

When do I begin the selection process for each clinical internship?

The process begins at different times for each internship. In general, you will be able to begin decision making approximately six months prior to the shorter internships and up to one year prior to the longer (third year) internships. The exact timelines for each internship can be found elsewhere in the Clinical Education Manual.

How are assignments made?

We use a software program called Acadaware to manage our internship assignments. Students are able to access a list of all available internships and can search for internships based on location or setting. After review of the site information and consultation with the ACCE or Assistant ACCE, students enter their top ten preferred placement selections into Acadaware. The system then utilizes a matching process which takes into consideration the requirements for setting variety and previous placements when making assignments. Placements are reviewed by the ACCE and Assistant ACCE for appropriateness and fairness.

Students are encouraged to regard the clinical internships as a unique opportunity to expand their education and perhaps try some aspects of physical therapy of which they are unsure. Similarly, some students are discouraged from choosing sites if it is felt that their learning styles or needs are incompatible with that of the facility. If the student has any doubts about a particular facility or practice area, he/she is encouraged to visit the site before the internship. The ACCE reserves ultimate control over the assignment process.

To make the process most fair, the first selection process is completely randomized. Subsequent selections follow a scoring system which gives higher priority to those students who received a placement lower on their list. This point system is as follows:

- *List points* = points are awarded based on selection number (e.g. 4 points are awarded if the student is assigned to his/her 4th choice as indicated on Top Ten List). **Note:** extra points are not awarded if students select sites that are not actually available.
- 5 points awarded for an out-of-town internship
- 5 points awarded for a site cancellation

What are my chances of getting what I want?

Typically, about half of the class receives their first choice and many others receive their second choice; this of course varies depending on the popularity of sites. Historically, class cooperation, collegiality and mutual respect have made this a smooth undertaking.

Placing forty-two students in forty-two different rotations means that not every student will receive their top choice, particularly if their preferences tend to be for more popular sites. The clinical selection process and point system provides the greatest amount of fairness possible, but it is possible (although unlikely) that some students will not receive at least one of their top choices throughout their internship experiences.

Students are reminded that most physical therapy schools do not provide the privilege of this high amount of student input in the assignment process and this privilege may be revoked by the faculty at any time if the privilege is abused or the process becomes too cumbersome for the

School. The faculty ultimately reserves the right to assign students to particular internships to best meet the needs of all parties concerned.

Why can't I do an internship wherever I want?

Establishing an internship agreement with a site is a contractual agreement which is not entered into lightly on the part of sites or Pacific University. This process takes a long time, typically many months, and requires input and effort from many different people. The required resources are too extensive to establish sites for each individual student. However, students are encouraged to nominate sites that would be willing to commit to taking additional students in the future. See *New Site Nomination Guidelines* for further information.

Can I change an assignment?

Students may make changes after the preliminary internship list has been posted and are typically given a week to do so before the list is finalized. School policy has traditionally been that once the internship list has been finalized, no changes are permitted except those necessitated by cancellations or other unforeseen reasons, as determined by the ACCE and/or faculty. This has recently been relaxed somewhat, and students are now allowed to make changes after the list has been finalized if they make a direct switch with another student. In general, it is not appropriate for a student to ask for a change in assignment outside of this policy for reasons of personal convenience. However, in extreme cases, students may request an exception to this policy by making a written appeal to the Director. Written requests for a change in clinic assignment should clearly outline the reason(s) for the request and will be considered on a case-by-case basis by a committee comprised of the Director (who will serve in a non-voting capacity), the ACCE, the Assistant ACCE, and one member of the PT faculty selected by the petitioner.

What happens if I don't get a placement?

There is no need to panic. Because there are a limited number of site placements for students, after each selection process there are a few students who do not have clinical placements after the initial placement decisions have been made; this is not uncommon or unanticipated. Students who have not received an initial placement will be informed of this and are then encouraged to look at the list of remaining available sites and provide their preferences to the ACCE.

The clinical education team understands the importance of clinical rotations and the School's requirement of completion in order to graduate. To date, no student has failed to graduate as a result of not receiving a clinical placement.

Do I have to go out of town for any of my internships even though I would rather not?

Yes. The School's policy is that each student is required to do at least one out-of-town internship. The intent of this policy is twofold: first, it distributes the hardship of out-of-town travel among the class as fairly as possible. Second, it facilitates the process of understanding how PT is practiced differently in different geographic areas. A viable option for students who need to stay close to Portland is to choose an internship that is considered out-of-town, but is within commutable distance (Salem, for example).

Why can't we make selections any earlier?

Because we comply with the Uniform Mailing Dates advocated by the Clinical Education Special Interest Group of the APTA. Under this voluntary guideline, all physical therapy schools are supposed to mail out requests for clinical slots for the following calendar year by the middle

of March; CCCEs in turn are supposed to return their commitment forms by the middle of April. Thus, we do not know for certain which sites will be available until mid-April or a little later. The intent of this guideline is to increase the efficiency and decrease the chaos of the entire process for everyone involved.

Why don't we have more clinical rotations to choose from?

Pacific University has internship agreements with over 300 sites, but these sites voluntarily offer rotations to our students; they are not required to do so. As such, sites are able to decide when a clinical rotation will work best for their practice with regard to staffing, facility size, students from other schools, etc. Sites are also able to state their preference regarding where a student is in his/her education. Many sites feel that only third-year students are appropriate to do a rotation in their setting and thus only offer spots to third-year students while others will only accept students in their first or second rotation. Some sites also have a limit to the number of students they will take per year as well as how many students they will have doing a rotation at a particular time. Thus, Pacific does not have 300 *rotations* available to choose from for each internship.

Additionally, many clinical sites also have agreements with other schools and we must compete for these available spots. This is why the Clinical Selections process occurs so early, to provide Pacific students with the greatest amount of choice. Pacific and other schools follow the APTA's timeline for contacting schools which helps establish fairness regarding affiliation requests, so contacting sites earlier is not an option.

Many sites which are contracted with multiple schools are changing their commitment to first come, first served (FCFS) and provide internships to the school that first express interest. To make this as fair as possible, Pacific and other schools follow the timeline set forth by APTA regarding when internship requests are sent. Pacific will request that rotation once we have a student who is willing to commit to going there.

Why can't Pacific just have all FCFS sites commit to us? Or just request FCFS sites up front even if a student isn't committed yet?

Sites determine whether or not they want to commit to taking a student; we are unable to force them to do so. Sites also determine whether or not they would like FCFS status and we cannot force them to change this. Each year, more sites choose to seek FCFS status which makes internship coordinating clinical rotations more difficult, but the clinical education team is continually adapting as quickly and as best we are able to these changes.

Pacific will not request a FCFS site unless a student is committed to going there. This does not mean that student is guaranteed to go there, but *some Pacific student will attend any and all FCFS requested sites unless the site cancels.* Just as Pacific students cannot graduate without doing their clinical rotations, students from other schools cannot graduate without their clinical rotations. Pacific's FCFS policy avoids having any sites that we have reserved from going unused.

Can I specialize by doing all or most of my internships in one practice area?

Integral to the Mission of the School of Physical Therapy is the notion of producing *generalists*. This is consistent with the position of the APTA. Students are thus required to affiliate in at least three different broad areas of physical therapy practice (acute care, rehabilitation, outpatient orthopedics, pediatrics, and geriatrics) during their final four internships, and students must have

an internship in an inpatient setting during one of their five internships. Students should be aware that the APTA has recognized different residency programs in a variety of clinical practice areas, which can be completed after graduation from an entry-level physical therapy program.

If I do an internship that includes a combination of settings, how does this count toward my variety requirement?

If you spend 70% or more of your time in one setting, the internship will be counted as that setting. If you spend less than 70% of your time in one setting and the rest of the time in another, then you get credit for the percentage of time spent in each setting. For example, many rural hospitals offer outpatient orthopedic internships with a small amount of acute care. If you spend four days doing outpatient orthopedics (80% of your time) and one day doing acute care (20%), the internship will count as an outpatient orthopedic experience. You could still do two separate acute care internships in addition to this and meet your variety requirement, even though you spent some time in acute care. However, if you spend three days in outpatient orthopedics (60%) and two days in acute care (40%), the internship would be counted as 60% orthopedics and 40% acute. Therefore, you could do one more full time acute care internship and one acute/other setting combo, but you could not do two more full time acute care internships.

Is it possible to set up a clinical affiliation with a site that is not currently taking Pacific students?

Yes. The ACCE is constantly exploring facilities that will provide high quality clinical education, especially in settings and geographic areas in high demand. Students are allowed to nominate sites for consideration. A special effort has been made at raising the number of non-outpatient orthopedic types of experiences, as these have been in shortest supply, and many of the internship sites that have been added over the years have been brought to the attention of the ACCE by students.

Site nominations must be made between January 1 and March 31 because this is when the Assistant ACCE has available time to work on new site development. It is likely that the process will not be fully completed, but nominations should be received during this time frame. Some exceptions to this policy may take place, but these exceptions will be rare and consideration is at the sole discretion of the ACCE and Assistant ACCE.

How do I nominate a new site?

There is a formal review process that occurs in establishing a new clinical site. It often can take months to complete necessary accreditation documentation and contract negotiations. We will not place an intern at a facility prior to finalization of all necessary paperwork. Furthermore, a new clinic is not added simply because it is in an intern's hometown or that he/she would like to work there upon graduation. The cost associated with establishing new sites, especially distant ones, must also be strongly considered.

Why can I not intern in a department where I previously worked, or intern with a CI who supervised me as a volunteer?

The purpose of this limitation is to eliminate any possible bias or diminished objectivity that could occur during a clinical internship. In other words, a CI that knows you in another capacity may not be able to accurately evaluate your performance as an physical therapist intern. It has been well documented that either the "halo-effect" or "reverse halo-effect" can undermine objectivity. We realize that there may be individual exceptions to this tendency, but the mere fact

that the *potential* for such an occurrence exists is reason enough for the policy. Although not all-inclusive, other examples include clinics where a close friend or family member works, or interning with a person that wrote your recommendation for PT School.

Why do I have to pay full tuition when I am on clinical internships even though I might even be generating income for the site?

This question can best be answered by first considering that it takes a certain amount of money to provide your professional education. For illustrative purposes, let us pretend that your three years of PT school costs \$3000 total (you wish!); this is the amount needed to pay for faculty and staff salaries, guest speakers, supplies, instruments, equipment and maintenance, clinical education workshops, utilities, etc. *for all three years*. Now no one can argue that during your internships, especially the third year, that the *actual cost* of providing you that clinical education is substantially less than when you are in the academic portion; this is because your clinical instructors are unsalaried (by the School), you are off-campus, and you are not directly using any School resources. Returning now to our bargain \$3000 total cost, assume that instead of costing \$1000 for your third year (*average cost* per year), it actually costs only \$200. We could thus base our tuition and fees on this actual cost and only charge you \$200 for the third year. This might provide the illusion of being a good thing; in fact, upon closer examination, it may not be. Since we still need \$3000 total, we would have an \$800 shortfall unless we “front-loaded” the first two years. Some professional schools may operate in this fashion. In our case, this would mean that you would pay an average of \$1400 each for the first two years. Pacific University has chosen instead to average or amortize the total cost over three years. From a student loan perspective, this may be desirable. This is because (to use our example again) you would be paying more interest on a higher principal balance (\$2800 vs. \$2000) over the two-year period.

Can I work at my regular job during my clinical?

Probably not. You are expected to work whatever days and hours are required by the facility. While we can very much appreciate the need for you to earn money, we also emphasize that your internship will take first priority if a conflict arises between your internship and your work schedule. It would not be appropriate to declare to your CI/CCCE that you cannot work their schedule because of your job. This has occurred in the past and made for strained relations, both with the involved students and with the facilities. Remember to always be sensitive and flexible should you request accommodations from your clinical site for your job (or any other reason, for that matter).

The syllabus says we get 4 days off during the last 3 internships. Can I use these days to take a trip, attend a wedding, go to a family reunion, visit my significant other, work on my research, or catch up on my sleep?

No. These days are provided to help you out in rare circumstances of illness or emergency ONLY- they are not considered vacation days. The expectation is that you will attend your clinical for at least 40 hours per week. If you need a day off for some reason, this should be worked out with the facility in advance and then made up, on an hour-for-hour basis, either at the completion of the clinical, on weekends, or by working longer hours if the facility permits this.

What should I do during a clinical internship if I am not getting along with my clinical instructor or I do not seem to be meeting expectations?

As an adult learner, you are expected to take responsibility for your own learning. Specific guidelines to assist you in this endeavor can be found elsewhere in this manual. In general, you

should first try to address the issue with your CI directly. You do not have to be friends with your CI, but you do need to put aside your personal differences in order to be successful. If attempts at communicating with your CI and resolving the situation fail, you should call the ACCE immediately. Most often, you will be able to resolve an issue independently after consulting with the ACCE. In rare instances, the ACCE may intervene directly. Under no circumstance should you just try to “ride things out” if there is a barrier to your success as an intern.

Do the clinical instructors get paid?

Neither the clinical educators nor the facilities get subsidized by the School for their role in clinical education. Most people involved do it simply for the joy of sharing their expertise and seeing the tremendous growth that occurs in you as you prepare to enter the profession. There is also the prestige afforded to clinics that are associated with teaching institutions. Do not forget that you have a great deal to offer the clinic; your enthusiasm and freshness can be invigorating and your knowledge of up-to-date theory can aid in staff professional development. Anything that you can do to make this all a mutually beneficial experience will help ensure strong future relationships between the academic and clinical settings.

Why did I get an “incomplete” for a grade when I successfully completed the internship?

The number one reason for getting an incomplete when you were expecting a “pass” was that you either did not turn in all of your evaluation forms or did not have them properly signed. Other common reasons include medical or personal internships that interrupt internship involvement.

Is there anything that I need to take with me to clinic?

You should have access to all course materials related to your internship setting, including textbooks and class notes. Also, you should take proof of immunizations, CPR certification, and personal medical insurance. Increasingly, students are required to submit these before they are allowed to work with patients. In addition, certain facilities require that students submit to a drug screen and/or criminal background check.

What do I need to do for the formal midterm evaluation?

You always need to complete a formal self-assessment of your performance using the CPI at both midterm and final (the only exception is Internship 1, in which the midterm CPI is optional). This is an effective method of communicating and comparing your perceptions with those of your CIs and can assist you greatly in meeting internship objectives. After formally reviewing your midterm performance with your CI(s), you are also required to e-mail your clinical education advisor informing her/him briefly of your status and goals for the remainder of the internship.

What happens during a clinical visit from the ACCE?

It is School policy to visit each clinical site at least once every three to five years. Usually the ACCE or Assistant ACCE performs this function, although it may occasionally be performed by another faculty member. During a visit, the ACCE or other faculty member generally tours the facility, meets with the CI, and with the CCCE if this person is not the CI, and then with the student. Visits allow for dialog and feedback concerning perceived strengths and weaknesses of both the site and the School, as well as a review of the student's performance. A visit is also one of the few times that all members of the clinical education "triad" (ACCE/school – student – clinician) can get together.

Further information regarding clinical internships is available in the Student Handbook. Other questions regarding this policy may be directed to the ACCE or the Assistant ACCE.