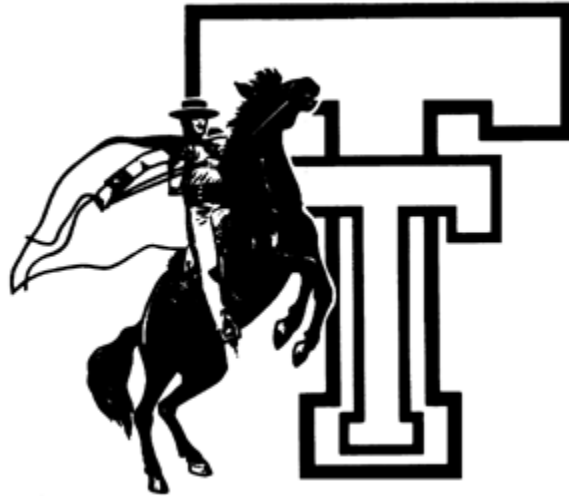


# *TTU HESS CLINICAL INTERNSHIP MANUAL*



**Texas Tech University (TTU)**  
***Clinical Internship Program***  
***Department of Health Exercise and Sport Sciences***

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(806) 834-6306 (phone) (806) 742-1688 (fax)

**Table of Contents**

**Part I-Procedures**

Page 3

Internship Sites

Introduction to the Internship Experience

Purpose of the Internship

Goals of the Internship

Overview of the Procedures

Pre-Acceptance Procedures

Required Insurance for the Internship

Student Intern Responsibilities

Overview of the Written Assignments (see course syllabus for specific instructions)

Termination of the Student

Responsibilities of the Facility to the Intern

**Part II**

**- Structured Internship Settings (Mandatory)**

Page 11

Objectives for the Cardiac and Pulmonary Rehabilitation Internship

Time Sheets to Accomplish Objectives

**Part III- Designing your Own Internship Experience**

Page 19

My Objectives

Verification of Objectives Time Sheet

**Part IV- Evaluation Forms**

Page 23

Verification of Acceptance by the Internship Site

Evaluation of Intern by Site Supervisor

Evaluation of Internship Experience by Intern

Verification of clinical internship hours accrued

**Part V - Projects**

Page 29

Required Projects

## *Part I- Procedures*

Clinical Internship Program

**Mandatory sites for first 300 logged hours of Internship Experience**

***Covenant Health Care Hospital System/Lifestyle Centre***

Lauren Henry ([henryl1@covhs.org](mailto:henryl1@covhs.org)) or Erin Smith

Covenant Lifestyle Centre, Cardiac Rehab/Stress Testing (806) 725-4386

Victor Deleon, Covenant Lifestyle Centre, Wellness Centre (806) 725-4386

*Apply at: (accept a total of ?-that includes grad and undergrad)*

<http://www.covenanthealth.org/Our-Services/LifeStyle-Centre/Internship-Student-Observation.aspx>

***University Medical Center (UMC)***

*Internship Co-ordinator and initial contact person*

Jesus Carrasco, E.S. ([Jesus.Carrasco@umchealthsystem.com](mailto:Jesus.Carrasco@umchealthsystem.com)) (806) 775-8950

Dean Diersing, MS, ACSM-HFS ([dean.diersing@umchealthsystem.com](mailto:dean.diersing@umchealthsystem.com))

Cardiac & Pulmonary Rehabilitation

Physical Medicine & Rehabilitation

University Medical Center - Lubbock, Texas

ph: 806.775.8950

fax: 806.775.8951

*Apply at: (accept a total of 3-that includes grad and undergrad)*

<http://www.umchealthsystem.com/index.php/cardiac-rehab/internship-program>

***Brownfield Regional Medical Center***

Michael Lee

(806) 781-1316

705 East Selt

[leventhal10@gmail.com](mailto:leventhal10@gmail.com)

Brownfield, Lubbock 79316

**Important Deadline Dates for Application at UMC or Covenant Lifestyle Centre**

- **For the Fall Semester- Must apply in April**
- **For the Spring Semester- Must apply in October**
- **For the Long Summer Session- Must apply in February**

**Additional Internship Sites than can be used for first 3 hours of course credit (no more than 50 hours can be logged at these sites for the first 3 hours of internship)**

***Hope Lodge***

(806)745 -0700

Robin Gardner | Director of Hope Lodge | High Plains Division

3511 10th St., Lubbock, TX 79415 | [cancer.org](http://cancer.org)

806.745.0700 | mobile: 806.441.4468 | fax: 806.744.2915

*Note: You may also contact Terrie Copper who co-ordinates activities for Hope Lodge*

*Terrie Cooper RN, MSN FNP-BC*

Carillon Community Clinic

Carillon Senior LifeCare Community

(806)281-6168 Clinic

(806)281-6356 FAX

***Southwest Cancer Center***

Vasia Craddick, RNC, BSN  
602 Indiana Avenue  
Lubbock, TX 79415  
806.775.8600  
[vcraddick@teamumc.com](mailto:vcraddick@teamumc.com)

(806) 775-8560

***Note: Dr. Jacalyn Mccomb co-ordinates the interns at this site***

**(806) 834-6306**

**Jacalyn.mccomb@ttu.edu**

Your second 3 hour block of internship can be done at any of the sites listed below if you are not planning on not taking the ACSM Certified Clinical Exercise Physiology Exam or even sites not listed if approved by the Internship Director at TTU.

**Other Potential Internship Sites for second 3 hour block of internship credit**

***University Medical Center (UMC)***

Julie Bruce ([jbruce@teamumc.com](mailto:jbruce@teamumc.com))

Center in Sports Medicine, North Star (PT)

3502 9<sup>th</sup> Street; Suite G40; Lubbock, TX 79417

(806) 775-9275

(806) 775-9233

***Physical Therapy Today-Exercise Center***

Jeff Powell, Graduate Internship Co-ordinator

2431 South Loop 289, Lubbock, TX 79423

(806) 771-8010

***Frontera Cardiopulmonary Metabolic Exercise Testing***

Michael Hartman

1227 W. Campbell Rd.; Suite 315

(972) 387-5800

**Required Insurance for TTU Interns**

You must obtain Student Malpractice Insurance prior to beginning your internship experience. This is your responsibility. **You must use a money order.** Malpractice insurance will be handled through Purchasing at Texas Tech University (806-834-4790), C/O Kendra Jackson; MS/ Box 1094; Lubbock, TX 79409-1101. If you prefer to take your money order to Kendra in person, you can go to Drane Hall, 15<sup>th</sup> & University, Room 357. Kendra's e-mail is [Kendra.jackson@ttu.edu](mailto:Kendra.jackson@ttu.edu) . The cost of insurance is as follows: (a) \$14.50 from Aug 31 to Aug 31; (b) \$9.00 Jan 1 - Aug 31; and (c) both summer sessions \$5.00 (Bill Beatty Insurance 1-800-451-8358).

### **Introduction to the Internship Experience**

This internship is designed to provide you with a wide range of field experiences in Clinical Exercise Physiology (CEP). As such you will be required to fulfill the obligations outlined in the following pages as well as perform the duties required by the site supervisor of the program in which you are working. In participating in an experience of this nature it is good to remember that you are not only representing the Department of Health, Exercise, and Sport Sciences (HESS) and Texas Tech University (TTU), but you are also representing yourself. Your success in this venture will depend upon the impressions you create and the abilities you display in performing assignments, possibly leading to long-term full-time employment.

Every hour of college credit towards an internship experience equals a minimum of 100 hours of clocked time at the internship site. ESS 5002 is a variable credit course (3-6 hours) that has a maximum credit limit of 6 hours. Students pursuing the MS in CEP must have 600 hours of logged clinical hours at the completion of their degree. Normally 6 hours of internship experience is expected in the graduate program. The exception is if the student is completing a thesis. All logged hours will be turned into the Clinical Exercise Physiology Internship Director at the end of your internship experience or uploaded in Blackboard. The site supervisor in your work setting will arrange a working schedule that meets the needs of the facility and your own personal and professional needs. Under rare circumstances (sickness, hospitalization, etc.), it is possible to register for internship credit one semester, not complete the hours necessary and receive a PR or progress for that term. The student may then finish the hours during the following semester and receive their final credit for the course.

### **Purpose of the Internship**

Field placement shall provide students an opportunity to have practical experience in a setting that is providing established professional clinical exercise physiology services commensurate with the student's educational level, previous experience and professional goals. The field experience shall augment the formal classroom and related learning experiences. Field training shall be primarily an active learning experience for the student to develop practical skills in their chosen field of specialization. The field placement shall benefit the agency through secondary effects of continued, improved services and/or in development of new clinical exercise physiology services.

### **Goals of the Internship**

- ◆ Field placement shall provide graduate students an opportunity to gain practical experience under qualified professional supervision, including periodic evaluation and feedback.
- ◆ Field placement shall provide an opportunity for the graduate student to augment or improve the present clinical exercise physiology program(s) under qualified professional supervision.
- ◆ Field placement shall provide an opportunity for graduate students to develop or initiate clinical exercise physiology services under qualified professional supervision (innovative programs, research, etc.).
- ◆ Field placement shall provide an opportunity for graduate students to have the academic field placement Site supervisor and the site supervisor evaluate their skills and competencies.
- ◆ Field placement shall provide an opportunity for graduate students to establish realistic goals (based on evaluation of their experiences and performance) for their own professional development and means for obtaining goods.
- ◆ Field placement shall provide an opportunity to supplement and/or redirect classroom experience

### **Overview of the Procedures**

Prior to a student formally registering for ESS 5002 Clinical Internship, the student should contact his/her advisor and discuss the hours that are needed to fulfill your degree requirements (designated on your degree plan in consultation with your advisor). The first 3 hours of course credit must be done at one of the sites Texas Tech has made prior arrangements with for your training as listed on the first page of this manual. You must do your first 3 hours of internship at one of the cardiac rehabilitation facilities listed: (a) the University Medical Center, or (b) the Covenant Health Care Hospital System, (c) Brownfield Regional Medical Center. You can do your second 3 hours of internships at any of the structured sites or arrange an internship experience with a site in consultation with the Clinical Internship Director at TTU. Other possible internship sites for your second 3 hour college credit block are: (a) the University Medical Center; (b) the Covenant Health Care Hospital System; (c) Physical Therapy Today Exercise Center; and (d) Frontera Cardiopulmonary Metabolic Exercise Testing. Normally, you cannot repeat the identical structured rotation schedule for an additional 3 hours of credit. If you choose to enroll in 3 additional hours at the same setting, you may design your own internship objectives in consultation with your advisor or the internship program director, however, the goals must be different from your first 3 hours of credit. Forms are contained in this manual to help you with the organization of this task in Part III of this manual in the Table of Contents under the heading entitled 'Designing your own Personal Internship Program'. Alternatively, you may complete a different structured rotation at another site. Also included in this manual, is a list of internship sites, which have been used in the past both within and outside of Lubbock. However, your second 3-hour internship block is not limited to these sites. The decision as to where you participate in the internship experience for your second 3-hour block relies heavily upon your experiences and expected professional goals.

It will be your responsibility to elicit an agreement from the internship site. Following this establishment of an agreement between the intern site and the student, the details of the internship are worked out between the sponsoring facility and the student. The site supervisor of the program in which you are working should be briefed as to the part he or she is to play in helping you complete your goals. An honest and frank discussion between you and your Site supervisor should be most rewarding. Please ask them to contact the director of the internship program if they have any questions.

At the completion of your first 3 hours of internship, you will upload or turn in your internship hours to the director of the internship program with all of the appropriate forms filled out by your site supervisor and yourself, and required assignments completed. If you choose to enroll in 3 additional hours, which are not at a structured site, you must document how you have met your designed objectives.

### **Mandatory Dates for Application for Acceptance at University Medical Center or Covenant Lifestyle Centre**

For University Medical Center, the student will need to turn in an application packet (or attach this information via e-mail to Jesus Carrasco ([Jesus.Carrasco@umchealthsystem.com](mailto:Jesus.Carrasco@umchealthsystem.com))) that includes the application, current transcripts, resume, and career goals at least **2-3 months prior** to the beginning of the semester that the internship will be completed. University Medical Center accepts 2 graduate interns a semester. Jesus Carrasco ([Jesus.Carrasco@umchealthsystem.com](mailto:Jesus.Carrasco@umchealthsystem.com)) can be contacted by phone by calling (806) 775-8950. To learn more about University Medical Center and Cardiac Rehabilitation at this site, you can log onto <http://www.myumcheartplan.com>

For Covenant Lifestyle Centre, the student will need to turn in an application packet that includes the application, current transcripts, resume, and career goals at least 2-3 months prior to the beginning of the semester that they want to do their internship. The application as well as additional information can be obtained at the following link: <http://www.covenanthealth.org/view/Facilities/lifestylecentre>

After obtaining this information the student will go through a short interview and be notified at a later time if they have been accepted as an intern. The LifeStyle Centre accepts 2 interns a semester. Preference is given to graduate students. Interns will not be accepted after the academic semester begins.

For Brownfield Regional Medical Center you need to call Michael Lee at (806) 781-1316.

Interns must do at least one 3 hour block at one of these institutions. Deadline dates are as follows for both institutions:

- **For the Fall Semester- Must apply in April**
- **For the Spring Semester- Must apply in October**
- **For the Long Summer Session- Must apply in February**

### **Pre-Acceptance Procedures**

An intern should:

- ◆ Demonstrate interest and satisfy the pre-requisites established by the Department of HESS
- ◆ Obtain permission from the academic advisor to enroll in ESS 5002, and identify an acceptable program in which to serve as an intern.
- ◆ Attend the first regular scheduled academic class meeting during the previous semester for ESS 5002 to obtain a course syllabus with dates for assignment completion and to discuss internship possibilities with the director of the internship program.
- ◆ Contact a designated organization which meets the university qualifications and apply for an internship for a period which will allow an intern to complete at a minimum 300 contact hours or a maximum of 600 contact hours for a total of 3 or 6 hours of college credit, respectively. This Internship should normally be no longer than one regular semester per 3-hour requirement. Submit a résumé and a letter of application (or whatever forms are required by the site) to an organization to be accepted as an intern. Please note that most internship sites require 2-3 months prior notification for placement in the internship.
- ◆ Submit a letter of verification of acceptance to the organization to be signed. It is your duty to submit this document to the director of the internship program at Texas Tech as required on the course syllabus. You may also need to submit a self-addressed envelope to the Director of the Internship Program at TTU if he/she prefers to mail this in rather than have you submit it.
- ◆ Obtain Student Malpractice Insurance from purchasing at TTU (SEE BELOW)

### **Required Insurance for TTU Interns**

You must obtain Student Malpractice Insurance prior to beginning your internship experience. This is your responsibility. **You must use a money order.** Malpractice insurance will be handled through Purchasing at Texas Tech University (806-834-4790), C/O Kendra Jackson; MS/ Box 1094; Lubbock, TX 79409-1101. If you prefer to take your money order to Kendra in person, you can go to Drane Hall, 15<sup>th</sup> & University, Room 357. Kendra's e-mail is [Kendra.jackson@ttu.edu](mailto:Kendra.jackson@ttu.edu).

The cost of insurance is as follows: (a) \$14.50 from Aug 31 to Aug 31; (b) \$9.00 Jan 1 - Aug 31; and (c) both summer sessions \$5.00 (Bill Beatty Insurance 1-800-451-8358).

You will be required to send or take this in order to get insurance: **(1) a money order; (2) your SS# (if you do not have this, you can use your ID# from Banner); (3) the class that you are**



enrolled in, i.e., ESS 5002 Spring 2012 (must state the semester you are doing this; (4) what you will be doing- Clinical Exercise Physiology; (5) and a request that you need the Bill Beatty Insurance Disclaimer mailed back to you or attached in your e-mail with her signature on it..

**Verification that you have received insurance must be uploaded into Blackboard along with your Verification of Acceptance by the Internship Site as well as the required TTU form for leaving campus (see Part IV of the manual).**

### **Student Intern Responsibilities**

Responsibilities of the student to the agency/or institution providing the field experience shall include but not be limited to:

- ◆ Providing assigned CEP services in a professional manner.
- ◆ Relating to individuals with respect and dignity and adhering to their rights.
- ◆ Keeping the confidentiality of clients, supervisors, etc.
- ◆ Following existing program plans.
- ◆ Terminating relationship with clients/students at the end of the field placement experience in a caring, professional manner.
- ◆ Advising your supervisor about his/her duties to you as an intern. Specifically you must tell them which forms are to be completed by them in your internship manual.
- ◆ You must also give the site supervisor a stamped self-addressed envelope with your academic advisors name and address on it for your internship evaluation.

### **Termination of the Student**

The cooperating agency will develop policies and procedures to which the student affiliate must comply. If the student continually violates any policy or procedure, the cooperating agency may terminate the student's affiliation at any time with subsequent loss of six hours of academic credit. Texas Tech University has certain expectations of the student enrolled in the affiliation program. If these expectations are not fulfilled, the student's affiliation with the cooperating agency may be terminated with subsequent loss of the three - six hours of academic credit. The expectations include:

- ◆ The student is expected to conform to the policies and procedures established by the cooperating agency or business.
- ◆ The student must maintain a 3.0 academic grade point average prior to entering the affiliation experience.
- ◆ The student must be in good standing with the TTU Graduate School.

### **Responsibility of the Facility to the Intern**

- ◆ Act in the capacity of a supervisor responsible for teaching, guiding and evaluating the performance of the intern.
- ◆ Complete an evaluation of the student intern advising them of their strengths and weaknesses. This evaluation will be given to the intern who will turn this form into the Director of the internship program. You may be called concerning the verification of this report. See Part IV of this manual.
- ◆ Sign time sheets and verification of reports by student. See Part III and IV of this manual.

## ***Students with Disabilities: ADA Statement***

Any student who because of a disability may require special arrangements in order to meet course requirements should contact the instructor as soon as possible to make any necessary accommodations. Student should present appropriate verification from AccessTECH. No

requirement exists that accommodations be made prior to completion of this approved university procedure. Students with disabilities are encouraged to use AccessTech which publishes a **Desk Reference for Faculty and Staff** that is very helpful. You may call the AccessTech Office at 742-2092 to request a copy.

*Part II*  
*Structured Internship Settings*

**Objectives for the Cardiac and Pulmonary Rehabilitation Settings**

- ◆ Become familiar with common emergency procedures in a cardiac rehabilitation program
- ◆ Develop effective exercise leadership skills
- ◆ Develop skills necessary to evaluate patients following various cardiopulmonary procedures
- ◆ Exercise patients in the coronary and pulmonary care unit
- ◆ Follow a cardiologist or pulmonary specialist around on one or more rounds
- ◆ Lead group exercise classes
- ◆ Learn how to monitor the telemetry unit
- ◆ Learn important and vital aspects of the administration of cardiac and pulmonary rehabilitation programs
- ◆ Learn the roles of the coronary and pulmonary care staff
- ◆ Learn to risk stratify patients, and provide information on risk factor modification
- ◆ Learn to the resources in the medical library
- ◆ Learn to work as a team member in the coronary and pulmonary care unit
- ◆ Monitor the telemetry unit
- ◆ Observe and participate in the Outpatient Exercise Maintenance program
- ◆ Participate in diagnostic stress tests
- ◆ Participate in functional stress test reports and exercise prescriptions
- ◆ Participate in Thallium Stress Tests
- ◆ Participate in Pulmonary Function Tests
- ◆ Participate in Diabetes Education Program
- ◆ Participate in mock code drills
- ◆ Participate in Pulmonary Rehabilitation Educational Settings
- ◆ Participate in several discharge planning sessions
- ◆ Provide education on risk factor reduction, coronary artery disease, pulmonary disease, nutrition and exercise to patients and family members
- ◆ Review ECG readings on a daily basis
- ◆ Review medical chart's daily
- ◆ Take blood pressures on patients
- ◆ Understand and demonstrate appropriate counseling and communication skills
- ◆ Understand the dietary guidelines and needs of coronary and pulmonary patients
- ◆ Understand the types of procedures and care that is provided in coronary and pulmonary care facilities
- ◆ View one or more cardiac catheterization procedures
- ◆ View one or more cardiac or pulmonary surgeries
- ◆ View one or more echocardiography and stress echocardiography tests
- ◆ Work closely with the cardiac and pulmonary rehabilitation staff
- ◆ Work on selected projects or assignments as per the request of the cardiac and pulmonary rehabilitation staff

**Internship Time Sheet**

Please log your hours daily in these blocks. Every 1 hour of college credit equals 100 hours. You must also keep a record of the activities that you perform in order to fill out your objective log sheet. You may use the log sheet provided to keep notes (see pages following time sheets). Make duplicate copies as needed. Please log your hours daily in these blocks.

Week-----

Week-----

Day    Date        Time In    Time Out    Total HoursDay        Date        Time In    Time Out    Total Hours

M				
T				
W				
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S				
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M				
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Su				

Weekly TotalWeekly Total

Week-----

Week-----

Day    Date        Time In    Time Out    Total HoursDay        Date        Time In    Time Out    Total Hours

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M				
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Su				

Weekly TotalWeekly TotalCumulative Total

**Internship Time Sheet**

Please log your hours daily in these blocks. Every 1 hour of college credit equals 100 hours. You must also keep a record of the activities that you perform in order to fill out your objective log sheet. You may use the log sheet provided to keep notes (see pages following time sheets). Make duplicate copies as needed. Please log your hours daily in these blocks.

Week-----

Week-----

Day    Date        Time In    Time Out    Total Hours

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Weekly Total

Week-----

Day    Date        Time In    Time Out    Total Hours

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Weekly TotalCumulative TotalDay        Date        Time In    Time Out    Total Hours

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Weekly Total

Week-----

Day        Date        Time In    Time Out    Total Hours

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Weekly Total

Please log your hours daily in these blocks. Every 1 hour of college credit equals 100 hours. You must also keep a record of the activities that you perform in order to fill out your objective log sheet. You may use the log sheet provided to keep notes (see pages following time sheets). Make duplicate copies as needed. Please log your hours daily in these blocks.

Week-----

Day    Date        Time In    Time Out    Total Hours

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Weekly Total

Week-----

Day    Date        Time In    Time Out    Total Hours

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Weekly Total

Cumulative Total

Week-----

Day        Date        Time In    Time Out    Total Hours

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Weekly Total

Week-----

Day        Date        Time In    Time Out    Total Hours

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Weekly Total

Please log your hours daily in these blocks. Every 1 hour of college credit equals 100 hours. You must also keep a record of the activities that you perform in order to fill out your objective log sheet. You may use the log sheet provided to keep notes (see pages following time sheets). Make duplicate copies as needed. Please log your hours daily in these blocks.

Week-----

Day    Date        Time In    Time Out    Total Hours

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Weekly Total

Week-----

Day    Date        Time In    Time Out    Total Hours

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Su				

Weekly Total

Week-----

Day        Date        Time In    Time Out    Total Hours

M				
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Weekly Total

Week-----

Day        Date        Time In    Time Out    Total Hours

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S				
Su				

Weekly Total

Cumulative Total



### **Cardiac and Pulmonary Rehabilitation Objective Log Sheet**

Directions: Fill out your time sheet daily. Use this page to record hours spent at specific tasks. This is your responsibility to estimate the hours spent at each task. Again this is only a rough estimation. You may not meet all of these competencies during your internship experience. You can use this to help plan the skills that you would like to accomplish in your internship experience. When you have completed 300 hours (depending on your clinical background) for the rotation have your supervisor sign his or her name at the bottom of this form. This signature signifies that you have successfully obtained the expected competencies required for these skills after completing this internship program. If you have any questions please call the Clinical Internship Director at 742-3371.

#### Estimated Time Spent on Tasks

- |     |   |  |
|-----|---|--|
| 1.  | Develop skills necessary to evaluate patients following various cardiopulmonary procedures.                             |  |
|     | Comments:   |  |
| 2.  | Understand the types of procedures and care that are provided in coronary and pulmonary care facilities.                |  |
|     | Comments:   |  |
| 3.  | Provide education on risk factor reduction, disease prevention, nutrition, and exercise to patients and family members. |  |
|     | Comments:   |  |
| 4.  | Learn to work as a team member in a care unit.  |  |
|     | Comments:   |  |
| 5.  | View one or more cardiac or pulmonary surgeries.  |  |
|     | Comments:   |  |
| 6.  | Review ECG readings on a daily basis.   |  |
|     | Comments:   |  |
| 7.  | Understand and demonstrate appropriate counseling and communication skills.   |  |
|     | Comments:   |  |
| 8.  | Learn to risk stratify patients, and provide information on risk factor modification.                                   |  |
|     | Comments:   |  |
| 9.  | Review medical chart's daily  |  |
|     | Comments:   |  |
| 10. | Follow a physician/fellow around on one or more rounds.   |  |
|     | Comments:   |  |
| 11. | Exercise patients in the rehabilitation unit.   |  |
|     | Comments:   |  |
| 12. | Work on selected projects or assignments as per the request of the rehabilitation staff                                 |  |
|     | Comments:   |  |
| 13. | Participate in several patient initial evaluations.   |  |
|     | Comments:   |  |
| 14. | Participate in several discharge planning sessions.   |  |
|     | Comments:   |  |
| 15. | Attend an Advanced Cardiac Life Support Class (if needed)   |  |
|     | Comments:   |  |
| 16. | Participate in diagnostic stress testing.   |  |
|     | Comments:   |  |
| 17. | Participate in functional stress testing and exercise prescriptions.  |  |
|     | Comments:   |  |

18. Monitor patients during rehabilitation classes. \_\_\_\_\_  
Comments: \_\_\_\_\_
19. Take blood pressures on patients on a regular basis. \_\_\_\_\_  
Comments: \_\_\_\_\_
20. Observe and participate in the Outpatient Exercise Maintenance program \_\_\_\_\_  
Comments: \_\_\_\_\_
21. Participate in Pulmonary Function Tests. \_\_\_\_\_  
Comments: \_\_\_\_\_
22. Participate in or attend educational sessions. \_\_\_\_\_  
Comments: \_\_\_\_\_
23. Develop effective exercise leadership skills. \_\_\_\_\_  
Comments: \_\_\_\_\_
24. View one or more echocardiography and stress echocardiography tests \_\_\_\_\_  
Comments: \_\_\_\_\_
25. Participate in mock code drills. \_\_\_\_\_  
Comments: \_\_\_\_\_
26. Become familiar with common emergency procedures in a rehabilitation program. \_\_\_\_\_  
Comments: \_\_\_\_\_
27. Learn important and vital aspects of the administration of rehabilitation programs. \_\_\_\_\_  
Comments: \_\_\_\_\_
28. Participate in Thallium Stress Tests \_\_\_\_\_  
Comments: \_\_\_\_\_
29. Understand the dietary guidelines and needs of patients \_\_\_\_\_  
Comments: \_\_\_\_\_
30. Other \_\_\_\_\_  
Comments: \_\_\_\_\_
31. Other \_\_\_\_\_  
Comments: \_\_\_\_\_
32. Other \_\_\_\_\_  
Comments: \_\_\_\_\_
33. Other \_\_\_\_\_  
Comments: \_\_\_\_\_
34. Other \_\_\_\_\_  
Comments: \_\_\_\_\_
35. Other \_\_\_\_\_  
Comments: \_\_\_\_\_
36. Other \_\_\_\_\_  
Comments: \_\_\_\_\_

Signature of intern \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

*Part III*  
*Designing your Own Internship Experience*

*My Objectives*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

*How I Will Accomplish My Objectives*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

Please log your hours daily in these blocks. Every 1 hour of college credit equals 100 hours. You must also keep a record of the activities that you perform in order to fill out your objective log sheet. You may use the log sheet provided to keep notes (see pages following time sheets).

Make duplicate copies as needed. Please log your hours daily in these blocks.

Week-----

Day    Date        Time In    Time Out    Total Hours

M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day    Date        Time In    Time Out    Total Hours

M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day        Date        Time In    Time Out    Total Hours

M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day        Date        Time In    Time Out    Total Hours

M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Cumulative Total

**Objective Log Sheet**

Directions: Fill out your time sheet daily. Use this page to record hours spent at specific tasks. This is your responsibility to estimate the hours spent at each task. Again this is only a rough estimation. When you have completed 300 hours for the rotation have your supervisor sign his or her name at the bottom of this form. This signature signifies that you have successfully obtained the expected competencies required for these skills after completing this internship program. If you have any questions please call the Graduate Internship Director at 742-3371.

<u>Accomplished Objectives</u>	<u>(Student lists)</u>	<u>Estimated hours</u>
--------------------------------	------------------------	------------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of intern \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

*Part IV*  
*Evaluation Forms*  
*All interns must complete these forms*

### **Student Activity Release Form**

I, , understand and agree that university-related activities of Texas Tech University involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Texas Tech University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Texas Tech University, I hereby expressly and knowingly **RELEASE TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF TEXAS TECH UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

**Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Texas Tech University, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of Texas Tech University, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

Texas Tech University shall notify me promptly in writing of any claim or action brought against

it in connection with my participation in these activities. Upon such notification, I, or my

representative, shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

**SIGNATURE:**

**DATE:**

---

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**(PARTICIPANT)**



***Verification of Acceptance by the Internship Site***

I certify that \_\_\_\_\_

(intern) has been accepted as an intern by \_\_\_\_\_ (name of firm)

and will be allowed to work at least \_\_\_\_\_ hours in \_\_\_\_\_ weeks

between \_\_\_\_\_ and \_\_\_\_\_ (dates)

We have agreed that \_\_\_\_\_ will be able to complete a total of \_\_\_\_\_ hours during  
this time period.

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

Please complete this form. It is the responsibility of the student intern to turn this form into the Clinical Internship Director at TTU with your signature to Director as directed on the course syllabus for ESS 5002.

This form must be completed by the intern's supervisor at the completion of his duties as an intern.

Completed Internship Time Form for the  
Master of Science in Clinical Exercise Physiology at  
Texas Tech University

Intern's Name (Print) \_\_\_\_\_

Supervisor's Name (Print) \_\_\_\_\_

Facility \_\_\_\_\_

I certify that \_\_\_\_\_ has successfully completed  
the designated internship under my supervision from the period beginning  
\_\_\_\_\_, 19 \_\_\_\_\_ and ending \_\_\_\_\_, 19 \_\_\_\_\_,  
for a total of \_\_\_\_\_ hours.

Additional Comments:

Signature \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Please complete this form. It is the responsibility of the student intern to turn in this form with your signature to the Director of the Clinical Internship Program at TTU as designated on the course syllabus.

## Intern Evaluation

Please rate the intern's performance on a scale of 1 to 5 with 1 being poor and 5 being excellent, 6 being not applicable. Please return this form in the addressed and stamped envelope provided by the intern. Please make sure the address is as follows: name of the Director of the internship program \_\_\_\_\_ (please put name here), Texas Tech University, Mail Stop4 3011, Lubbock, TX 79409, Phone #806- 834-6306.

1. Was intern punctual?  
1      2      3      4      5
2. Was intern appropriately attired?  
1      2      3      4      5
3. Did intern use expected knowledge in assessing fitness level of members?  
1      2      3      4      5
4. Did intern use expected knowledge in prescribing fitness program for members?  
1      2      3      4      5
5. Did intern use sound judgment in management and decision making?  
1      2      3      4      5
6. Did intern establish good working rapport with the following:
  - A. Members  
1      2      3      4      5
  - B. Co-workers  
1      2      3      4      5
  - C. Supervisors  
1      2      3      4      5
7. Was intern capable of following instructions?  
1      2      3      4      5
8. Was intern capable of accepting constructive criticism?  
1      2      3      4      5
9. Was intern's prior knowledge sufficient for required job skills?  
1      2      3      4      5
10. Would you feel confident in hiring this intern for a full time position or in providing a positive recommendation for future employment?  
YES \_\_\_\_\_ NO \_\_\_\_\_

## COMMENTS:

Thank you once again for your time, not only during this internship, but also for completing this survey. We understand your very busy schedule, and do appreciate your input into the improvement of the Clinical Exercise Physiology program at TTU.

## INTERNSHIP EVALUATION

Intern's Name \_\_\_\_\_

Intern Site \_\_\_\_\_

Please check the appropriate response for each question.

1. Do you think that the number of hours you spent at the internship site was sufficient, please explain your answer?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

2. Were you able to apply the knowledge that you had previously learned in related course work in your internship?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

3. Were you able to approach your supervisor with questions relating to your work situation?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

4. Would you recommend this internship site to another student?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

5. Do you feel an internship experience is an important part of your master's program?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

6. Will this experience help you in securing future employment?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

7. Was this a learning experience for you?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS:

8. Do you have any additional comments relating to your internship experience? If so, please comment in the space provided below.

Strengths:

Weaknesses:

9. Recommendations for improvement?

## ***Part V- Projects***

*Project Assignments are listed on the following pages (Can also be found in Part V of the internship manual at <http://www.hess.ttu.edu/mccomb/> or in Blackboard). You are required to do Project 1 in order to receive credit for your first 3 hours of internship experience. You are required to do project 2 to receive your second 3 hours of internship credit. Even though you do not have to take the ACSM certification examinations for internship class credit, it is wise to take one of these examinations for job marketability. Our curriculum is designed to meet the objectives for the ACSM Clinical Exercise Physiology(CEP) Examination. These projects must be uploaded into Blackboard.*

***You are required to do Project 1 in order to receive credit for your first 3 hours of internship experience. You are required to do Project 2 in order to receive credit for your second 3 hours of internship experience.***

**PROJECT 1 (mandatory for 1<sup>st</sup> 3 hours of internship credit).**

**SUPPORTING TEXT:**

- ACSM. (2014). ACSM's Guidelines for Exercise Testing and Prescription. (9th ed.). Baltimore, MA: Lippincott Williams and Wilkins. This will be referred to as **TEXT A**
- ACSM. (2013). ACSM's Resource Manual for Exercise Testing and Prescription. (7th ed.). Baltimore, MA: Lippincott. Williams and Wilkins. This will be referred to as **TEXT B**

**OBJECTIVE:**

The purpose of this assignment is to help you study and pass the ACSM Clinical Exercise Physiology(CEP) Examination. There are two parts, Part 1 and Part 2.

**ASSIGNMENT:**

**PART 1: THE ACSM CERTIFIED CLINICAL EXERCISE PHYSIOLOGIST JOB TASK**

**ANALYSIS** can be found at the back on the internship manual or on-line at <http://certification.acsm.org/files/file/JTA%20CES%20FINAL%202012.pdf> .

The job task analysis is intended to serve as a blueprint of the job of an ACSM Certified Clinical Exercise Physiologist. As you prepare for the exam, it is important to remember that all examination questions are based on this outline.

There are five different domains that the questions for the certification examination will be chosen from. The percentage of questions from each domain are also listed. Your assignment is to hand write where this information can be found. The information must be taken from both texts, A and B.

- The information is listed in this manner:
  - Domain I-V;
  - the Associated Job Task A., B., etc.;
  - Knowledge of;
  - Skill in;

Print off the document and write legibly on the document. You must handwrite the page number of the book and the text name (simply TEXT A or TEXT B) next to the knowledge or skill. If you cannot find it in TEXT A or B, list where you can find it or perhaps it was something that was covered in your internship. This can be a group project among the interns but each intern must turn in the complete Job Task Analysis (JTA). No 2 projects can be identical, this project must be submitted in Blackboard. Scan the document and upload into Blackboard

## **PART 2: ANSWER CHAPTER QUESTIONS FROM THE GUIDELINES BOOK. THE QUESTIONS CAN BE FOUND IN BLACKBOARD.**

In Blackboard, there are questions from each chapter of the ACSM Guidelines book. Your task is to write the answer to the question. There may be more than 1 right answer, you only need to write 1 right answer. You must also state the page number where you found the answer. All answers can be found in TEXT A (ACSM Guidelines). When you have finished this task, upload your scanned document in Blackboard. Answers must be hand written and the hand writing must match your signature.

### **PROJECT 2 (mandatory for second hours of internship credit).**

#### **SUPPORTING TEXT:**

- ACSM. (2014). ACSM's Guidelines for Exercise Testing and Prescription. (9th ed.). Baltimore, MA: Lippincott Williams and Wilkins. This will be referred to as **TEXT A**
- ACSM. (2013). ACSM's Resource Manual for Exercise Testing and Prescription. (7th ed.). Baltimore, MA: Lippincott. Williams and Wilkins. This will be referred to as **TEXT B**

#### **OBJECTIVE:**

The purpose of this assignment is to make you more marketable in the competitive job market. You have two options for Project 2.

**OPTION 1:** Take a 25 Q exam under the supervision of Dr. McComb. This examination will be given at the end of the semester at a time which is agreed on by all interns who choose this option. The exam will be taken in room 113 or 114 in Blackboard. You must make 80% on the test to pass. If you do not pass the exam, you can retake it as many times as you need to pass. The questions will be from the Guidelines Book. The questions will not be the same the next time you take it nor will you be able to see what you missed.

**OPTION 2:** Take the ACSM Certified Clinical Exercise Physiology Examination. You do not have to pass the exam to pass internship. However, you must upload your test results in Blackboard to pass the class. For more information about the exam go to:

<http://certification.acsm.org/files/file/2015%20CRC%20Guide.pdf>. This test is taken at the nearest Pearson VUE testing center.

#### **Ready to Schedule Your Exam?**

At ACSM, we want to make sure that you are well prepared and ready to join our team! We also want to make sure that you can take your exam at a time and location convenient to you. That's why we partner with Pearson VUE, an organization that administers more than 5,000 computer-based testing centers throughout the world.

Before visiting the Pearson VUE site, you should:

- Select your certification.
- Review that certification's Exam Content Outline (found on each certification page).



- Outline your study plan to ensure you've given yourself enough time to prepare (study materials for each exam can also be found on the certification page).

Once you have the items in place, you are ready to go!

New visitors will have to make an account

with [\*\*Pearson VUE\*\*](#) before scheduling. If you have any

questions, you can contact us at: [\*\*800-486-5643\*\*](tel:800-486-5643). For

questions directly related to your exam scheduling, please call Pearson VUE at [\*\*888-883-2276\*\*](tel:888-883-2276).

