



**INTEGRAL UNIVERSITY,
LUCKNOW**

**INTEGRAL INSTITUTE OF ALLIED HEALTH SCIENCES &
RESEARCH**

DEPARTMENT OF PHYSIOTHERAPY

**BACHELOR OF PHYSIOTHERAPY
(BPT)**

SYLLABUS

YEAR/ SEMESTER: V/IX



Integral University, Lucknow

Effective from Session: 2022-23							
Course Code	PT418	Title of the Course	INTERNSHIP	L	T	P	C
Year	V	Semester	IX	0	0	0	32
Pre-Requisite	Nil	Co-requisite	Nil				
Course Objectives							

Course Outcomes	
CO1	To learn the punctuality and interaction with colleague and supporting staff during clinical training.
CO2	To develop assessment skills.
CO3	To develop appropriate treatment protocol.
CO4	To understand the importance of documentation of the case record and case presentation.
CO5	To develop discipline and improve overall quality of clinical work.

PHYSIOTHERAPY-INTERNSHIP NORMS

Internship Posting (IP): Each student will undergo for 6 months of internship at the end of the program. The credits earned will be included for the calculations of the CGPA. Award of the degree certificate will be provided after successful completion of the internship. Internship Posting comprises of 1440 credit hours (32 credits).

INTERNSHIP PERIOD

Internship–180 days (1440 hours calculated based on 8 hours per day)

There shall be six months of Internship after the final year examination for candidates declared to have passed the examination in all the subjects. During the internship candidate shall have to work full time average 8 hours per day (each working day) for 6 Calendar months. Each candidate is allowed a maximum of 6 holidays during the entire Internship Program and in case of any exigencies during which the candidate remains absent for a period more than 6 days, he/she will have to work for the extra days during which the candidate has remained absent.

The Internship should be rotatory and cover clinical branches concerned with Physiotherapy such as

1.	Orthopaedics	30 days
2.	ICU	30 days
3.	Neurology and Neurosurgery	30 days
4.	Pediatrics and Medicine	30 days
5.	General Surgery and Obstetrics and Gynecology	30 days
6.	CTVS + Plastic Surgery –	30 days

The posting should be both inpatient and outpatient services. The student has to maintain a log book and it should be duly signed by the concerned clinical supervisor on a daily basis. The log book should also include six case studies from respective departments. Based on the attendance and work done during posting the Director/Principal/ head of institution/department shall issue ‘Certificate of Satisfactory completion’ of training following which the University shall award the Bachelor of Physiotherapy Degree or declare the candidate eligible for the same. No candidate shall be awarded a degree without successfully completing a six months (180 days) internship.

Details of clinical department training during Internship				
S.N.	Department	No. of Days	No. of hours	Credits
1.	Orthopaedics	30	240	32
2.	Neurology and Neuro surgery	30	240	
3.	General Surgery and Obstetrics and Gynecology	30	240	
4.	Pediatrics and Medicine	30	240	
5.	CTVS + Plastic Surgery	30	240	
6.	ICU/MICU/ICCU/ISCU	30	240	
Totals		180	1440*	

*45 hours clinical training = 1 Credit

Institution shall have to satisfy themselves that satisfactory infrastructure facilities of Physiotherapy exist in the institute/ Hospital where the internship training has to be undertaken. Following parameters/guideline have been suggested:

1. It is mandatory for the Institution to have its own Physiotherapy clinic fully furnished with all the necessary equipment as per the curriculum of the program.
2. Senior Physiotherapist with sufficient clinical experience should manage the physiotherapy departments in the Institutes/Hospital.
3. Institute Director / Principal can at his discretion grant NOC to the students to do the Internship at the place of his/her choice provided the concerned Hospital fully satisfies the above criteria. For the purpose of granting NOC the candidate shall have to submit to the Institution the status of Physiotherapy services available at the place where he/she intends to do Internship.
4. The Internship is continuously evaluated and marks are awarded at the end of Internship for a total of 300 marks (50 marks/month/Departmental Posting). The marks are awarded by the Clinical Supervisor / HOD of the concern department. The marks awarded shall be submitted to the examination department within one week from the day of completion of internship.

(Name and signature of Incharge)

(Head, Physiotherapy)

RULES & REGULATIONS FOR INTERNSHIP

1. All interns should report in the department sharp at 9 A.M. If present after 9.15 A.M. should be treated as absentees.
2. Each intern should avail one leave per month, more than one leave, a two days extension for each absent.
3. Each intern should not availing leave simultaneously.
4. All interns leaving time for O.P.D is 4 PM.
5. The interns should maintain his/her log book in which a complete patient profile should be maintain each day, which is to be counter signed by concerning staff posted in O.P.D. this should be count as your intern record.
6. All interns should present a case study, seminar, demonstration on every Friday.
7. Interns should carry all the instruments with them.
8. There is only 30min break for lunch from 12.30-1.00p.m.
9. All the interns are required to submit project at the end of internship.
10. If any intern leaves O.P.D. without informing to the concerned staff would dealt strictly.

Course Articulation Matrix: (Mapping of COs with POs and PSOs)																	
PO-PSO CO	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12	PSO1	PSO2	PSO3	PSO4	PSO5
CO1	2	3	3	2	3	2	3	1	2	1	-	-	3	2	3	3	2
CO2	3	3	3	3	2	2	3	2	1	3	-	-	2	2	3	2	3
CO3	3	3	3	3	2	2	3	2	1	3	-	-	3	2	2	2	3
CO4	3	3	3	3	2	2	3	2	1	3	-	-	2	3	2	2	3
CO5	3	3	3	3	2	2	3	2	1	3	-	-	3	2	3	3	2

1- Low Correlation; 2- Moderate Correlation; 3- Substantial Correlation

Attributes & SDGs

Course Code	Course Title	Attributes						SDGs No.	
		Employability	Entrepreneurship	Skill Development	Gender Equality	Environment & Sustainability	Human Value		Professional Ethics
PT418	Internship	√	√	√	√		√	√	3,4,9, 17

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PHYSIOTHERAPY INTERNSHIP

2022-23

LOGBOOK

INTERN INFORMATION

Intern Name	(English):
	(Hindi):
Father/Guardian Name	
Enrollment No.	
Address as per proof of ID/Voter ID/ PAN card/ Adhar/ Driving License	
Mobile Number	
E- mail	

AGREEMENT LETTER

Dear Intern,

Please carefully read the policies and procedure for internship. Sign the statement below to indicate that you understand the content and that you agree to adhere to the policies and guidelines.

I have read, understand, and agree to adhere to the policies and guidelines in the Physiotherapy Internship Logbook.

Intern Name:

Signature:

INTERNSHIP COMMITTEE

Dignitaries	Name	Mobile No.	Signature
Head Physiotherapy			
Incharge Physiotherapy OPD			
Intern Supervisor at the faculty			
Intern Coordinator at the faculty			

INTERNSHIP:

As per the Ordinance of Bachelor of Physiotherapy, Department of Physiotherapy, Integral Institute of Allied Health Sciences & Research, Integral University, Lucknow, there will be six month of compulsory inter-departmental rotatory internship after the final examination, for candidates who passed the final examination in all subjects. Internship should be done in well equipped University Hospital/Institute/Hospital/College/Nursing home (minimum 100 bedded). No candidate shall be awarded degree certificate without successfully completing six months of internship.

GENERAL OBJECTIVES:

Internship is a phase of training wherein a graduate is expected to conduct actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently.

Students will engage in clinical training in Internship in various department of hospital under the observation of head of concerned department, to enhance their clinical skills and apply contemporary knowledge gained during teaching sessions.

Competencies to be acquired during Internship: After internship the intern should be able to:

1. Know about the subjective assessment skill.
2. Know about the objective assessment skill.
3. Know about the observational assessment skill.
4. Know about the Examination assessment skill.
5. Know about the Treatment skill.
6. Know about the Physiotherapy Treatment skill.

Rules and Regulations of Internship Training Program

I- Internship supervision:

1. The Dean/Director IIAHSR, supervises the internship program and interns distribution among hospitals, also he follows interns performance and evaluation during the internship program.
2. The Medical Superintendent & Head of Department, contacts the hospitals that have a physiotherapy training program to determine the available positions, acceptance criteria, and the number of interns to be accepted to the training program.
3. The Head of Physiotherapy Department should assign coordinators to:
 - a) Help graduate students to choose their sites of training.
 - b) Organize and coordinates students' applications for six months internship.
 - c) Supervise on interns during the internship period.
4. The coordinator has to send the students' applications to the Hospital to issue the official letters and forward them to the indented hospitals.

If there is any issue with an intern during his/her training period, he/she must inform:-

- a) The physiotherapy coordinator at the hospital,
 - b) Head of Department,
 - c) Dean & Medical Superintendent of hospital.
5. All communications should be done between hospital supervisor and academic supervisor at the university directly, not through the intern.

II- Internship Acceptance Requirements:

1. To be admitted to the Internship training program, the intern must be satisfy all the graduation requirements and pass the Final Certifying Examination.
2. **Acceptance priority:**
 - a) Integral University graduates,
 - b) Other universities graduates,
3. **All interns are NOT allowed to change their training sites.**

III- Internship Duration:

1. The training period for the internship is six months.
2. The training period begins with the beginning of the new academic session, or by the date that is decided and approved by the Dean or Medical Superintendent of the hospitals.

IV- Internship Training Program Description:

1. The internship program divided into **seven** training rotations (each rotation persists for 1 months or 15 days in **same** hospitals. **(Departments/Periods of Internship)**
 - a) Orthopedics OPD/Ward – 1 Month
 - b) Medicine/ TB & Chest ICU/OPD/Ward – 1 Month
 - c) General Surgery/Neurosurgery Ward/ICU - 1 Month
 - d) Pediatrics Ward/ ICU - 1 Month
 - e) Community Based Rehabilitation- In Rural Area- 15 Days
 - f) Obstetrics & Gynecology Ward/ICU – 15 Days
 - g) Physiotherapy OPD - 1 Month
2. The university is allowed to grant the certificate of completion of the internship, only after the completion of training in these disciplines with a commitment to the above-mentioned period of time associated with each specialty.

3. The student must do all tasks that are related to his work and assigned to him/her by clinical instructor/supervisor.
4. Students shall be subject to rules and regulations of the internship, approved by the Dean, Medical Superintendent, & HOD Physiotherapy, as well as rules and regulations at the training site.
5. A schedule of supervising visits to the hospitals to ensure the continuity of interns' training.
6. An intern can be trained in one place, if all the training areas are available in same hospital after the approval of both, Dean or Medical Superintendent for hospitals as well as the in charge person at the intended hospital.

V- Policy of Attendance:

1. Daily attendance and punctuality are of the utmost importance for the successful completion of each rotation.
2. The student spends at least a minimum of 7 hours daily, 6 days/week, and in the clinical practice or subject to the working hour's system in the training site on which the training held.
3. The training site should document the attendance.
4. If, for some reason, the student cannot be present, or will be more than fifteen (15) minutes late (i.e., illness or emergency), please notify the in charge person at the training site.
5. **Lack of commitment in the attendance can lead to some or all of the following:**
 - a) A written warning which will be preserved in intern file,
 - b) Re-training a part of the course,
 - c) Re-training course in full.
 - d) For further actions, please refer to (Form No-2)

VI- Policy of Vacations and Leaves:

1. Students shall be subject to the following system of public holidays (as per the IIMS&R, Integral University Norms)
2. The Dean/Medical Superintendent for hospital may determine the beginning and the end of each vacation.
3. Student may grant sick leave relying on medical reports.
4. If sick leave exceeded 5% of the duration of the training course must be compensated.
5. **Leaves are divided on two parts:**
 - a) **Emergency Leave:** Students may take an emergency leaves for period of **Three (3) Days** over the six months internship, and should not be over 2 consecutive days.
 - b) **Annual Vacation:** No annual vacation.
 - c) **Only for female intern:**
 - Female interns are allowed to take an extra vacations which are:
 - **Maternity Leave:** One month.
 - **Marriage Leaves:** One week.
6. An intern may take last one day of the training rotation off in the case of moving to another department for training rotation.
7. Students can register in conferences and scientific meetings that organized by the university.
8. **Students may attend conferences, seminars and workshops relating to their profession according to the following:**
 - a) Approval of the training site supervisor as well as the Physiotherapy coordinator at the Faculty.
 - b) Provide the training site supervisor with a copy of certificate of attendance to be sent with the evaluation to the Head department of Physiotherapy, IIMS&R Integral University.

VII- Policy on Intern Responsibilities:

A. Professionalism Issues:

1. Professional Dress:

- a) Interns should dress in a manner which reflects positively on the department, hospital and their profession. Clothing worn to work should:
 - i. Be of a suitable color, fabric and style to reflect professional status.
 - ii. Be clean, neat and in good repair at all times
 - iii. Allow for full performance of all duties
- b) White lab coats to be worn by interns.
- c) Shoes must have closed toes and without high heels or built up soles such that it could endanger employees or patients. Some soles are slippery, and could be a danger to therapists teaching transfers or ambulating with patients. Shoes with these types of soles should not be worn.
- d) **For female interns:**
 - i. Lab coats must be loose, long.
 - ii. Jewelry must be discrete and provide no risk to the wearer or patient.
 - iii. No artificial nails are permitted.

2. Identification Card:

- a) Name badges, will be worn at all times. The goal is identification, and the name badge should be easily visible to persons lying in bed or to other professionals.
- b) If badges with a lanyard is worn, make sure it is above the waist, and does not interfere with patient care

B. Administrative Training Requirements:

- 1. Learn the policies, procedures, and background information about the assigned fieldwork site from the Clinical Supervisor.
- 2. Comply with all policies and procedures of the hospital.

C. Hands On Requirements:

Complying with clinical instructor and preceptor

- a) Fulfill all duties and assignments made by the clinical instructor/preceptor within the time limit specified.
- b) Perform assessment tool criteria and therapy interventions that are evidence-based, appropriate, safe, and effective as judged by the clinical instructor/ preceptor.
- c) Assume responsibility for on-going problem solving with the clinical instructor/ preceptor to resolve challenges or conflicts that arise during the experience.
- d) Intern has to learn and apply the documentation principles under supervision of preceptor.

VIII- Policy and Procedures for Inadequate Intern Performance or Conflict:

If an intern's conduct in any way disrupts services to patients or relationships in the training site, the clinical instructor/preceptor or academic supervisor may recommend formal advisement sessions. The following procedures may be applied:

- 1. Before the Head of Department becomes involved, the intern and the clinical instructor/preceptor must attempt to address and resolve identified issues.
- 2. Both the clinical instructor/ preceptor and the intern provide the Head of Department with written documentation of the situation upon request.
- 3. Involvement of the Head of Department begins when either the intern or the clinical instructor/ preceptor requests assistance.
- 4. In case of Head of Department involvement, the intern, clinical instructor/ preceptor, and the Head of Department determine and evaluate possible solutions to the situation and select solutions for implementation.
- 5. A written corrective action plan, devised by the intern and clinical instructor/ preceptor with the assistance of the academic supervisor, outlines the corrective steps to be taken.
- 6. The outcomes of the action plan should be discussed with the intern and the clinical instructor/ preceptor at the completion that plan to determine if the situation is resolved and the intern has mastered deficiencies.

INTERNSHIP EVALUATION FORMAT

How to evaluate an intern?

1. Intern's evaluation is multidisciplinary process that achieved by internship committee.
2. Intern's evaluation must be done in the **last week** of each training rotation.
3. The evaluator must follow the Department of Physiotherapy criteria of evaluation as well as the Evaluation format enclosed in this Logbook.
4. Evaluation form **MUST** be filled and signed by training supervisors and approved by the Head of department at the end of each internship rotation and submitted to the Dean/Director/ Medical Superintendent either directly or through the internship coordinator at the faculty as soon as possible.
5. The internship coordinator must evaluate the intern a comprehensive evaluation with great honesty and accuracy regardless any personal issues.
6. An intern has the right to see his/her evaluation before its submission to Dean & Medical Superintendent of IIMS&R, at Integral University.

Evaluation Format instruction:

1. The final grade for six months internship is which represents 100%.
2. *The total grade for each rotation divided into:*
 - a) 70% must be fulfilled by in charge person at the training site.
 - b) 30% must be fulfilled by the academic supervisor at the faculty
3. Each training rotation will be evaluated separately, and then the average of two rotations will be final grade.
4. After passing the training courses each intern is awarded the certificate of internship completion.
5. The certificates of the internship completion contain the grade of intern performance during the six months internship.

INTERN EVALUATION**GENERAL INFORMATION**

Name of Intern	
Enrollment No.	
University ID/Aadhar No.	
Mobile No.	
E-mail	

Training information

Rotation			
Hospital			
Date		From / / To / /	
Duration		(6) Months	
Orthopaedics OPD/IPD/Ward	I Month	Months	Weeks
Medicine/ TB & Chest ICU/OPD/Ward	I Month	Months	Weeks
General Surgery/ Neurosurgery Ward/ICU	15 Days	Months	Weeks
Pediatrics Ward/ ICU/ Burns/ Plastic Surgery/ CTVS	15 Days	Months	Weeks
General Surgery and Obstetrics and Gynecology	15 Days	Months	Weeks
Community based rehabilitation-in Rural Area	15 Days	Months	Weeks
Physiotherapy OPD	1 Month	Months	Weeks
ICCU/ICU/PICU/SICU/NICU	15 Days		
Cardiothoracic OPD/IPD	15 Days		

SUPERVISION

Supervisor		
Intern Supervisor		
Academic Supervisor		

Note: Based on the attendance and work done during posting the Directors/Principal/head of institution/department shall issue “**Certificate of Satisfactory Completion**” of training following which the University shall award the Bachelor of Physiotherapy Degree or declare the candidate eligible for the same. No candidate shall be awarded a degree without successfully completing a six months internship.

Name & Signature of Faculty/ Supervisor

HOD, Physiotherapy

Director, IIAHSR

Form (No.1): **Vacation Form**

VACATION FORM		
Vacation is 9 days and Emergency Leave is 3 days (for six months internship)		
Intern name		
University ID		
Hospital Name		
Leave Type	<input type="checkbox"/> Sick/Casual	<input type="checkbox"/> Emergency
Vacation end date	/ /	
Number of days	/ /	
Leave Reasons		
Return to Work Date	/ /	
Contact information	Address:	
	Mobile:	
Training Supervisors Approval		
Supervisor at the Tainting site:	Supervisor at the Faculty:	
<input type="checkbox"/> I approve the intended vacation to the above named intern. <input type="checkbox"/> I cannot approve the vacation for the following reasons:	<input type="checkbox"/> I approve the intended vacation to the above named intern. <input type="checkbox"/> I cannot approve the vacation for the following reasons:	
Supervisor Name: Signature:	Supervisor Name: Signature:	

Please include this form along with evaluation forms and send it to Department of Physiotherapy at the end of each rotation

Form (No.2): **Violation Form**

Violation form

Intern name	Hospital	Date

After the meeting with training supervisor the following has been observed:

- Absence without an official excuse.
- Lack of commitment to the official daily attendance.
- Lack of commitment to good moral character.
- Get a less than 60% in the Department of
- Many excuses or leaves.
- Other.....

Thus, the following action has been taken:

- Take verbal commitment from the student to commit in the work
 - (When asking permission takes into account, compliance with the laws of the hospital and under the supervision of the supervisor of the training)
- Deduction of the total evaluation scores: Degree/s
- Re-training period in the Department
- Transfer the student to another hospital
- Stop the training of the student.
- Further action.....

I agree to accept all actions that has been taken against me and hereby my signature.....

Supervisor at the Tainting site:	Supervisor at the Faculty:
Supervisor Name:.....	Supervisor Name:.....
Signature:.....	Signature:.....
Medical Superintendent of Hospital/Dean/Director/Head Physiotherapy Name;..... Signature:.....	

INTERNSHIP ASSESSMENTN FORM

Name of Student:		Session:	
Enrolment Number:		Date:	
Name of Subject:	INTERNSHIP	Subject code:	PT418

S. No.	Point to be Considered	Max. Marks	Marks Obtained
1.	Punctuality	2	
2.	Interaction with colleagues and supporting staff	2	
3.	Maintenance of case records	2	
4.	Presentation of case during rounds	2	
5.	Investigation work up	2	
6.	Bedside Manners	2	
7.	Rapport with patients	2	
8.	Treatment approach & technique	2	
9.	Discipline	2	
10.	Overall quality of clinical work	2	
	TOTAL SCORE	20	

(Name and signature of Incharge)

(Head, Physiotherapy)

By the successful completion of this Internship period, the student is expected to fulfil the objectives of the program and will be examination as given below:

S.No.	Program Name	Year/Semester	Case file	Practical on Case	Voice/Viva	Attendance
1.	INTERNSHIP	V th Year/ VIII th Semester	10 Marks	10 Marks (2 Long Case and 5 Short Case)	25 Marks	5 Marks

EVALUATION OF INTERNSHIP

BPT- Students has to prepare 2 long case and 5 short cases during their internship. The evaluation for internal clinical examination of 50 marks will be distributed:

Cases during clinical posting=**20 marks**.

Viva voce =**25 marks**

Attendance=**5 marks**