with time management, study skills, test-taking, writing, and tutoring.
- Using the CAE has no effect on your course grades.

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

- CAPS is free of charge to all MUSC students and provides opportunities for personal growth.
- For example, if you are troubled, worried, losing sleep, having trouble concentrating in class, getting low grades, depressed, having interpersonal difficulties at home or at school, misusing alcohol or other substances, please consult CAPS.
- Your accessing CAPS services does not affect your course grades.

ACADEMIC HONESTY

- Academic misconduct guidelines and the Honor Code are firmly upheld.
- Students are referred to the *Academic Dishonesty Guidelines* in the Student Policies and Procedures Handbook, and the *Honor Code* on the MUSC website: <http://www.musc.edu/honorcode>.
- Plagiarism—involves using the ideas or words of others without attribution—merely changing a word or two in someone else's sentence *is paraphrase plagiarism*; lifting a phrase of four words or more without using quotations and a citation is *verbatim plagiarism*. When using terms, phrases, or ideas of other writers, you are required to use quotation marks and full citations (author, year, and page number).
- A finding of academic dishonesty by the Honor Council can be grounds for probation or dismissal from the University.

CLASS POLICIES

- Class attendance and participation are expected of graduate students in the health professions. Your grade may be penalized for lack of attendance, lack of participation, late arrival to class, late submission of assignments, or other unprofessional behavior up to \pm (plus or minus) 10% of the final course grade.

- Please notify respective course faculty, prior to class, either by email or voice mail if you are unable to attend a class session or cannot complete an assignment on time because of illness or other emergency. If you are absent, you may be asked to provide appropriate documentation for your absence (e.g. doctor's note, funeral notice).
- Cell phones are *not permitted* during class times.

DRESS CODE

- Students are expected to dress *appropriately* at all times. Refer to Student Handbook for details.
- Low-slung jeans, bare midriffs, low-cut blouses and the like are not acceptable at any time.
- Students should not wear hats in class. Shirt tails should be tucked in, and students should have a neat appearance during class and program related activities and events.

EMAIL ETIQUETTE

Email etiquette goes a long way to 1) get the attention of your reader, 2) convey professional courtesy, and 3) set the tone for future conversations.

- Greet the person, and sign off with your name;
- Be polite and constructive;
- Don't "vent" or argue in an email message, it will not serve you well.

CONTACT US

Your Course Coordinator or Faculty Advisor. *This is your first step.*

Mrs. Susan Johnson, Student Services Coordinator, 2-5377 or johnsoss@muscd.edu. Ms. Johnson is our departmental registrar; she maintains your official grade records, registers you for courses, etc.

Dr. Sara Kraft, Division Director, Physical Therapy, kraftsv@muscd.edu