



Department of Physical Therapy

In-service or Project Guidelines

In your professional career, you will be required to present in-services to your colleagues or complete projects for the facility. Therefore the purposes of this assignment are to help you become accustomed to public presentations, to give you an organizational format for presentations to your colleagues, organization of projects and to encourage the use of the most recent information on a particular topic.

GUIDELINES

1. Select a topic in consultation and with approval of your CI for the in-service or Project. The **topic must** meet your Clinical Instructor's or CCCE's approval. Your topic should be chosen before the mid-term visit / phone call by the DCE/Faculty Supervisor.
 - a. Examples:
 - i. In-service – should be pertinent to the setting and CANNOT be the presenting your CASE STUDY alone
 - ii. Projects – (suggestions)
 1. completing CSIF online for facility,
 2. creating manuals for the facility,
 3. creating special forms or brochures pertinent to the facility,
 4. organizing a "booth" at a facility sponsored event,
 5. MANY OTHERS – must get CCCE/CI approval
2. Two in-services or projects are required for FIU. You must complete these by the end of the 4th clinical internship. The actual presentation should be a minimum of 30 minutes in length. Even if you have completed two in-services and have met FIU's requirement, if a facility requests and in-service or project, the student MUST adhere to that request.
3. FOR your in-service/project, prepare the following items:

FOR AN IN- SERVICE

 - A. An outline of your presentation description
 - B. You are required to use a minimum of two different teaching techniques that are appropriate (i.e. discussion, lecture, demonstration, etc.). You are encouraged to use audiovisual equipment and handouts for your presentation.
 - C. Handouts (copies of your own handouts or articles given to attendees.)
 - D. All presentations must include a list of the references that you used to prepare the in-service or project presentation. The list should include a minimum of three current references. **Use the APA or AMA style manual.**
 - E. Copies of the ATTENDEE RATING FORM for each member of your audience – to be completed by each attendee.
 - F. Have each attendee sign the "ATTENDANCE FORM"



FOR A PROJECT

- A. If you complete project or task for your facility, submit a one page, single spaced, paper describing your project, it's purpose and benefit to the community or facility to your CI in addition to the actual "Project/Task"**
- B. If you are providing a project/task only to your CI, have them complete the ATTENDANCE RATING FORM and sign the "ATTENDANCE FORM." In addition, if others are involved with your project/task, have them complete the forms.**
 - **Examples:**
 - **If you complete a "manual" for your facility, have the CCCE and your CI rate your performance in creating the manual and have them sign the attendance form.**
 - **If you complete the online CSIF for your facility, have the CCCE and the CI sign the attendance form and complete the rating form. (In this case, the PT CSIF web – will also send me an email once the task is "signed" off by the CCCE)**
- 4. After your in-service or project presentation, Combine the rating forms from the attendees with suggestions for change and complete the "SUMMARY OF INSERVICE EVALUATION FORM". **Your clinical instructor must sign this form.****
- 5. At the completion of your affiliation, turn in the following items to YOUR FACULTY SUPERVISOR**
 - A.** Title page with your name, title of presentation or project, date, facility
 - B.** The outline of your presentation (if applicable)
 - C.** The list of references for in-service
 - D.** Any handouts that you distributed for an in-service
 - E.** The one page description if it a project
 - F.** The Summary of the In-service/Project Evaluation form. (WE DO NOT WANT ALL THE RATING FORMS, ONLY THE SUMMARY FORM SIGNED BY YOUR CI)
 - G.** The signed "Attendance form."



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Department of Physical Therapy

IN-SERVICE ATTENDANCE FORM

Presenter's Name _____ Date _____

Topic _____

Facility _____

NAME of attendees

TITLE



Department of Physical Therapy
Attendee Rating Form
In-Service OR Project Rating Form

Presenter's Name _____ Date _____

Topic _____ Facility _____

Organization:

The topic or project was introduced in a clear manner.

5 4 3 2 1
Agree Disagree

Comments:

If it is an in-service, the material was presented in a logical order.

If it is a project- the final product submitted is well organized.

5 4 3 2 1
Agree Disagree

Comments:

The in-service presentation was well paced and within the time available.

If it is a project, it was submitted within the time-frame requested by the facility.

5 4 3 2 1
Agree Disagree

Comments:

Content:

The objectives of the in-service or the project were clearly stated.

5 4 3 2 1
Agree Disagree

Comments:

The objectives were addressed during the in-service presentation.

If it is a project, the final product submitted met the objectives requested by the facility.

5 4 3 2 1
Agree Disagree

Comments:

The in-service topic covered or the project performed was appropriate for the facility.

5 4 3 2 1
Agree Disagree

Comments:



Teaching Methods:

For an in-service, more than one teaching method was used (handouts, demonstration etc.)
If it is a project, the final product demonstration or use of, met the requirements of the facility.

5 4 3 2 1
Agree Disagree

Comments:

Adequate time was provided for me to make comments and ask questions regarding the in-service or project submitted.

5 4 3 2 1
Agree Disagree

Comments:

The in-service ended with a summary of information presented.
If it is a project, the final product is or was of benefit to the facility.

5 4 3 2 1
Agree Disagree

Comments:

General Comments:

The overall presentation or project was

Excellent Good Fair Poor

The things I liked best about this presentation/project were:

This presentation/project could have been improved by:



Department of Physical Therapy

SUMMARY OF INSERVICE/PROJECT EVALUATION FORM

Presenter's Name _____ Date _____

Topic _____ Facility _____

Please indicate on the line provide the total number of responses you received in each of the indicated categories.

(Do not hand in each attendee rating form)

(5 = Strongly Agree, 1 = Strongly Disagree)

ORGANIZATION:

Introduction	__5	__4	__3	__2	__1
Order	__5	__4	__3	__2	__1
Pace	__5	__4	__3	__2	__1

CONTENT:

Clarity	__5	__4	__3	__2	__1
Continuity	__5	__4	__3	__2	__1
Appropriateness	__5	__4	__3	__2	__1

TEACHING METHODS:

Variety	__5	__4	__3	__2	__1
Adequate time	__5	__4	__3	__2	__1
Summary	__5	__4	__3	__2	__1

GENERAL COMMENTS:

Overall: Excellent Good Fair Poor Waste of Time

What did your audience consider the best points of your presentation/project?

What did your audience consider the weak points of your presentation/project?



Summarize all comments and discuss how you would modify / change / improve your presentation of this topic in the future.

Student's Signature

Date

Clinical Instructor's Signature

Date