

UNIVERSITY OF WISCONSIN PHYSICAL THERAPY CONSORTIUM
University of Wisconsin – La Crosse Physical Therapy Program

PT 751: Fieldwork - General Practice
Summer 2010: Monday, August 2 – Friday, August 27
2 credits

Day/Time: Fulltime clinical experience

Location: Off campus clinical experience as assigned

Course Schedule: 4 fulltime weeks extending from August 2nd – August 27th 2010.

Course Coordinator:

Instructor: Tanya Grabinski PT, MHS, PCS

- Office Phone: 608-785-5072
- Cell Phone: 608-780-2551
- Home Phone: 608-796-9453
- Email: grabinsk.tany@uwlax.edu
- Office Hours: by appointment

Instructor: John Greany, PT, PhD

- Office Phone: 608-785-8461
- Cell Phone: 608-799-6035
- Home phone: 608-782-2247
- Email: greany.john@uwlax.edu
- Office Hours: by appointment

Instructor: Gwyneth Straker PT, MS

- Office Phone: 608-785-8475
- Cell Phone: 608-792-1092
- Home phone: 608-787-0338
- Email: straker.gwyn@uwlax.edu
- Office Hours: by appointment

Health Professions Department office: 4063 HSC; 785-8470

Course Prerequisites:

- Successful completion of first three semesters of Physical Therapy Program didactic coursework.
- Enrolled in good standing in the Physical Therapy Program.
- Functioning at the developing level of academic professional behaviors.
- The instructor reserves the right to require additional learning experiences, additional readings, etc, as deemed necessary prior to allowing the student to begin this internship.

Course Description: The student will be assigned to a clinically based learning experience where they will be allowed to practice basic skill acquisition in real time. Fieldwork placements will be with a general practitioner/clinical instructor (CI). Consistent with the services that may be provided in a general practice, students may be expected to provide supervised therapy for less complicated patients in any supervised setting, including these options: acute care, extended care facility, home care, outpatient orthopedic, and pediatrics.

COURSE GOALS & OBJECTIVES:

Students will:

1. Practice in a safe manner (CPI skill 1); (CC-5.2)
2. Adhere to legal practice standards (CPI skills 5) (CC-5.1)
3. Demonstrate professional behavior (CPI skills 2, 3 & 4): (CC-5.11)
 - a. Abide by facility policy and procedures (CC-5.1)
 - b. Accept responsibility for own actions (CC-5.4; CC-5.14)
 - c. Respect confidentiality of patients (CC-5.3)
 - d. Maintain professional appearance (CC-5.11)
 - e. Identify need for further learning (CC-5.12)
 - f. Raise relevant questions with clinical instructor in an appropriate manner (CC-5.20)
4. Be able to apply supervised patient/client management procedures:
 - a. Treatment:
 - i. Practice examination procedures such as range of motion, strength, balance, coordination, palpation, gait and posture (CPI skill 11) (CC-5.30)
 - ii. Demonstrate skill in handling patients in a safe and effective including acting in the patient's best interest regarding patient's physiologic response to treatment (CPI skill 1) (CC-5.39)
 - iii. Apply basic exercise procedures in a safe and effective manner, appreciating the rationale for use (CPI skills 9 & 14) (CC-5.39, a)
 - b. Where available:
 - i. Practice the application of physical agents in a safe and effective manner, appreciating the rationale for use (CPI skill 14) (CC-5.39, i)
 - ii. Demonstrate skill in the treatment of wounds understanding the healing process and sterile technique (CPI skill 14) (CC-5.39, g)
5. Apply knowledge of communication skills in the clinical setting (CPI skills 6 & 7) (CC-5.17)
 - a. Be aware of own body language.
 - b. Documentation will be legible, grammatically correct, accurate and concise.
 - c. Be an active listener.
 - d. Actively seek feedback.
 - e. Be aware of other's non-verbal communication.
 - f. Communicate informally with patient.
6. Accurately self-assess their clinical performance after seeking feedback from other students, clinical staff and patients (CPI skill 23). (CC-5.12)
7. Value curricular threads of: Professional behaviors; life span; cultural competence (CC-5. 11, CC-5.18)

Instructional Methods: Course will utilize experiential learning under the supervision of a Physical Therapist clinical instructor, self-assessment, reflective journaling and clinical instructor feedback. Students will utilize D2L resources and participate in any assigned D2L discussions.

All clinical education materials can be located on the program's clinical education web link:
http://www.uwlax.edu/pt/clinical_education.htm

Course Content:

- Course expectations
- Legal guidelines and clinical conduct
- Off-campus experiential learning assignment to a general practice clinical setting
- Participation in a debriefing session following return to campus

Policy Regarding Disabilities:

AMERICAN WITH DISABILITIES ACT:

- Any student with a documented disability (e.g., physical, learning, psychiatric, vision, or hearing, etc.) who needs to arrange reasonable accommodations must contact the instructor and the Disability Resource Services office (165 Murphy Library 785-6900) at the beginning of the semester.
- If a student thinks they have a need for reasonable accommodations but have not completed an evaluation to have their needs documented, please access the Disability Resource Services office (165 Murphy Library 785-6900) for consultation.
- Students who are currently using the Disability Resource Services office will have a copy of a contract that verifies they are qualified students with disabilities who have documentation on file in the Disability Resource Services office.

Course Evaluation:

Grading: Course will be pass/fail based on attendance, completion of all assignments, and clinical instructor feedback.

Students are expected to function at the intermediate level of the **Professional Behaviors Assessment Tool** upon completion of clinical courses PTS 651 & 751 and at entry level upon completion of PTS 851, 852 & 853. The course instructor will use student self-assessment, anecdotal records, comments from the CI as well as comments on the CPI to determine the student's **Professional Behavior** level of performance.

Required Textbooks:

1. Functional Outcomes: Documentation for Rehabilitation, by Lori Quinn and James Gordon, Saunders. ISBN 0-7216-8947-7
2. Guide to Physical Therapist Practice, 2nd Ed. American Physical Therapy Association, 2001.

Recommended Textbooks:

Tabors Medical Encyclopedia
Any medical dictionary

Course, Department and Program Policies:

All policies as stated in the Physical Therapy Clinical Education Student Handbook will be observed in this course.

Key to Clinical Education Terms:

Student - you

CI - Clinical instructor or clinical educator. Provides direct supervision of the clinical learning experience.

Course Instructor-The academic faculty who is assigned to supervise one of your clinical education courses.

CCCE- Center Coordinator of Clinical Education- This individual may or may not be a physical therapist. They are responsible for the coordination of clinical assignments between the facility and the academic institution. All correspondence between the student and the facility should be directed to the CCCE.

DCE-Director of Clinical Education- The faculty member of the Physical Therapy Program whose primary duties are the development, coordination and evaluation of the clinical education program.

COURSE REQUIREMENTS

Check when complete	Student Activity	Due Date
BEFORE CLINICAL		
	Correspond with facility by July 6, 2010 for second contact. Provide CI with:	7/6/2010
	<ul style="list-style-type: none"> • Contact information for use during the internship, arrival time, planned housing, etc. 	
	<ul style="list-style-type: none"> • Personal data sheet. 	
	<ul style="list-style-type: none"> • Four well written learning objectives. 	
	<ul style="list-style-type: none"> • Clarify expectations associated with this clinical internship and course assignment. 	
	<ul style="list-style-type: none"> • Summary of learning style, strengths and weaknesses, and skill level (using the self-assessment form provided). 	
	Students are encouraged to have a comprehensive physical examination prior to beginning their internships (may be a facility requirement). A departmental form is available for physician use upon request.	
	Documentation for all required certifications and immunizations must be on file in the clinical education office (room 4031) AND STUDENT MUST BRING DOCUMENTATION TO CLINICAL SITE FOR POTENTIAL REVIEW.	
	<ul style="list-style-type: none"> • CPR certification (adult and infant) at the basic life support level. 	
	<ul style="list-style-type: none"> • Immunizations listed in “general requirements” 	
	Complete CPI required training by July 13, 2010 (midnight). This takes approximately 2-4 hours.	7/13/2010
	Students must have completed the blood-borne pathogens module and accompanying quiz (found on D2L site for PTS 751).	7/14/2010

	DAY ONE of clinical	
	Complete “electronic yellow card” and submit to drop box. (Select time for conference call with course instructor on doodle)	8/2/2010
	Review student generated learning objectives with clinical instructor – revise as needed to achieve learning objectives that are approved by the clinical instructor in agreement with the student.	8/2/2010

Check when complete	Student Activity	Due Date
	DURING the Internship	
X	The course instructor will contact each student at least once during this fieldwork experience.	NA
X	The course instructor will communicate with a select number of students’ clinical instructors – this communication may be based on random selection or may be in response to any questions or concerns initiated by the student, the CI, or the course instructor.	NA
	Clinical Performance Instrument (CPI) completed electronically by the student prior to conference with your CI	Before last day 8/27/2010
	Complete Professional Behaviors form (Demonstrate professional behavior at the intermediate level on 50% of the behavioral criteria) prior to conference with your CI <ul style="list-style-type: none"> a. Self-assessment portion b. Professional Development Plan (last page) 	Before last day 8/27/2010
	Submit Professional Behaviors form (drop box) <ul style="list-style-type: none"> • Self-assessment portion • Professional Development Plan (last page) 	Before last day 8/27/2010

COURSE ASSIGNMENTS: (continued)

Check when complete	Activity	Due Date
	Clinical Performance Assessment completed by the CI using the <i>Physical Therapy Student Clinical Performance Instrument (CPI)</i>	8/27/2010
	<ul style="list-style-type: none"> • Obtain Advanced Beginner Performance in skills 1-15. • Seek Beginning Performance level for skills 16, 17, 18. 	
	<ul style="list-style-type: none"> • Conference with the CI upon completion of the fieldwork experience. <i>During this conference, the following events take place:</i> 	
	<ul style="list-style-type: none"> ○ Student and CI compare/contrast their <i>CPI</i> and <i>PT-specific generic-abilities</i> assessments of the student's performance. 	
	<ul style="list-style-type: none"> ○ Student and CI discuss all differences between their respective assessments seeking clarification using the following format: 	
	Student will provide examples of typical patient/clinic experiences to support their assessment	
	Student will support assessment with data obtained from any/all of the following sources: <ul style="list-style-type: none"> ▪ Patient (verbal/non-verbal/patient outcomes) ▪ Clinical instructor ▪ Student (confidence, ease of completion, efficiency; etc.) ▪ Other staff/sources of information 	

REQUIREMENTS & EXPECTATIONS ON CLINIAL EXPERIENCE

Check when read (x)	Requirements and Expectations
	The student is expected to contact the course instructor immediately if there are concerns about how the affiliation is progressing.
	Students are responsible for their own transportation and lodging.
	<p>Immunizations: All students are required to have a copy of their immunization records on file with the DCE and available for facility inspection. In addition, student must adhere to facility requirements prior to starting clinical experience. Immunization records must include:</p> <ul style="list-style-type: none"> • Proof of immunity by titer level for measles, mumps, rubella, Hepatitis B and varicella. • Tetanus/Diphtheria: with evidence of a tetanus booster in the last 10 years. • Proof of <u>two</u> negative 2 step TB tests within 12 months of the start of the student's clinical experience. • Polio vaccine.
	Students are responsible for fees for services rendered should they become ill and require medical attention and are therefore advised to secure health insurance coverage. Evidence of immunization on file with the Physical Therapy Program and available for facility inspection.
	All students are expected to carry professional liability insurance in addition to the university's umbrella policy. This policy is purchased by students as part of their course fees and available for review upon request.
	Students are expected to follow all policies and procedures, including the work schedule assigned by their clinical instructor.
	<p><u>Dress Code:</u> Student must follow the dress code of the facility at all times.</p> <p>Hair should be controlled and a suitable length. Intern should appear neat and clean. Nails should be trimmed and short with no polish. Jewelry should be kept to a minimum. Name pins must be worn at all times. It is the intern's responsibility to find out the dress code at the facility to which you are assigned.</p>
	Specific information for each clinical site is on file in the Clinical Education Resource Room (4004 HSC). Additional information may be available by contacting the DCE or facility's Clinical Coordinator of Clinical Education (CCCE).
	<p><u>Attendance policy:</u> Interns are expected to adhere to the schedule of their clinical instructor unless instructed otherwise by the facility (at least 40 hours/week). The only excusable absence is illness.</p> <p>If a student is ill, s/he must notify the CI and Course Instructor. Arrangements to make up for time off for illness should be made between the CI and the student, with notification to Course Instructor summarizing the arrangements. Interns are strongly discouraged from having outside jobs during their fieldwork experiences.</p>

APPENDIX A
Doctor of Physical Therapy Program
University of Wisconsin-La Crosse
Professional Behaviors

Instructions:

- The student will become familiar with all *Intermediate Level Criteria* prior to beginning their 4-week fieldwork assignment.
- Upon completion of the clinical experience, use the highlighter tool on your computer, mark all criteria that describes behaviors you *typically* demonstrate.
- The students will complete the self-assessment process by highlighting (yellow) their level of performance (rarely, occasionally, typically).
- The student will then share their self-assessment with their clinical instructor seeking feedback.
- The student will identify one or two behavioral criteria that merit further attention and develop strategies for personal and professional growth related to those criteria.
- The form is to be submitted using the D2L drop box.
- The student should be prepared to discuss their plan with their course instructor upon their return to campus.

Ten Professional Behaviors
1. <u>Critical thinking</u> : The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.
2. <u>Communication</u> : The ability to communicate effectively (i.e. verbal, nonverbal, reading, writing, and listening) for varied audiences and purposes.
3. <u>Problem Solving</u> : The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. <u>Interpersonal Skills</u> : The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. <u>Responsibility</u> : The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.
6. <u>Professionalism</u> : The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. <u>Use of Constructive Feedback</u> : the ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. <u>Effective Use of Time and Resources</u> : The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. <u>Stress Management</u> : The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. <u>Commitment to Learning</u> : The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**Doctor of Physical Therapy Program
University of Wisconsin-La Crosse
Professional Behaviors – Intermediate Level**

Student Name: _____

Date: _____

The student demonstrates:	Assessment		
1. Critical Thinking: <ul style="list-style-type: none"> • Feels challenged to examine ideas • Critically analyzes the literature and applies it to patient management • Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Critiques hypotheses and ideas at a level consistent with knowledge base • Acknowledges presence of contradictions 	Rarely	Occasionally	Typically
	Examples: [Provide specific examples to show evidence:]		
2. Communication: <ul style="list-style-type: none"> • Utilizes and modifies communication (verbal, non-verbal, written, and electronic) to meet the needs of different audiences • Restates, reflects, and clarifies message(s) • Communicates collaboratively with both individuals and groups • Collects necessary information from all pertinent individuals in the patient/client management process • Provides effective education (verbal, non-verbal, written, and electronic) 	Rarely	Occasionally	Typically
	Examples: [Provide specific examples to show evidence:]		
3. Problem Solving: <ul style="list-style-type: none"> • Prioritizes problems • Identifies contributors to problems • Consults with others to clarify problems • Appropriately seeks input or guidance • Prioritizes resources (analysis and critique of resources) • Considers consequences of possible solutions 	Rarely	Occasionally	Typically
	Examples: [Provide specific examples to show evidence:]		
4. Interpersonal skills: <ul style="list-style-type: none"> • Recognizes the non-verbal communication and emotions that others bring to professional interactions • Establishes trust • Seeks to gain input from others • Respects role of others • Accommodates differences in learning styles as appropriate 	Rarely	Occasionally	Typically
	Examples: [Provide specific examples to show evidence:]		

The student demonstrates:	Assessment		
5. Responsibility <ul style="list-style-type: none"> • Displays awareness of and sensitivity to diverse populations • Completes projects without prompting • Delegates tasks as needed • Collaborates with team members, patients, and families • Provides evidence-based patient care 	Rarely	Occasionally	Typically
6. Professionalism <ul style="list-style-type: none"> • Identifies positive professional role models within the academic and clinical settings • Acts on moral commitment during all academic and clinical settings • Identifies when the input of classmates, co-workers, and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making • Discusses societal expectations of the profession 	Rarely	Occasionally	Typically
7. Use of Constructive Feedback <ul style="list-style-type: none"> • Critiques own performance accurately • Responds effectively to constructive feedback • Utilizes feedback when establishing professional and patient related goals • Develops and implements a plan of action in response to feedback • Provides constructive and timely feedback 	Rarely	Occasionally	Typically
8. Effective Use of Time and Resources <ul style="list-style-type: none"> • Utilizes effective methods of searching for evidence for practice decisions • Recognizes own resource contributions • Shares knowledge and collaborates with staff to utilize best current evidence • Discusses and implements strategies for meeting productivity standards • Identifies need for and seeks referrals to other disciplines 	Rarely	Occasionally	Typically
9. Stress Management <ul style="list-style-type: none"> • Actively employs stress management techniques • Reconciles inconsistencies in the educational process • Maintains balance between professional and personal life • Accepts constructive feedback and clarifies expectations • Establishes outlets to cope with stressors 	Rarely	Occasionally	Typically

The student demonstrates	Assessment		
10. Commitment to Learning <ul style="list-style-type: none"> • Researches and studies areas where own knowledge base is lacking in order to augment learning and practice • Applies new information and re-evaluates performance • Accepts that there may be more than one answer to a problem • Recognizes the need to and is able to verify solutions to problems • Reads articles critically and understands limits of application to professional practice 	Rarely	Occasionally	Typically
	Examples:[Provide specific examples to show evidence:]		

Professional Development Plan:

Identify one or two professional behaviors for growth	Construct specific strategies targeting identified areas

Student Signature (type): _____

Clinical Instructor Signature (type): _____
 [I have read the above by the student]

Weekly Planning Form

Dates: _____

Week # _____

Step I: Student assessment of performance.

- For student's first week, write goals consistent with self-assessment.
- For future weeks, direct self-assessment at previous week's goals.
- Provide supporting examples and/or feedback regarding performance where possible.

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

Step II: Clinical Instructor feedback and suggestions for improvement (clinical instructor should contact Course Instructor if student is not progressing in a reasonable fashion):

Step III: Mutually agreed upon goals for the Upcoming Week:

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

Student's Signature (typed): _____

Clinical Instructor's Signature (typed): _____

Weekly Planning Form

Dates:

Week # _____

Knowledge Goal 1: [ABCD form]

I (student name) will plan and implement without verbal assistance treatment strategies for 80% of back pts next week

Assessment of goal: I believe I have met this goal; however, I need to be more confident in my suggestions for changes to Pts' plans of care based on treatment response and improve skills in teaching stabilization exercises such as lower trap setting and abdominal setting in patients with poor muscular control

Skills Goal 2:

I (student name) will successfully dictate an evaluation using just an outline for guidance this week

Assessment of goal: This has not been met due to cancellation/no show of new patients this week; will continue to work toward this goal. In the meantime, I have been reviewing my notes on conducting initial evaluations

Affective Goal 3:

I (student name) will increase in conversational skills with patients during interventions this week as evident of my CI's observations and feedback.

Assessment of goal: I feel I have become more comfortable in this skill and feel confident in my ability to draw the conversation back from small talk to the treatment with most patients. I need to work on this skill with more talkative patients

Step II: Clinical Instructor feedback and suggestions for improvement on goals for past week.

Student has made very nice gains in her handling skills, and is more confident with her joint mobilizations. Student is becoming more comfortable making conversation with pts without over-talking. I would like to see student using more 'everyday' language when explaining exercises to pts, this is always a challenge while in school as she's used to using medical jargon in class. Student is doing very well.

Step III: Mutually agreed upon goals for the Upcoming Week:

Knowledge Goal 1:

I (Student name) will use more appropriate body mechanics for massage and trigger point work, learning how to minimize my finger hyperextension and wrist problems next week as evident of fewer symptoms (50% decrease) in my wrists and low back. [Actually 2 goals within this one]

Skills Goal 2:

I (Student name) will perform proper crutch measurement and instruction for level surfaces and stairs without physical or verbal assistance from my CI next week.

Affective Goal 3:

I (Student name) will be more conscious of my language and adapt it to different patient populations in order to become more comprehensible and to avoid using jargon next week as evident of my CI's observations and feedback.

Appendix C [Assignment Grid]

**Assignment Grid
PTS 751 - 2010**

DATE	Check when complete	Assignment	Due Date
Week 1: 8/02/10 - 8/06/10		Electronic "Yellow Card"	Dropbox by: midnight Monday 8/2/10
		Sign up for conference call with Course Instructor (via Doodle)	Sign up on Doodle by midnight 8/2/2010
		Weekly planning sheet (Develop goals for Week 2, based on discussion with CI regarding Week 1.)	Dropbox by: 7pm Friday 8/6/10
		Reflective journal	Dropbox by: midnight Friday 8/6/10
Week 2: 8/09/10 – 8/13/10		1. Weekly planning sheet (Self-assessment and CI feedback re: Week 2. Develop goals for Week 3.)	1. Dropbox by: 7pm Friday 8/13/10
		2. Reflective journal	2. Dropbox by: midnight Friday 8/13/10
Week 3: 8/16/10 – 8/20/10		1. Weekly planning sheet (Self-assessment and CI feedback re: Week 3. Develop goals for Week 4.)	1. Dropbox by: 7pm Friday 8/20/10
		2. Reflective journal	2. Dropbox by: midnight Friday 8/20/10
Week 4: 8/23/10 – 8/27/10		1. CPI Final: SPT & CI completed, discussed and electronically signed	1. SPT & CI sections E-signatures by: 7 pm Friday 8/27/10
		2. Generic Abilities form completed by SPT and discussed with CI	2. Dropbox by: 7pm Friday 8/27/10
		3. APTA Clinical Site Evaluation form: SPT completed & CI discussed	3. Dropbox by: midnight Friday 8/27/10