**LEBANON VALLEY COLLEGE**

**Internship Weekly Log**

Due the Monday after the weeks end by uploading to MS EXSC Information Canvas page.

**Student Name:** Alex Renninger **Week of:** 11/8/21-11/12/21

**Internship Supervisor Name:** Click or tap here to enter text. **Facility:**

1. **Complete the following statement:**

**This week went:  lousy  so-so  well  great**

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| --- |
| **Why?**  I am really enjoying my internship |

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| **What can you do to make next week better?**  Work on getting more of case study complete |

1. **Give yourself 1 positive and 1 constructive statement regarding your performance this week.**

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| --- |
| **Positive:** |

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| --- |
| **Constructive:**  Pay attention to previous notes on charts on how to increase or not increase certain things |

1. **GOALS**

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| **Goals achieved this week:**  Saw a different location |

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| **Goals for next week:**  Observe a different kind of surgery that I have not seen before |

1. **STRATEGIES**

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| **Strategies to achieve goals (how will you achieve the goals listed):**  Observation @ LGH |

1. **FEEDBACK**

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| **Feedback for your Internship Supervisor:**  Below |

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| --- |
| **Feedback from your Internship Supervisor (to be completed by the Internship Supervisor):**  -email- |

**STUDENT’S TIME LOG**

**Enter total number of hours each day**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sun:** Click or tap to enter a date. | **Mon: 7:45-4:30** | **Tue:7:45-4:45** | **Wed:7:45-4:00** | **Thu:7:45-4:45** | **Fri:7:45-2:00** | **Sat:**Click or tap to enter a date. | **Total**  **41.25** |

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| --- |
| **Explanation of work hour variance:** |

**I agree with the above weekly summary (Site Supervisor’s initial here) \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

Does the  student  Internship Supervisor require a call from the LVC Program Supervisor?

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEKLY LOG

NOVEMBER 8th – NOVEMBER 12TH

**MONDAY 11/8/21**

Today was the blind patient’s last day of cardiac rehab! This patient is a highlight of my internship, and I have learned so much through working with him each session. It was incredibly rewarding to be able to progress him through the program. I feel like I am better able to assess different limitations and considerations when working with patients that have additional needs beyond their cardiac diagnosis.

Throughout the day, I also helped patients try equipment for the first time. I put a patient on a treadmill for the first time. She was about halfway through her program but had never tried the treadmill. After assessing safety risks, I decided that she was okay for the treadmill. She tolerated it well and enjoyed the exercise, as one of her goals is walking so she can have more stamina for returning to work. I also showed a patient the rowing machine. This patient has always come in and been willing to try any piece of equipment with a great attitude, so it is fun to show him new equipment. He had previously tried the elliptical, but he thought it was too hard. Interestingly, he did not think the rower was very difficult and really enjoyed it. This highlights the importance of picking equipment / activities you ENJOY doing as this will help you be more consistent! Finally, I helped the deaf patient start strength training. This was almost easier than showing her aerobic because she could visually see what I was doing. Thankfully an interpreter was there to help explain form and reps.

**TUESDAY 11/9/21**

Today I worked closely with a patient who was having a rough day. I tried to encourage her as she was extremely frustrated that she could not do arm exercises. She tried to last session but felt “clicking” in her sternum. Along with this, she felt as if there was a lack of communication between doctors. She was under the impression that cardiac rehab would “clear” her to use her cane instead of a walker, as she was using prior to her surgery. One of the EPs explained to her that is not under our jurisdiction and that it sounded like she had to be the one to make that decision based off how she was feeling. She said she has been feeling better but felt unsure. I am hoping that cardiac rehab can help her feel more confident in assessing how she feels and help her improve her stamina and strength so she can go back to using her cane. As I have seen with multiple patients, open heart surgery significantly impacts an individual’s mental health and must be taken into consideration when working with them during exercise. I have found that simply listening to patients can help them feel better, especially if they do not have much support from family or friends.

**WEDNESDAY 11/10/21**

Today I visited the Willow Lakes location. I had heard that it was small, but I was still surprised to see how small it was. Some of the equipment was shared by the physical therapy department. It also was surprising because their warmup area was also where other patients were exercising. This did not seem ideal, but the staff said they hopefully will expand at some point to get more space. Another observation that I made was that the patients were extremely independent. They did not need help setting up equipment, nor did they want it (maybe that was due to me being a new face). I talked to some patients, but others just wanted to exercise and be left alone. Even though it was the same procedures, same routine, same setup (just smaller), I felt like I was at a completely different place. As the day went on, I felt more comfortable. It was a nice break in the week seeing something different and being with different staff and patients. I really enjoyed seeing this location.

**THURSDAY 11/11/21**

This morning I worked with patients on increasing their times. In one of the classes, the EPs had differing opinions on one of the patients. This patient had open heart surgery and was active pre-surgery but did not run. He told the EPs that he was jogging outside of cardiac rehab, so one EP thought that he should try it in rehab so that he could be monitored and checked for any arrhythmias or discomfort. The other EP did not believe this was the best course of action because he is not far out from his surgery, and he had poor form on the TM. This patient personally wanted to do it because he believes it is a “good exercise” but says he does not enjoy it. His HR was outside of his THR, but not by much and it came back down when he was walking. He also was only doing 2-minute intervals of running. It was interesting to see two different point of views, and it was a good demonstration of how to professionally handle a patient issue, even if you do not feel the same. I am unsure of what they decided on, but I am interested to see the patient’s progression. My feedback for the patient would be to explain that there are other “good” exercises that can benefit him aside from running; aerobic exercise in general has multiple benefits and all types help the heart recover and get stronger. It is quite interesting how patients who have experience in the healthcare field can forget certain things when they are experiencing the care, not giving it.

In the afternoon, I worked with the deaf patient again. She wanted to begin with strength training. I knew that she was considered a training patient now, and I asked if she was here yesterday. She said yes, and I checked her chart to see if she had done ST; she did. I then asked her if she was planning on coming tomorrow; she said yes. Because she was only coming on a pre-training day so she could go to a class she missed, due to an interpreter not being present, I told her to just do aerobic exercise today, and she could do strength training tomorrow. I explained that patients should not do more than 3 days of strength training, and that her muscles need a day of rest. She was fine with that, and she was able to increase her aerobic time.

Another patient I was working with was not listening to my direction. I told him to go on the TM for 15 minutes. I checked on him and he was at 13:30 so I reminded him to stop at 15 minutes. I also showed him which button to push when it was time to stop and instructed him to get hand sanitizer and report to the front if I did not come back over in time. I went to help another patient get set up on a piece of equipment, and when I was done, I saw the other patient was still on the treadmill. I went over to him and he was a few minutes over time and so I stopped him and made a note in his chart to set timers next time. He told me that he really enjoys the treadmill, and while I am glad he is enjoying rehab so far (he was nervous to start), I also want to make sure he is able to get on different pieces of equipment.

Today ended with a patient leaving abruptly. It was his first time exercising, and I had helped him with his first two pieces of equipment. I told him I would be back after I put gave his information to the front desk. Another staff member went over to him to help him, but he got frustrated and left. This is the first time I have seen a patient get so upset, but all the staff was so professional; it was a great demonstration in what to do in that type of situation.

**FRIDAY 11/12/21**

Today was an easy day. I was able to talk to different patients and progress them in either their time or intensity, as well as strength training. The classes are often smaller on Fridays, which is a nice end to the week. The classes vary with patients as some classes have many new people and some classes have patients that are well over halfway through the program. I enjoy seeing the connections that patients make with each other. One patient did not exercise because she had low blood pressure and was not feeling well. Another patient who started around the same time as she was concerned about her and had told her she hoped she felt better. It is great that patients can use rehab as a social outlet as well. This helps them as they can relate to each other since they all are there for the same reason (rehab). In one of the education classes, the patients were talking before I had started; they were discussing the “good” and “bad” hospital food they had!