



Republic of the Philippines  
OFFICE OF THE PRESIDENT  
COMMISSION ON HIGHER EDUCATION

**CHED MEMORANDUM ORDER**

**NO. 23**

**Series of 2007**

**SUBJECT: GENERAL GUIDELINES FOR THE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY INTERNSHIP PROGRAM**

In accordance with the pertinent provisions of Republic Act (RA) 7722, otherwise known as the "Higher Education Act of 1994", and in view of CHED Resolution No. 049 s.2007, for the purpose of rationalizing Physical Therapy and Occupational Therapy Education in the country with the end in view of keeping at pace with the demands of global competitiveness, the following General Guidelines for Physical Therapy and Occupational Therapy Internship program are hereby adopted and promulgated by the Commission thus:

**ARTICLE I  
VISION**

The Internship Programs for Physical Therapy and Occupational Therapy will be a venue for training interns to become humane and scientifically competent therapists who are responsive to the changing healthcare needs of society.

**MISSION STATEMENT**

It will be a well-planned and organized program at par with international standards that provides for the integration and application of theoretical knowledge towards the development of necessary competencies for the performance of expected professional roles. The program focuses on the role of a physical therapist and occupational therapist in patient care and administration but also provides experience in other areas of practice. It intends to produce professionals who are:

- Able to work as members of a team
- Ethical, accountable, altruistic, socially responsible, compassionate.

**ARTICLE II  
DESCRIPTION**

The internship program involves assigning students to different affiliation centers that cater to various client populations for a minimum of 1500 hrs for BSPT and 1200 hrs for BSOT under the guidance of licensed physical therapists and occupational therapists, respectively.

In the internship program, interns develop professional skills by a systematic application of scientific knowledge to actual clinical situations in different practice settings.

### ARTICLE III OBJECTIVES

The clinical training program aims to

1. Integrate knowledge, skills and attitudes such as clinical, communication and professional behaviors expected of entry-level physical therapists and occupational therapists.
2. Develop compassionate, ethical, and competent physical therapists and occupational therapists who are globally competitive, and committed to serve the health needs in both local and international communities

### ARTICLE IV DEFINITION OF TERMS

**Interns.** Students who have completed all requirements in the preparatory, general education, professional courses and who are presently undergoing clinical training in different affiliation centers.

**Affiliation Center.** Practice setting that offers PT/OT services and provides a clinical training program; must have passed minimum requirements as determined by appropriate government agencies and/or HEIs.

**Clinical Supervisor.** Staff member in charge of the clinical training program in the affiliation center.

**Clinical Instructor.** Physical therapist/ occupational therapist designated either by the affiliation center or HEIs to carry out teaching-learning activities; may also be designated as clinical supervisor.

**Internship Coordinator.** Representative from the HEI primarily tasked to liaise between HEIs and affiliation centers.

**Training Program.** A program designed by the staff of the affiliation center to facilitate the development of entry-level competencies of PT/OT interns.

### ARTICLE V REQUIREMENTS

1. Only those who completed all the academic course requirements prior to internship, as stipulated in the curriculum shall be allowed to proceed to internship.
2. Applicants shall be certified to be physically and mentally fit by a physician to undergo internship.
3. Other institutional requirements of colleges and universities prior to internship shall be observed.

**ARTICLE VI  
GENERAL RULES**

1. The institution must provide the interns and affiliation centers with a Manual on Clinical Training, which should include information on minimum training requirements and student to assess other centers.
2. To ensure the effectiveness of the clinical training program and the quality of client service, the following standards must be observed;
  - 2.1. The intern-to-patient ratio for individual sessions must be a minimum of 1:4 and not to exceed 1:10 per day; interns may also be expected to manage group sessions.
  - 2.2. The interns, during the course of their training, must have exposure to a variety of clinical experiences which should include patients/clients evaluation & management from different populations, including but not limited to:
    - (For PT Interns)
      - neurological
      - musculoskeletal
      - pulmonary
      - cardiovascular
      - integumentary
      - pediatric
      - geriatrics
      - well population
    - (For OT Interns)
      - psychosocial
      - physical
      - people in the community
  - 2.3. Interns must have exposure to community based rehabilitation services for a maximum of two (2) months during the course of their training.
  - 2.4. The maximum ratio of clinical instructor of the affiliation center to interns must be 1:4.
  - 2.5. PT and OT interns must always be supervised by licensed PT and OT staff employed by the affiliation center and/or faculty member assigned by the school.
  - 2.6. The interns shall not exceed a total of forty (40) hours per week of clinical duty, including all training activities.
3. The school and the affiliation center shall enter into a contract of affiliation or memorandum of agreement prior to the affiliation

4. Affiliation fees should be mutually agreed upon by the HEI and the affiliation center. Allocation of such fees shall be made transparent to all parties concerned. Fees stipulated in the Department of Health Guidelines on Affiliation shall apply to centers under the Department's jurisdiction.
5. Schools should allot a specific, pre-determined number of hours for conducting research during internship.

**ARTICLE VII  
DUTIES AND RESPONSIBILITIES OF INTERNSHIP COORDINATOR and  
CLINICAL SUPERVISOR / INSTRUCTOR**

Clinical supervision refers to the process of overseeing the interns' implementation of the physical therapy / occupational therapy process where the clinical instructor / supervisor is responsible for the quality of the interns' practice and the safety of the recipients of therapy services.

1. The Internship Coordinator/Clinical Training Coordinator of the Higher Education Institution (HEI) shall have the following duties/ responsibilities:
  - 1.1. Serve as a role model of professionalism for interns;
  - 1.2. Orient the interns on the internship course prior to field work;
  - 1.3. Act as a liaison officer between the HEI and the affiliation center;
  - 1.4. Coordinate with the designated clinical supervisor of the affiliation center in the proper implementation of the clinical training programs of both the HEI and the affiliation center;
  - 1.5. Regularly monitor interns' performance;
  - 1.6. Visit the affiliation center at least once within the duration of interns' affiliation;
  - 1.7. Initiate the review, revision and updating of the internship program of the HEI;
  - 1.8. Ensure that interns have adequate clinical training experience in terms of variety of cases handled, hours of training, number of patients/clients, other clinical training activities.
  - 1.9. Perform other related functions as may be assigned by the Department Chair / Dean/Head of the HEI.
2. The clinical supervisor / clinical instructor of the affiliation center shall have the following duties / responsibilities:
  - 2.1. Serve as a role model of professionalism for interns;
  - 2.2. Orient the interns on the training program of the center prior to the commencement of the affiliation duties;
  - 2.3. Act as a liaison officer between the affiliation center and the HEI;
  - 2.4. Coordinate with the designated internship coordinator of the HEI in the proper implementation of the clinical training programs of both the HEI and the affiliation center;
  - 2.5. Facilitate development of clinical competencies through teaching of clinical skills, regular formative evaluation (e.g. discussion, review of intern's intervention plans and documents and observation of their actions), provision of relevant clinical

- training activities. Amount and frequency of supervision will vary with the interns' knowledge base, familiarity with the practice setting and his or her learning needs, the context of practice, including the presence or absence of other health professionals, the complexity of the therapy intervention to be provided, and the level of proficiency required for it to be effective;
- 2.6. Ensure that interns have adequate clinical training experience in terms of variety of cases handled, hours of training, number of patients/clients, other clinical training activities.
  - 2.7. Evaluate intern performance using a pre-determined scheme;
  - 2.8. Ensure safety of the interns and the patients/clients who receive therapy services from the interns

### **ARTICLE VIII DUTIES AND RESPONSIBILITIES OF INTERNS**

1. The intern shall carry out physical therapy or occupational therapy services, as appropriate, through clinical training activities assigned and monitored by the clinical supervisor / clinical instructor;
2. The intern shall demonstrate professional behavior:
  - 2.1. Treat recipients of care patients with compassion.
  - 2.2. Treat all information pertaining to recipients of care with utmost confidentiality.
  - 2.3. Work harmoniously with fellow interns and other personnel of the affiliation center.
  - 2.4. Adhere strictly to the policies of the affiliation center on absences and tardiness
  - 2.5. Wear the complete attire prescribed by the affiliation center.
3. The intern shall maintain accurate and timely records of patient/client care services performed during the affiliation period;

### **ARTICLE IX OFFENSES AND SANCTIONS**

1. Absences shall be considered excused or unexcused according to the policies of the affiliation center. Absences/tardiness will have the following consequences:
  - 1.1. for every full day of excused absence, eight (8) hours make-up
  - 1.2. for every half day of excused absence, four (4) hours make-up
  - 1.3. for every full day of unexcused absence, sixteen hours (16) hours make-up
  - 1.4. for every accumulated tardiness of sixty minutes, 8 hours make-up
  - 1.5. for absences exceeding twenty percent (20%) of the total affiliation hours per hospital rotation, repeat rotation in the affiliation center.
2. Sanctions shall be determined by the affiliation center and the institution on the following, but not limited to:
  - 2.1. cheating in any form (forgery, falsification of documents, etc.)
  - 2.2. alcohol intoxication
  - 2.3. inflicting injuries
  - 2.4. carrying deadly weapon
  - 2.5. use of prohibited drugs

- 2.6.sexual harassment
- 2.7.vandalism
- 2.8.willful destruction of hospital property
- 2.9.gambling
- 2.10. stealing

**ARTICLE X  
RESPONSIBILITIES OF THE PHYSICAL THERAPY AND OCCUPATIONAL  
THERAPY AFFILIATION CENTERS**

The affiliation center shall have:

1. Adequate space, conducive to working to accommodate both staff and interns;
2. Sufficient and appropriate equipment and supplies based on services provided;
3. Its own clinical training program and training manual, copy of which should be given to HEIs, that includes:
  - 3.1.Objectives of the training;
  - 3.2.Training activities;
  - 3.3.Policies and procedures of the affiliation center;
  - 3.4.Expected behaviors;
  - 3.5.Methods of intern performance evaluation, including merit and demerit system if used;
4. Timely orientation on the training program;
5. Regular communication with the HEI representative regarding interns' performance;

**ARTICLE XI  
PERFORMANCE EVALUATION**

Evaluation of interns' performance during clinical training should be consistent with the type of program, clear and explicit, and appropriate to the level of the intern.

1. Suggested areas of evaluation may include, but are not limited to the following:
  - 1.1 Patient care
  - 1.2 Documentation
  - 1.3 Professional behavior
  - 1.4 Case presentations/conferences/ reports
  - 1.5 Journal or special topic reports
  - 1.6 Written and/or practical examinations
2. The performance grade should be based on pre-determined, objective and clearly explained grading scheme.

3. The results of the performance evaluation shall be explained to the intern at least at mid-term and at the end of rotation.

Immediate dissemination of this Order is desired.

Pasig City, Philippines, April 2, 2007

  
CARLITO S. PUNO  
Chairman