

***CLINICAL EDUCATION HANDBOOK  
FOR  
CLINICAL FACULTY***

***2008 Edition***

***University of Wisconsin Consortiumial DPT***

***University of Wisconsin - La Crosse  
1725 State Street  
Health Science Center  
La Crosse, WI 54601***

***Director of Clinical Education: Gwyneth Straker, PT, MS, ED(c)***

***Assisted by: Michele Thorman PT, MBA***

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## ***OBJECTIVES OF THIS HANDBOOK***

- Present the philosophy of the University of Wisconsin – La Crosse (UW-L) Physical Therapy Program’s clinical education curriculum.
- Acquaint clinical educators with the UW-L Physical Therapy Program’s academic curriculum.
- Assist our clinical affiliates in their efforts to plan, update and improve their facility specific clinical education programs.
- Assist those expressing interest in developing a clinical education program.
- Facilitate optimal communication and understanding of clinical education expectations between the academic and clinical faculty.

This manual is organized to allow you to become familiar with the DPT program, starting with its faculty and progressing to an overview of the curriculum. This overview will prepare you to have a better understanding of the clinical education portion of the curriculum. As physical therapists, we enjoy being part of a dynamic profession. The nature of our profession requires that our curriculum be similarly dynamic. UW-L encourages you to become familiar with this document realizing it will be updated annually to reflect changes to the program.

***University of Wisconsin - La Crosse***  
***Physical Therapy Faculty***

<http://perth.uwlax.edu/pt/faculty-staff.htm>

**Dennis C. W. Fater, Ph.D., PT, Cert M.D.T., CSCS**

Professor

Full Member of UW-L Graduate Faculty

Joined UW-L in 1983

**Education:**

- B.S., University of Wisconsin - La Crosse, Physical Therapy, 1991
- Post-Doctoral Training, University of Florida - Medical School, 1981-1983
- Ph.D., University of Kansas - Medical Center, Physiology, 1981
- B.S., University of Michigan - Ann Arbor, Zoology, 1975

**Research Interests:**

- Spine Orthopedics
- Kinematic chain influences on spine function/dysfunction

**Teaching Specialties:**

- Medical Physiology PTS 512
- Musculoskeletal Evaluation and Treatment: Spine PTS 721
- Pathophysiology PTS 611
- Pharmacology PTS 711

**Honors and Awards:**

- University of Michigan Regents Alumni Scholar
- Michigan Competitive Scholarship, University of Michigan
- Graduate Student Teaching Assistantship, Department of Physiology, University of Kansas Medical Center
- Research Associateship, University of Florida
- Research Fellowship - "Effect of Tyrosine on the Development of Hypertension", American Heart Association, Florida Affiliate
- University of Wisconsin - La Crosse Faculty Research Grant - "The Effects of Adipose Tissue Upon the Distribution of Ingested Ethanol in Rats."
- University of Wisconsin - La Crosse Faculty Research Grant - "A Comparison of the Efficiency of Isokinetic Strengthening of Shoulder Girdle Muscles Utilizing Straight Planar Movements and Diagonal Movements."
- University of Wisconsin - La Crosse Faculty Development Grant to attend continuing education coursework in spine orthopedics sponsored by The Institute of Physical Therapy.

- University of Wisconsin - La Crosse Faculty Development Grant to attend continuing education coursework in mechanical spine therapy sponsored by the McKenzie Institute

**Community Service:**

- Volunteer with disabled hunters to promote safety and participation.

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**John F. Greany, PT, PhD**

Assistant Clinical Professor

Associate Member of UW-L Graduate Faculty

Chair of Admissions, Physical Therapy Program, University of Wisconsin - La Crosse

Joined the faculty in 2003

**Education:**

- Ph.D., Rehabilitation Science & Gerontology, University of Minnesota, 2006
- M.S., Adult Fitness / Cardiac Rehabilitation, University of Wisconsin – La Crosse, 1994
- B.S., Physical Therapy, University of Wisconsin – La Crosse, 1984

**Research Interests:**

- Cardiovascular and pulmonary rehabilitation
- Aging Issues: Screening instruments for Fall Risk, Fall Prevention
- Post exercise hypotension

**Teaching Specialties:**

- PTS 622 Cardiopulmonary Evaluation and Treatment
- PTS 516 Physiological Regulation in Exertion & Disease
- PTS 523 Physical Agents
- PTS 7224 Health & Wellness in PT Practice

**Honors and Awards:**

- Member of the Oversight Panel for Analysis of Practice 2006; FSBPT
- Quality Review Committee member, Foreign Credentialing Commission on Physical Therapy (2004-present)
- Pre-doctoral Fellowship, National Institute of Aging (1999 –2003)
- President Wyoming Physical Therapy Association (1998 – 1999)
- Treasurer Wyoming Physical Therapy Association (1995-1998)
- Chair Exam Development Committee (National Physical Therapy Exam) Federation State Boards of Physical Therapy (2002 – 2004)
- Member and Chair Exam Construction Review Committee (National Physical Therapy Exam) Federation State Board of Physical Therapy (1997- present)

- La Crosse Exercise and Health Program Award, 1994
- Student of the Year, Physical Therapy Program – UW- La Crosse, 1984

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## **Thomas Greiner PhD**

Assistant Professor

Full member of UW-L Graduate Faculty

### **Education:**

- Ph.D., Biological Anthropology, State University of New York at Binghamton, 1994
- M.A., Anthropology, State University of New York at Binghamton, 1988
- A.B., Anthropology, University of Chicago, 1983

### **Research Interests:**

- Human Paleontology
- Evolutionary Theory
- Comparative Anatomy
- Functional Morphology and Biomechanics
- Biometric Analysis
- Anthropometry
- Computer Operation

### **Teaching Specialties:**

- Anatomy PTS 511
- Functional Neuroanatomy PTS 515
- Clinical Radiography PTS 712
- Human Embryology
- Histology
- Locomotor Biomechanics and Functional Anatomy

### **Honors and Awards:**

- New York Chiropractic College Faculty Award for Excellence in Research and Scholarly Activity. 2004
- Research Presented through a Radio Interview on *Science Update*, produced by the American Association for the Advancement of Science. August 16, 1999
- Research Cited as a Scientific Breakthrough. "These Butts Were Made for Walking" *Discover* 1998(Nov.): 32
- Dissertation Year Fellowship. Department of Anthropology, SUNY-Binghamton. 1992

- Sigma Xi, Grant-in-Aide of Research. 1986
- University Fellowship. Department of Anthropology, SUNY-Binghamton. 1985

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## **Erin Hussey DPT, MS**

Assistant Clinical Professor

Joined Physical Therapy Program in 2005

### **Education:**

- Doctor of Physical Therapy (DPT) program with MGHIHP (Massachusetts General Hospital Institute of Health Professions) - 2006
- MS in Kinesiology at UW-Madison - 1992
- BS in Physical Therapy, University of Illinois – Medical Center - 1981

### **Research Interests:**

- Rehabilitation of adults with neurological conditions
- Safety on discharge from acute care facilities - including Fall Prevention and Wellness promotion
- PT and PT Assistant models of education & clinical team development

### **Teaching Specialties:**

- Neural Basis coursework in clinical skills for treatment of adults and children
- Courses to develop core PT skills of Examination and Intervention

### **Honors and Awards:**

- Program Director at WWTC Physical Therapist Assistant program
- Participation in development of national licensure exam for PT Assistant –item writer and current member of Exam Development Committee
- Chopa - WWTC Foundation grant recipient to develop and implement “Wellness Program” for older adults involving students in four therapy programs (PT, PTA, OT, OTA) & 3 campus locations
- WWTC Foundation grant recipient to develop on campus training & evaluation for ergonomic safety
- WWTC Mini-Grant recipient for “Technology in the Classroom”
- College Award in Physical Therapy for U of Illinois PT Class of 1981

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## **Tom Kernozek PhD**

Professor

Full Member of UW-L Graduate Faculty

Director of the La Crosse Institute for Movement Science, University of Wisconsin - La Crosse

### **Education:**

- Post Doctoral Fellow, Biomechanics and Instrumentation. 1994-1996.
- Ph.D., Kinesiology, Minor: Statistics, University of Minnesota, 1994
- M.S., Kinesiology/Biomechanics, Illinois State University, 1989.
- B.S., Physical Education, Minor: Mathematics, University of Wisconsin – La Crosse, 1987

### **Research Interests:**

- Lower Extremity Research
- Pressure Distribution and Seating
- Sports Medicine

### **Teaching Specialties:**

- Biomechanics and Kinesiology of Movement
- Foundations of Clinical Research
- Research and Applied Statistics

### **Honors and Awards:**

- Who's Who in Medicine and Science, (2005, 2004)
- Cum Laude graduate, State University of New York, College at Cortland (1987).
- Academic All-American, State University of New York, College at Cortland (1987).
- 33 peer reviewed publications
- Over 40 research related presentations at either the state, national or international level.

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For a further profile of Dr. Kernozek's work and teaching related to biomechanics, please visit his personal web site at <http://perth.uwlax.edu/faculty/kernozek>.

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## **Paul Reuteman, PT, MHS, ATC, OCS**

Instructional Academic Staff

Associate Member of UW-L Graduate Faculty

### **Education:**

- Currently enrolled in the t-DPT at Massachusetts General Hospital Institute of Health Professions

- MHS, Program of Orthopedic Physical Therapy from the University of Indianapolis, Krannert School of Physical Therapy-1998
- BS. Program of Physical Therapy from Marquette University - 1991

**Licensure/ Certifications:**

- Licensed Physical Therapist in Wisconsin and Minnesota
- Licensed Athletic Trainer in Wisconsin
- Board Certified Clinical Specialist in Orthopedics through the APTA
- Certified in Mechanical Diagnosis and Treatment through the McKenzie Institute
- Certified Athletic Trainer through the NATA

**Teaching Specialties:**

- Applied Anatomical Assessment
- Foundations of the Physical Therapy Examination
- Principles of Physical Therapy Intervention
- Musculoskeletal Evaluation and Treatment: Upper Extremity, Lower Extremity and Spine
- Evidence Based Practice: Test and Measures
- UW-L representative for mentorship of the [Sports Physical Therapy Residency Program through Gundersen Lutheran Sports Medicine](http://www.gundluth.org/web/meded/SportsPhysTherapy.nsf/)  
(<http://www.gundluth.org/web/meded/SportsPhysTherapy.nsf/>)

**Professional Membership and Awards:**

- Member of the American Physical Therapy Association
- Member of the Wisconsin Physical Therapy Association
- Member of the Orthopedic Section of the APTA
- Appointed to the Wisconsin Governor's Council on Autism in 2005
- Served as a physical therapist / athletic trainer for the 2002 Winter Olympics in Salt Lake City, UT.
- Awarded the Clinical Educator of the Year, UW-LaCrosse Physical Therapy Department, 2001
- Awarded the Daniel J. Strelnick Award for Clinical Excellence, Marquette Physical Therapy Program, 1991

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**Gwyneth Straker, PT, MS**

Assistant Professor, Director of Clinical Education

Associate Member of UW-L Graduate Faculty

Physical Therapy Program, University of Wisconsin - La Crosse

Joined the Physical Therapy Program in 1988

**Education:**

- Ed. D. (doctoral candidate), St. Mary's - Winona, 1998 - present
- M.S., University of Wisconsin - Madison, Therapeutic Sciences, 1987
- B.S., University of Wisconsin - Madison, Physical Medicine and Rehabilitation, 1973

**Research Interests:**

- Professional Behaviors - Physical Therapy Specific - Core Abilities
- Ethics
- Programmatic assessment
- Clinical education

**Teaching Specialties:**

- Professionalism and Ethos of Care PTS 631
- Introduction to PT Practice PTS 531
- Clinical Teaching and Patient Education PTS 732
- Directs clinical education curriculum

**Honors and Awards:**

- Recipient of the 1996 Corbin/Page Lecture Series
- Featured Faculty member representing UW - La Crosse in "Wisconsin Ideas" Salute to Outstanding Teachers, 1994.
- Recipient of the 1998 Wisconsin Physical Therapy Association (WPTA) Mentor Award

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**Michele Thorman DPT, MBA**

Assistant Clinical Professor

Associate Member of UW-L Graduate Faculty

Program Director

Joined the physical therapy department in 2002

**Education:**

- DPT in progress from Temple University (anticipated completion summer 2006)
- MBA from Cardinal Stritch College, Milwaukee, WI - 1992
- Clinical Pastoral Education Internship, 1988
- BS in Physical Therapy, University of Nebraska, Omaha, NE - 1978

**Research Interests:**

- Clinical education.

- Blending health care administration with clinical practice
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**Teaching Specialties:**

- Clinical Education Fieldwork PTS 651, 751, 851, 852 and 853
- Introduction to Physical Therapy Practice PTS 531
- Health Care Systems PTS 733
- Laboratory assistant for Examination (PTS 522) and Principles of Interventions (PTS 621)

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**Honors and Awards:**

- Dr. Mary Pat Murray Award for Clinical Excellence – 2000
- Nominee – APTA’s Signe Brunstrom Award for Excellence in Clinical Teaching – 1991

**Professional and Community Service:**

- President, Wisconsin Physical Therapy Association; 2001-present
- Delegate to House of Delegates - American Physical Therapy Association.

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**John D. Willson, MSPT, Ph.D.**

Assistant Professor

Full Member of UW-L Graduate Faculty

Joined UW-L in 2007

**Education:**

- Ph.D., Biomechanics / Movement Science, University of Delaware, 2007
- MSPT, University of Wisconsin – La Crosse, 1998
- B.S., University of Minnesota – Twin Cities, 1996

**Research Interests:**

- Neuromuscular and biomechanical factors that contribute to patellofemoral joint pain.
- The influence of trunk/hip musculature on lower extremity function and injury.
- The efficacy of physical therapy interventions for common orthopedic injuries.
- Musculoskeletal health throughout the lifespan.

**Teaching Specialties:**

- Research methods
- Evidence based practice
- Biomechanics
- Orthopedics

**Honors and Awards:**

- UW-La Crosse Faculty Research Grant, 2007
- Foundation for Physical Therapy Promotion of Doctoral Studies II scholarship, 2006
- Foundation for Physical Therapy Promotion of Doctoral Studies I scholarship, 2005
- Foundation for Physical Therapy Promotion of Doctoral Studies I scholarship, 2004
- UW-La Crosse College of Allied Health Achievement Award, 1998
- UW-La Crosse “Physical Therapy Graduate Student of the Year”, 1998
- Magna Cum Laude Graduate, University of Minnesota, 1996

**Professional Service**

- Member of the American Physical Therapy Association
- Member of the American College of Sports Medicine
- Member of the American Society of Biomechanics

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# ***ADMISSIONS PROCEDURES***

<http://perth.uwlax.edu/pt/applications.htm>

It is the policy of the University of Wisconsin Doctor of Physical Therapy Consortium that all students who desire admission to the program must meet the requirements and complete the admission process. All applications will be carefully reviewed, adhering to the procedure detailed below.

## Overview of the Admissions Process

- Complete applications are due in the program office by November 1 for early admission and January 15 for general admission.
- Candidates will be selected and notified about their admission status by the third week in November for early admission and third week in February for general admission.

## Prerequisite Requirements

- Earned undergraduate degree or one of the two following exceptions:
  1. Degree will be completed by May 30<sup>th</sup> of application year
  2. Applicant is enrolled in the University of Wisconsin – La Crosse:
    - Biology – Physical Therapy Dual Degree Program
    - Physics – Physical Therapy Dual Degree Program
- Completion of 10 prerequisite courses:

General Biology [4 credits – lab course]	Physics I [4 credits – lab course]
Human Anatomy [3-4 credits – lab course]	Physics II [4 credits – lab course]
Human Physiology [3-4 credits – lab course]	Statistics [3 credits]
Chemistry I [4 credits – lab course]	Psychology [3 credits]
Chemistry II [4 credits – lab course]	Sociology or Psychology [3 credits]
- Complete the GRE [Graduate Record Examination – scores sent to UWL and copy sent with application]
- A minimum grade point average of 3.0 for undergraduate studies
- No prerequisite coursework with a grade below C
- Completed application for admission to UW-L graduate studies
- Two [20 hour] clinical observations with a physical therapist. Copies of this evaluation form may be accessed on line at [http://perth.uwlax.edu/pt/pdf/clinical%20evaluation%20form\\_2005\\_2006.pdf](http://perth.uwlax.edu/pt/pdf/clinical%20evaluation%20form_2005_2006.pdf)
- Two letters of reference

# ***DPT CURRICULAR OVERVIEW***

## ***VISION STATEMENT***

The University of Wisconsin DPT Consortium will be recognized by society as a premier provider of quality first-professional and transitional doctoral physical therapist education and as a model for other public institutions.

## ***MISSION STATEMENT***

The mission of the University of Wisconsin DPT consortium is to produce physical therapists who are autonomous practitioners and leaders in the prevention, diagnosis and treatment of movement dysfunction, and who enhance the health and functional abilities of the Wisconsin public and beyond.

## ***PROGRAMMATIC GOALS***

DPT Education will allow:

- Recruitment and matriculation of the most qualified students from varied cultural backgrounds and supporting them to completion of the Program.
- Development of generalist practitioners who are prepared to assume the roles of clinician, educator, administrator, consultant, and whose practice is shaped by research evidence.
- Development of physical therapists who display the core values of professionalism and generic abilities consistent with expectations of a doctoring professional.
- Recruitment and retention of faculty from various professional and educational backgrounds who exemplify excellence in teaching and who serve as professional role models.
- Contribution to evidence-based practice through faculty and student scholarly activity.
- Facilitation of life-long learning within the physical therapy community.

## ***STUDENT OUTCOMES***

DPT graduates will:

- Practice professionalism as observed through their ethical, moral and legal actions.
- Display cultural competence through their words and actions.
- Provide clients of all ages with first-contact care through direct access and refer to other health professionals as appropriate.
- Examine patients of all ages by obtaining a history, performing a systems review, and administering selected tests and measures.
- Evaluate data from the examination in order to render clinical judgments and determine a diagnosis that guides patient/client management.
- Prepare a patient plan of care that is safe, effective, considers available resources, and is client centered.
- Perform physical therapy interventions and monitor patient outcomes.
- Promote prevention, health and wellness at the individual, community and societal level.
- Generate clinical reasoning to maximize patient outcomes.
- Display ability to utilize information technology to access and evaluate scientific literature to support clinical decisions.

## ***CURRICULAR THREADS***

**Professionalism** is central to the educational process leading to the development of physical therapy practitioners. It is an enduring value of both the faculty and the profession. The definition of professionalism is vague, given the profound nature of the concept. Core documents are emerging that will assist with making the development of professionalism in students more manageable.

- Core tenets of professionalism
- PT-specific Generic abilities

**Contemporary Practice** is a dynamic element and will change with time. Similar to professionalism, there are core documents developed by the profession that will serve as anchors and clarify expectations. These documents include *Vision 2020*, *The Guide to Physical Therapy Practice*, *Criteria for Accreditation in Physical Therapy Education (CAPTE)*, and *The Normative Model for Physical Therapist Education*

- Direct access
- Autonomous practice
- Public health and wellness
- The Guide to Physical Therapy Practice
- Enablement/disablement models
- Primary, secondary and tertiary roles of practitioners

**Diversity and cultural competence** is an enduring value of society as well as the profession. Although embedded in both professionalism and elements of contemporary practice, it is of such magnitude that it merits distinction as a separate thread.

- Gender, sexual orientation, and individual differences
- Race and ethnicity
- Socioeconomic status
- Health literacy
- Disability

**Evidence-based practice** has become central to autonomous practice of physical therapy. We, as physical therapy educators, must give students the tools to develop answerable questions, to access relevant data bases and to efficiently locate the evidence that should guide their practice. To accomplish this, we must model the behavior of evidence-based practice in all clinical classes, and provide our students with a problem-solving thought process inclusive of clinical expertise. This approach to applying evidence based practice will be consistent across all courses, applicable to all sub-disciplines, and an integral part of every clinical decision students make, in school and in practice.

**Life span** must be a strong component of entry-level education as physical therapists become practitioners of choice for patients of all ages. Students must learn to apply critical thinking skills to special issues across the lifespan. This is exemplified by emerging practice policies of the American Academy of Pediatrics addressing the rising need in this country to provide care for the first generation of geriatric patients with developmental neuromotor disorders.

- Tissue (e.g. integument)
- Systems (e.g. cardiopulmonary or neuromuscular)
- Movement (e.g. gait or mobility)

## ***PROFESSIONAL CURRICULUM***

### **Summer I (10 weeks)**

Human Anatomy  
Medical Physiology  
Applied Anatomical Assessment

### **Fall I**

Biomechanics/ Kinesiology  
Motor Behavior  
Functional Neuroanatomy  
Physical Regulation of Exertion and Exercise  
Examination  
Physical Agents

### **J-term I**

*Internship I – Introduction - 2 weeks*

### **Spring I**

Pathophysiology  
Principles of Intervention  
PT Management of the Cardiopulmonary System  
Professionalism & Ethos of Care  
Foundations of Clinical Research

### **Summer II (8 weeks instruction & 4 weeks fieldwork)**

Integumentary System  
Musculo-skeletal I: Spine  
Research & Applied Statistics  
Instrumentation  
Evidence Based Practice: Levels of Evidence

*Internship II – General Practice- 4 weeks*

### **Fall II**

Pharmacology  
Clinical Radiography  
Musculo-skeletal II: Lower Extremity  
Adult Neurology  
Clinical Teaching  
Evidence Based Practice: Interventions  
Research Practicum

### **Spring II**

Health/Wellness in Physical Therapy  
Musculo-skeletal III: Upper Extremity  
Pediatric Neurology  
Case-based Clinical Decision Making  
Health Care Sys and Admin  
Research Practicum  
Evidence Based Practice: Tests & Measures

**Summer III**

*Internship I - 12 weeks*  
Clinical Decision Making (on line)

**Fall III**

*Internship II - 12 weeks*  
Clinical Decision Making (on line)

**Spring III**

*Internship III - 12 weeks*  
Clinical Decision Making (on line)  
Internship Debriefing (return to campus)

**SUMMARY DATA:**

COHORT SIZE: 44

CREDITS- 112

STUDENT CONTACT HRS OF DIDACTIC STUDY - 1736

STUDENT CONTACT HRS OF FULL-TIME CLINICAL STUDY - 1760

WEEKS OF TERMINAL INTERNSHIPS- 36

MONTH LONG CURRICULUM - 34

Semester	Foundational Sciences	Clinical Sciences 42 credits	Professional Issues 11 credits	Research 12 credits	Clinical Education 22 credits
<b>TOTAL = 112</b>	<b>25 credits</b>				
Summer I (1 wks) <b>13 credits</b>	PTS 511: Anatomy (6)  PTS 512: Medical Physiology (4)	PTS 520: Applied Anatomical Assessment (1)			
Fall I <b>18 credits</b>	PTS 513: Biomechanics and Kinesiology of Movement (3)  PTS 514 Motor development, Motor control & motor learning (2) PTS 515: Functional Neuroanatomy (3) PTS 516: Physiological Regulation of Exertion and Exercise (2)	PTS 522: Foundations of the Examination Process (5) PTS 523: Physical Agents (3)			
Spring I <b>16 credits</b>	PTS 611: Pathophysiology (2)	PTS 621: Scientific Principles of Intervention (5)  PTS 622: PT Management of the Cardiovascular/pulmonary system (3)	PTS 631: Professionalism and the Ethos of Care (3)	PTS 541: Foundations of Clinical Research (2)	PTS 651 Fieldwork: Introduction to clinical learning (1)
Summer II (14 wks) <b>13 credits</b>		PTS 623: Integument System (2)  PTS 721: Musculoskeletal Evaluation & Treatment: Spine (3)		PTS 542: Research and Applied Statistics (3)  PTS 543: Instrumentation (2)  PTS 641: Evidence-based practice: Levels of Evidence (1)	PTS 751: Fieldwork: General Practice (4 wks – 2 credits)
Fall II <b>14 credits</b>	PTS 711: Pharmacology (2) PTS 712: Clinical Radiography (1)	PTS 722: Musculoskeletal Evaluation & Treatment: LE (3) PTS 723: Adult neuro rehab P (4)	PTS 732: Clinical Teaching and Patient Education (2)	PTS 741: Evidence-based practice: Interventions (1)  PTS 742: Research Practicum (1)	
Spring II <b>16 credits</b>		PTS 724: Health and wellness in Physical Therapy Practice (2) PTS 725: Musculoskeletal Evaluation & Treatment: UE	PTS 733: Health Care Systems & Administration (3)	PTS 742: Research Practicum (1)  PTS 743: Evidence-based practice: Tests	

		UE (3) PTS 726: Pediatric rehab PT (4) PTS 727: Case-based clinical decision making (2)		practice: Tests and Measures (1)	
Summer III 7 credits (12 wks)		PTS 831 CDM: Inpatient (1) D2L instructional delivery			PTS 851 Internship I (6) 12 weeks
Fall III 7 credits (13 wks)		PTS 832 CDM: Outpatient (1) D2L instructional delivery			PTS 852: Internship (6) 12 weeks
Spring III 8 credits (12 wks)		PTS 833 CDM: Autonomous Practice (1) D2L instructional delivery			PTS 853: Internship III (6) 12 weeks DPT 854: Debriefing (1 cr.)

**PROFESSIONAL CURRICULUM**  
**ACADEMIC COURSE DESCRIPTIONS**

**PTS 411/511 Cr. 6**  
**Human Anatomy**

A comprehensive consideration of the human anatomy including both neuro-musculoskeletal components and internal organ systems. Systems included are musculoskeletal, neurological, urogenital, gastrointestinal, skeletal, and cardiopulmonary. The course includes the complete regional dissection of the human cadaver. Biomechanical function, topographic and radiologic correlations, and clinical applications are emphasized. Provides an in-depth understanding of the gross anatomy of the human body through lecture, audiovisual, computer and gross cadaver dissection.

**PTS 412/512 Cr. 12**  
**Medical Physiology**

Emphasis upon physiological principles directly related to rehabilitation in a physical therapy practice setting and interaction of physiological systems during normal activities and after injury or disease. DPT students will be enrolled in a one hour per week discussion section.

**PTS 413/513 Cr. 3**  
**Biomechanics and Kinesiology**

The principles and theories of the biomechanics of human motion presented to develop analytical skills to assess normal and abnormal movement.

**PTS 414/514 Cr. 2**  
**Motor Behavior**

This course will provide a theoretical and research evidence basis for normal and disordered movement via motor control, motor learning, and motor development literature. Students will formulate a basic understanding of what is known about typical and atypical development, control and learning of movement and how available knowledge applies to motor re-learning and control occurring after a lesion. These concepts will be discussed with respect to multiple patient populations.

**PTS 415/515 Cr. 4**  
**Functional Neuroanatomy**

This course will provide an understanding of the developmental, structural and neurological bases of normal functional activities. In lab, the student will learn to locate and recognize typical and atypical structures of the central and peripheral nervous systems on cadaveric specimens, models, and radiographic images. The student will also practice basic neurological exam techniques. Normal function of components of the nervous system and the interaction of those components to produce typical motor function will be emphasized. Potential threats to nervous system development and function and the type of deficit that may be anticipated following such insults will be introduced.

**PTS 416/516 Cr. 2**  
**Phys Reg of Exert and Exer**

This course is designed to provide the student with an overview of the physiological basis of activity. The course emphasizes the various changes brought on by exercise to the normal and abnormal physiological systems.

**PTS 520 Cr. 3**  
**Applied Anat. Assess**

A course designed to acquaint the student with the clinical significance of human anatomy through surface palpation, manual muscle testing and goniometric assessment. Offered in summer session only.

**PTS 422/522 Cr.5**  
**Examination Process**

A course designed to instruct the student on techniques to examine patients/clients by obtaining a history from other sources, by performing systems reviews and by selecting and administering culturally appropriate and age-related tests and measures.

**PTS 423/523 Cr. 3**  
**Physical Agents**

This course provides an understanding of the physiological basis, scientific rationale for, and clinical application of, thermal, electrophysiology/electrotherapy and electromagnetic physical agents. Strategies and techniques to manage pain, edema, soft tissue dysfunction, loss of motion and weakness through direct interventions will be covered.

**PTS 442/542 Cr. 3**  
**Research and Statistics**

Specific quantitative research designs and statistics with an emphasis on clinical research is the focus of this course. The course will discuss methods for critically evaluating the literature based on the study design and statistical findings as well as their application to clinical practice. Students will build on course content developed in Foundations of Clinical Research I.

**PTS 443/543 Cr. 2**  
**Instrumentation**

Development of skills and experience necessary for data collection in a movement analysis laboratory. Topics will include methods of data acquisition using a force platform, pressure platform, pressure insoles and mats, optical-based motion analysis, posturography and electromyography (EMG) as well as methods of processing, analyzing, and interpreting data. Laboratory time will be available to collect and process data using the experimental equipment. Clinical EMG and electrical testing of nerves will also be discussed.

**PTS 541            Cr. 2**  
**Clinical Research**

Research methodology with an emphasis on clinical research is the focus of this course. Methods for critically evaluating the literature, literature search strategies, ethics in research, issues of control, measurement and some basic elements of research design will be discussed. Students will formulate a research question and develop a research proposal.

**PTS 611            Cr. 2**  
**Pathophysiology**

This course will provide the student with information about the pathophysiology of various organ systems and physiological control mechanisms as they pertain to the practice of physical therapy. Emphasis will be placed upon the ability of the student to perform differential diagnosis in a physical therapy setting and to determine when further diagnostics may be indicated. Patient problems will be utilized to allow students to practice differential diagnosis and problem solving.

**PTS 621            Cr. 5**  
**Intervention**

This course teaches the basic therapeutic interventions used to treat impairments and functional limitations in the different biological systems that lead to movement dysfunction in a patient/client. Interventions are directed at balance, coordination, body mechanics, moving and positioning, flexibility, gait training, relaxation, strength and power training and mobility training including equipment used for locomotion. This course also includes information on case management and documentation.

**PTS 622            Cr. 3**  
**Cardiovascular Pulmonary**

This course focuses on normal and abnormal structure and function of the cardiovascular, pulmonary and lymphatic systems with emphasis on medical and other therapeutic strategies. Emphasis is placed on preventative measures and interventions for cardiac and pulmonary patients. Students evaluate current literature to support evidence-based practice and use a problem-solving approach to evaluate and manage patients. Laboratory time is designated for practice of examination, evaluation, intervention and progression of the patient.

**PTS 623            Cr. 2**  
**Integument System**

In this course, the student will build on basic skin anatomy, physiologic basis of skin nourishment and repair, and biomechanical stresses that can impact on the skin. Factors predisposing the skin to breakdown will be presented as will preventive measures where appropriate. The student will learn specific examination and intervention techniques utilized in treating specific integumentary conditions including burns, wound care, and amputations.

**PTS 631**      **Cr. 3**  
**Ethos of Care**

Students will explore the ethics of professional practice, fiduciary relationships, the rights and duties associated with the patient/therapist relationship and the role character plays in ethical decision making. In response to the underlying values of respect for society, self and others, students will also explore the psychosocial variables that impact on people with disabilities and their ability to cope. Course will emphasize serving diverse patient populations.

**PTS 641**      **Cr. 1**  
**EBP: Level of Evidence**

This course is intended to provide the learner with strategies for evaluating the evidence underlying physical therapy practice. Levels of evidence will be presented along with opportunities to utilize evidence as a framework for determining best practice.

**PTS 711**      **Cr. 2**  
**Pharmacology**

This course is designed to provide coverage of typical pharmacologic agents encountered in both inpatient and outpatient rehabilitation settings. Content includes pharmacodynamics, pharmacokinetics, biotransformation of drugs, and a consideration of the clinical application for a variety of classes of drugs.

**PTS 712**      **Cr. 1**  
**Clinical Radiography**

This course introduces students to the different modalities used in clinical radiography and the rationale for using one or more modalities when making an appropriate diagnosis. Students will be able to better comprehend radiographic anatomy in a manner relevant to diagnosis and treatment.

**PTS 721**      **Cr. 3**  
**Musculoskeletal Spine**

This course is designed to teach the process of physical therapy evaluation and treatment of spinal dysfunction and injury in a clinical setting. Emphasis is placed upon evidence based approaches and includes mechanical assessment, postural training, therapeutic exercise, manual therapy, and use of modalities in the treatment of spinal dysfunction and injury.

**PTS 722**      **Cr. 3**  
**Musculoskeletal LE**

This course will emphasize the orthopedic physical therapy evaluation and treatment aspects of musculoskeletal problems of the lower extremities involving skeletal, connective tissue and muscular components.

**PTS 723            Cr. 4**  
**Adult Neuro**

In this course, the student will apply basic knowledge of motor control and motor learning, neuroanatomy and neurophysiology, and examination to an adult with a neurological disability. The student will learn and apply basic intervention techniques to people with neurologically-based functional deficits.

**PTS 724            Cr. 2**  
**Health and Wellness**

In this course students will focus on the role of the physical therapist in promoting principles of health and wellness for the purpose of risk identification and fitness promotion for individuals, groups, and communities throughout the lifespan by utilizing educational and prevention programs. Issues of health behavior, community access and efficacy of individual and group programs will be explored. Laboratory time is designated for practicing skills and participating in service activities.

**PTS 725            Cr. 3**  
**Musculoskeletal UE**

This course will emphasize the orthopedic physical therapy evaluation and treatment aspects of musculoskeletal problems of the upper extremities involving skeletal, connective tissue and muscular components.

**PTS 726            Cr. 4**  
**Pediatric Neuro**

In this course, the student will apply basic knowledge of motor control and motor learning, neuroanatomy and neurophysiology, examination and intervention techniques to a child with a neurological disability. Examination and intervention tools and techniques used for adults and children with neurological disabilities will be compared and contrasted. Students will learn how to modify examination and interventions to match a child's developmental level.

**PTS 727            Cr. 2**  
**Cased-Based CDM**

This course will teach how to review a physical therapy diagnosis and make appropriate clinical decisions for evidenced based physical therapy interventions.

**PTS 732            Cr. 2**  
**Clinical Teaching**

The intervention of patient education will be explored in depth. Issues surrounding patient adherence in the context of learning theory, adult learning, and learning domains will be emphasized. The physical therapist as a clinical educator will also be addressed.

**PTS 733            Cr. 3**  
**Health Admin.**

Primary emphasis of this course is to provide physical therapy students with practice management skills in the context of the U.S. health care system and an autonomous practice environment. Topics of study will include characteristics of the global and US health care systems, reimbursement methods and insurance models, legal considerations, compliance regulations, fiscal management, marketing and development of professional referral relationships and development of business plans.

**PTS 741            Cr. 1**  
**EBP: Intervention**

This course will teach how to retrieve and assess information from the research literature that substantiates the physical therapy interventions for the treatment of movement disorders.

**PTS 742            Cr. 1**  
**Research Practicum**

Practical experience carrying out a research project under the guidance of the principal investigator(s). Students may be asked to participate in some of the following activities: search and critique the literature concerning the research problem, collect data, process, analyze and/or manage data, assist with statistical analysis, interpret results.

**PTS 743            Cr. 1**  
**EBP Test and Measure**

Seminar course focusing on the critical analysis of published clinical research related to Physical Therapy Tests and Measures. Students will select research papers and critique the sample utilized, research design, methodology and instrument employed, interpretation of statistical and practical results, discussion of applications to therapy and suggestions for further research. This course will build on content from Foundations of Research, and Research and Applied Statistics. Oral and written presentations are required.

## ***CLINICAL EDUCATION COURSE DESCRIPTIONS***

**PTS 651            Cr. 1**  
**Fieldwork Introduction**

The student will participate in a clinically based learning experience where they will collaborate with a fellow student under the supervision of a licensed physical therapist. Students will gain experience with Medical chart review; taking a medical history; performing a systems screening review; documentation; tests and measures related to ROM & flexibility, strength, posture, gait, vital signs, visual analysis of movement, and neurological systems; application of heat, cold, and electrical stimulation and explore the role of a physical therapist within the health care team.

**PTS 751            Cr. 2**  
**Fieldwork: General Practice**

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 PT practitioner. Consistent with the services that may be provided in a rural setting, students may be expected to provide home care, extended care facility coverage and outpatient orthopedic coverage as well as occasional acute care coverage for less complicated patients.

**PTS 851            Cr. 6**  
**Internship I**

This internship is the first in a series of three required experiences whereby the student is assigned to a clinical facility/physical therapist. Students will be provided sufficient practice to become competent in physical therapy practice consistent with all performance criteria in *The Clinical Performance Instrument*. Clinical opportunities will be representative of settings where physical therapy is routinely practiced such as but not limited to: acute care, rehabilitation centers, home-care, out-patient orthopedic settings, pediatric sites, skilled nursing facilities and sports medicine clinics. The collective outcome of all three 12-week terminal internships will encompass patient experiences that ensure students are competent with management of patients across the life span and across the continuum of care. The patient management model will be applied to individuals with musculoskeletal, neuromuscular, cardiovascular, pulmonary and integument problems.

**DPT 831            Cr. 1**  
**CDM: Inpatient**

This course will introduce learners to clinical reasoning as a systematic process to assist practitioners in inferring or drawing conclusions about patient care in an inpatient setting.

**PTS 852            Cr. 6**  
**Internship II**

This internship is the second in a series of three required experiences whereby the student is assigned to a clinical facility/physical therapist. Students will be provided sufficient practice to become competent in physical therapy practice consistent with all performance criteria in *The Clinical Performance Instrument*. Clinical opportunities will be representative of settings where physical therapy is routinely practiced such as but not limited to: acute care, rehabilitation centers, home-care, out-patient orthopedic settings, pediatric sites, skilled nursing facilities and sports medicine clinics. The collective outcome of all three 12-week terminal internships will encompass patient experiences

experiences that ensure students are competent with management of patients across the life span and across the continuum of care. The patient management model will be applied to individuals with musculoskeletal, neuromuscular, cardiovascular, pulmonary and integument problems.

**DPT 832            Cr. 1**  
**CDM: Outpatient Orthopedics**

This course will enhance the student's ability to reason clinically as a systematic process to assist practitioners in inferring or drawing conclusions about patient care in an outpatient orthopedic practice.

**PTS 853            Cr. 6**  
**Internship III**

This internship is the last in a series of three required experiences whereby the student is assigned to a clinical facility/physical therapist. Students will be provided sufficient practice to become competent in physical therapy practice consistent with all performance criteria in *The Clinical Performance Instrument*. Clinical opportunities will be representative of settings where physical therapy is routinely practiced such as but not limited to: acute care, rehabilitation centers, home-care, out-patient orthopedic settings, pediatric sites, skilled nursing facilities and sports medicine clinics. The collective outcome of all three 12-week terminal internships will encompass patient experiences that ensure students are competent with management of patients across the life span and across the continuum of care. The patient management model will be applied to individuals with musculoskeletal, neuromuscular, cardiovascular, pulmonary and integument problems.

**PTS 833            Cr. 1**  
**CDM: Auton Practice**

This course will enhance the student's ability to reason clinically as a systematic process to assist practitioners in inferring or drawing conclusions about patient care in an autonomous practice. Students will be expected to select a patient from current case load and create a case report reflecting their ability to be evidenced-based in their clinical reasoning.

**PTS 854            Cr. 1**  
**Intern: Debriefing**

On-campus learning experience whereby students defend their case reports to faculty and peers as well as participate in a dialectic discourse with faculty regarding physical therapy practice.

# **CLINICAL EDUCATION CURRICULUM**

## ***DEFINITION OF CLINICAL EDUCATION***

Clinical Education in Physical Therapy is the process by which the student is given opportunities to learn to apply knowledge, develop attitudes, and practice skills in a clinical setting.

## ***GLOSSARY OF TERMS***

Academic Faculty	Physical therapists employed by the University of Wisconsin - La Crosse with primary responsibility for classroom and laboratory teaching.
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. Also known as Academic Coordinator of Clinical Education (ACCE).
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.
Clinical Site	Health care facilities that provide clinical experiences for students of the Physical Therapy Program.
CI	Clinical instructor, clinical educator or clinical supervisor. Provides direct supervision of the student during the clinical learning experience.
PT Program	For the purposes of this document, "PT Program" shall refer to the University of Wisconsin – La Crosse's Physical Therapy Program. Readers should recognize that both UW- La Crosse and UW-Milwaukee are partners in educating DPT students within the UW Systems DPT Consortium

## ***PHILOSOPHY OF CLINICAL EDUCATION***

Clinical education is a vital part of the total program in developing a physical therapist. Clinical education programs in health care settings provide opportunities for the student to:

- Observe and apply the knowledge required for the practice of physical therapy.
- Correlate the academic knowledge with clinical practice of physical therapy.
- Begin to develop treatment, administrative, supervisory and teaching skills appropriate to the practice of physical therapy.

The provision of quality clinical experiences involves 4 partners: the ***clinical instructor***, the ***clinical site***, the ***student***, and the ***educational institution***. All four must make contributions and cooperate. The clinical educators provide their time and expertise. Without their support and interest, the chances for successful student experiences are severely jeopardized. This responsibility places considerable burdens on the clinical educator. This is an individual who places highest priorities on quality patient care, who may not be well versed in educational skills or concepts, and is asked to develop educational experiences which constitutes one of the most important aspects of physical therapy education. The clinical educator is not to be expected to do this without guidance, support and assistance from the educational institution. The clinical educator must continually be kept up to date on the curriculum and know what to expect of the students, in order to develop appropriate and meaningful experiences.

The clinical educator has many roles. A key responsibility is to create and structure a safe and experience rich learning environment. The clinical educator is also a teacher, a role in which the clinician assesses the student's skills and presents information to the student. The clinical educator is also an influential role model from whom the student molds his attributes and behaviors to build a professional image.

The student, the clinical educator and the educational institution must all be involved in pre-planning, delivery and evaluation of clinical experiences.

### **CLINICAL EDUCATION SHOULD:**

- Allow the student to practice and apply new skills and concepts;
- Expand academic knowledge base;
- Develop clinical competencies;
- Identify role models;
- Develop communication and interpersonal skills needed to function as a professional, educator and health care team member;

- Identify personal areas of interest and/or need;
- Have a wide variety of experiences in the attempt to become a well-rounded, multifaceted professional;
- Assess future goals and needs;
- Develop good work habits.

### ***OVERVIEW OF EXPECTATIONS***

The clinical fieldwork courses have been designed to provide the student with a variety of patient experiences. These experiences are coordinated with the didactic portion of the curriculum. This should ensure that each student has a well-rounded exposure to physical therapy practice.

Each clinical assignment will involve the following:

#### **1. Learning Objectives:**

- A) Each clinical education course has course objectives, which will be disseminated to students and clinical education facilities as part of the course syllabus.
- B) Students are expected to generate individualized learning objectives compatible with their learning needs and the experiences offered at the facility.
- C) Each clinical site is encouraged to develop learning experiences for students rotating through their department. These objectives can address experiences and/or techniques unique to the facility. Structured learning experiences can then be developed to address the facility's learning objectives.

2. **Student's Role:** The role and level of function of the student during clinical assignments will be determined by the DCE and stated in the individual course syllabi. The students are expected to take responsibility for their own learning and demonstrate professional behavior at all times. It is the student's responsibility to keep the DCE apprised of problems that might arise related to their clinical learning. The DCE should be contacted as soon as a problem is identified regardless of the clinical site or the student's desire to have the DCE intervene. This keeps the DCE informed and allows responsible follow-up.

3. **Documentation:** All patient treatment notes should be read, approved, and countersigned by the clinical instructor. All treatment notes should be signed by the student with the letters "SPT".

## ***STANDARDS FOR CLINICAL EDUCATION SITES IN PHYSICAL THERAPY***

The University of Wisconsin DPT Consortium and the University of Wisconsin - La Crosse Physical Therapy Program has adopted the APTA Guidelines and Self-Assessments for Clinical Education. This document is congruent with language and standards found within the Guide to Physical Therapist Practice (1997) and A Normative Model of Physical Therapist Professional Education (2005). A copy of these standards may be accessed by APTA members at <http://www.apta.org/AM/Template.cfm?Section=Clinical&Template=/MembersOnly.cfm&ContentID=26872>. Please consult UW-L's DCE if you are unable to access this document.

It is recognized that not every criterion can be met by every facility because of their own uniqueness. However, it is necessary to evaluate each standard. These standards are intended to serve guidelines for the basic criteria that are taken into consideration when evaluating a clinical education site.

These standards are used for:

1. Establishing and accepting new clinical facilities;
2. Evaluating existing clinical facilities for the purpose of continuing and discontinuing agreements;
3. Structuring a new or existing clinical education program.

Each facility is encouraged to do a self-assessment using these guidelines to identify areas for development or improvement. Strong areas should also stand out!

### ***CLINICAL SITE SELECTION***

1. Communication is initiated by the UW-L PT Program or the clinical site regarding the potential of engaging in a clinical education relationship.
2. UW-L PT Program sends a clinical education start up packet to potential clinical facility that includes:
  - Affiliation agreements/ contracts (facility specific clinical education contract may be substituted pending approval by UW-L Risk Manager)
  - Program Memorandum
  - Overview of curriculum
  - Student Academic Year Calendar
  - Clinical Site Information Form (CSIF) (See link in Appendix – Forms)
  - Copy of Student Liability Policy

3. The clinical facility returns affiliation contracts and Clinical Center Information Form (CSIF) to UW-L.
4. The CSIF is reviewed by DCE on basis of the site selection standards and accepted or filed for later reference.
5. If accepted, the affiliation contracts are sent to the clinical site for signatures and returned to UW-L for completion. If a facility specific contract is used, the UW-L Risk Manager reviews the site's contract for compliance with UW criteria. If contract conditions are deemed acceptable, signatures are obtained prior to returning it to the clinical site.
6. Upon completion, a copy of the contract is returned to the facility and one is kept by UW-L PT Program.
7. A copy of the Clinical Education Handbook and the *Clinical Performance Instrument (CPI)* is sent to the facility upon request or is available on-line before specific pre-planning for students begins. (See link in Appendix- Forms)

### ***CLINICAL AGREEMENTS***

All clinical affiliations are required to complete contractual agreements that outline responsibilities and limitations of all parties involved prior to the student's placement. (See link in Appendix- Forms)

### ***CLINICAL FACULTY MEETINGS***

Clinical faculty meetings will be held as often as necessary on a local and/or regional basis or in conjunction with initiatives of the Wisconsin Clinical Education Consortium. These meetings are designed to serve several purposes:

- to allow discussion between clinical and academic faculty;
- to allow exchange of ideas in clinical education;
- to solicit feedback regarding clinical education curricular design and assessment
- to keep clinical faculty up dated on changes in curriculum and personnel;
- to optimize communication between clinic affiliates and UW-L PT Program and
- to continue to improve the quality of clinical education experiences through programming aimed at clinical faculty development.

### ***EVALUATION OF THE CLINICAL FACILITY***

At the end of the calendar year, each facility is reviewed by the DCE. This review is based on the students' impressions, the site visit reports and any written information provided. An attempt is made to summarize the impressions, strengths and weaknesses and share with each facility as needed.

The clinical education facility is encouraged to utilize the APTA Clinical Experience Assessment (See link in Appendix- Forms) or develop its own department evaluation form to obtain specific feedback from the students.

The PT Program's evaluation of the facility is comprehensive and attempts to assess if the facility has met the needs of the student. Occasionally, it is deemed in the best interest of the facility or PT Program to discontinue a clinical education relationship. The University Letter of Agreement allows for either party to terminate the clinical agreement by written notice.

### ***SITE VISIT & TELEPHONE CONSULTATION POLICIES***

The purposes of site visits and phone consultations are:

- to provide clinical education consultative services;
- to give UW-L faculty the opportunity to observe/ reflect on students in clinical practice settings;
- to develop closer working relationships between UW-L academic and clinical faculty;
- to provide UW-L faculty the opportunity to gain insight into contemporary physical therapy practice and stay abreast of changes in the health care environment.

Telephone consultations: These consultations may be scheduled with the student and/or clinical instructor when site visits are not performed. Their purposes are the same as a site visit. Typically these consultations occur near mid-term and/or upon the completion of the internship however they may occur more often as the student's and CI's needs require. The DCE is expected to document all phone consultations either using the Fieldwork Telephone Conference form (See link in Appendix – Forms) or in an anecdotal record. Clinical instructors are encouraged to keep their own record of communication sessions with the DCE.

Site visits: Approximately 2-3 hours should be planned for a typical site visit. Ideally, a site visit includes:

- Spending some time getting to know the CCCE and the facility. This is typically accomplished simultaneously while touring the facility and depends on the availability of the CCCE. This step may not be necessary if the site and CCCE are very familiar to UWL. This time also gives the school and the site time to talk about clinical education issues in general.
- Spending 20 – 30 minutes talking with the CI alone. This allows the CI to talk with the DCE privately about the student without fear of how they say things. Some comments may be about PT students in general, UWL students in general or about the student individually.

individually. Some of the discussion might be about wanting suggestions on how to be a better CI or how to work with a particular student issue so that the student gets all that they can out of the learning situation. CI's can also ask about curricular background in a candid way.

- Spending time with the student alone. This allows the student to put issues on the table without fear of how things are being said or what is being said. It minimizes fear of retaliation should there be tension between the student and the CI. Students may also wish to discuss prior instruction, questions about the curriculum or programmatic issues that do not involve the clinical instructor. It also allows the student time to seek advice/coaching on how to develop professionally and/or clinically. Sometimes students have things to discuss they are not ready to discuss with their CI.
- A site may request that the DCE provide their staff with a workshop or a talk.
- If time permits and all parties are comfortable, the DCE may watch the student treat a patient, read some of the notes that they have written or examine other examples of actual student work.

Frequency of site visits: An attempt will be made, with consideration of budgetary and faculty resources, to visit each clinical education facility in the Wisconsin area once every three years. Clinical Education facilities out of the Wisconsin area will be visited at least every five years unless the facility requests otherwise. Phone consultation and written communication will occur on an ongoing basis in all locations consistent with assigned internships.

*Visitation/ phone consultations is not intended as an evaluation of the clinical facility, but an opportunity to view the students in a clinical setting and develop a closer relationship with clinical facilities.*

### ***CLINICAL ASSIGNMENTS***

All clinical assignments will be made by the DCE in coordination with the clinical facility and advisement from the student.

In assigning students to clinical sites, it is not expected that any site will meet all the student's needs at all times, however, any site will meet some of the needs all of the time. If a student has a problem, they are expected to take the initiative to resolve the problem. *A student will not be placed in a situation or an environment where there is a history of unresolved problems.*

### ***DETERMINATION OF INTERNSHIP ASSIGNMENTS***

To assist the students in planning their clinical education, each clinical education facility submits a

a completed Clinical Site Information Form (CSIF). This form asks for a brief description of the facility, administration, types of patients treated, number and professional profile of the PT practitioners and other information pertinent to clinical education. Students may utilize the feedback from previous graduates and P.T. faculty to make informed decisions about internship preferences.

In addition, some facilities have developed specific criteria or objectives for clinical education that may help make the student more aware of a facility's learning environment and expectations.

### ***INTERNSHIP SITE ASSIGNMENT PROCEDURE***

1. Clinical facilities will be surveyed for clinical placement opportunities between March 1 - 15 of each year. (See APTA Education Section's uniform mailing dates that follow this section.)
2. The DCE will select a limited number of opportunities for each internship period based on the learning environment, geographic location and clinical educator expertise. Students will be given lists of options for each internship period.
3. Student will have an opportunity to research available options identify their preferences. Contact information and internship classification will be included with these lists. Additional information is available in the red folders located in the HSC 4<sup>th</sup> floor Clinical Education Resource Room.
4. The DCE/s will be available for group or individual consultation to discuss students' individual needs and clarify questions they may have about the process or the facilities of interest.
5. Students will rank order their preferences.
6. The assignment of clinical options will be done by one of two methods at the discretion of the DCE:

Lottery method: The DCE will designate a date and time for general assembly of all students making site selections. The DCE will randomly draw student names from a pool of all students requiring a clinical assignment. As the student's name is drawn, the student will choose their preferred option. This process will continue until all students have selected sites. The DCE may allow students to make refinements in their site selection for a limited period of time following the lottery.

Computer database matching method: Students will submit their first 5 choices of internship sites per internship period. These sites will be inputted into the clinical education software program and a randomized computer match will be run. Results of

this match will be shared with the students. The DCE may allow students to make refinements in their site selection for a limited period of time following the lottery.

7. It is the DCE's purview to reassign a student to alternative clinical education option if it is deemed to be in the best interest of the student and/or the PT Program. Every reasonable effort will be made to share the rationale for such reassignments with the student.
8. CCCEs will be immediately notified when a student has matched with their site.
9. CCCEs whose options remained unmatched will be notified no later than November 1 so that the option may be released to other educational programs (consistent with the Education Section's voluntary uniform mailing date).
10. Students will be informed of the possibility that a site may later cancel or otherwise become unavailable. Should that occur, the DCE will individually consult with the student and make every reasonable attempt to secure an equitable learning alternative. Students will be reminded that all clinical assignments are the purview of the DCE and that unanticipated personal expense and/ inconvenience may result when internship plans are changed.

***TIMELINE FOR ASSIGNMENT OF INTERNSHIPS  
CONSISTENT WITH THE APTA EDUCATION SECTION'S  
CLINICAL EDUCATION UNIFORM MAILING DATES***

March 1-15	Facilities surveyed by mail as to interest in our students for internships
April 30	Deadline for facilities to respond
May 1 - 30	Telephone canvassing to follow-up on facilities that have not yet responded to the mailing
June 1	Information tabulated and distributed to students
June 1 - 15	Students consult with DCE(s)
June 15	Students assemble for lottery selection of clinical assignment
July 1	Facilities receive written confirmation of student assignments to their clinics
Oct 1	Students will communicate in writing with the CCCE to acknowledging their assignment, confirm dates, clarify details, etc. This communication will include: <ul style="list-style-type: none"><li>• basic area of patient load/interest; i.e., general; rehab; peds; sports.</li><li>• Intern Personal Data Form. (See link in Appendix – Forms)</li><li>• request assistance with housing if necessary.</li></ul>
Nov 1	Regrets notification facilities of offered but unmatched options

Four weeks prior to each internship: students will mail Intern Self-Assessment Form describing learning style preference, individual strengths and weakness as well as anticipated learning objectives (See link in Appendix – Forms). In addition the student is to clarify housing and transportation plans, patient load type, and any other information that may be considered pertinent to either the facility or the student.

## **GRADING**

***All grading is based on a pass/fail basis and is the sole responsibility of the DCE.*** Satisfactory completion of each course is a prerequisite for participation in the sequential clinical course. Please see individual clinical course requirements for specific criteria.

The final determination of satisfactory completion of each clinical fieldwork experience is the responsibility of the DCE. If it is determined through consultation with the clinical instructor that performance is unsatisfactory and the student can verify that there were extenuating circumstances to their inability to be successful within the allotted time, the DCE may offer the student an incomplete grade with terms for removal established by the DCE. An action plan will be constructed by the DCE with input from the student to address the terms for removal of the incomplete. The DCE may seek input from academic faculty and the clinical instructor when constructing remedial action plans. Incomplete clinical coursework may interrupt the student's ability to proceed with subsequently scheduled didactic or clinical courses.

Students are expected to function at the developing level of the *PT-specific Generic Abilities* upon completion of clinical courses PTS 651 & 751 and at entry level upon completion of PTS 851, 852 & 853. The DCE will use student self-assessment, anecdotal records compiled by the DCE, comments from the CI as well as comments on the CPI to determine the student's Generic Ability Level of performance.

## **EVALUATION FORMS**

The *Physical Therapist Clinical Performance Instrument (CPI)* and *PT-specific Generic Abilities Assessment Tool* (See links in Appendix – Forms) are the official evaluation instruments for the University of Wisconsin - La Crosse Physical Therapy Program. Future modifications to these evaluation tools will be available on the PT Program's website.

These evaluation forms are a means of keeping a record of a student's clinical performance and professional development. They also:

- Assist the student in recognition of their growth as a physical therapist and assists in planning future clinical education experiences.
- Assist the clinical instructor in determining strengths and weaknesses of the student's clinical performance while planning new learning experiences.
- Assist the DCE in determining strengths and weaknesses in the overall academic program and in determining ways in which the individual student may be assisted in achieving individual clinical education objectives.

Identifiable personal health information related to patients/clients shall be de-identified consistent with HIPAA regulations.

## **EVALUATION PROCEDURES**

Completion and timely submission of the student's evaluation by the clinical instructor and student is expected. In addition, the student is required to complete and share a facility evaluation with the CCCE/ CI for each clinical assignment. All evaluation materials must be returned to the DCE by the student or by mail *within one week* after the completion of a clinical assignment.

*Clinical instructors are expected to provide narrative comments supporting unusually low or high ratings. Narrative comments should in all instances be consistent with the ratings on the official assessment forms. CCCEs/CIs are encouraged to consult the DCE for assistance in documenting the student's performance whenever needed.*

Upon receipt of the evaluation packet, the DCE will review the contents for evidence that the performance standards for the course were achieved. In the event that clarification is required, the DCE will consult the CI or CCCE. Additional documentation or supporting information may also be requested of the student or CI/CCCE to supplement the original evaluation packet in order to clarify the student's ability to meet course expectations.

## ***COURSE REQUIREMENTS***

**Criminal Background Checks:** The University is required to perform a criminal background check on all students prior to their participation in their clinical rotations. Findings, which are classified as crimes, which bar employment/licensure may result in dismissal from the program. Information can be viewed on the Internet at: [www.dhfs.state.wi.us/caregiver/index.htm](http://www.dhfs.state.wi.us/caregiver/index.htm).

**OSHA/Blood borne Pathogens:** All students are required to view a video on Blood borne Pathogens and Universal Precautions once per year and pass a post test, prior to participation in any clinical assignments.

**CPR Certification:** Physical Therapy students are required to have current CPR certification at the BLS (Basic Life Support) Course C Level. This includes: Heart Saver Adult, pediatric obstructed airway and two rescuers CPR.

### **Immunizations:**

All students are required to have a copy of their immunization records on file with the DCE and available for facility inspection.

Immunization records must include:

- MMR: Provide proof of 2 MMR shots received after 15 months and received after 1/1/68 **OR** a MMR titer indicating immunization.
- Tetanus/Diphtheria: with evidence of a tetanus booster in the last 10 years.
- TB skin test or chest x-ray in the last 6 months.
- Immunization against Hepatitis B.
- Polio vaccine.

**Student Liability:** All students are required to carry professional liability insurance in addition to UW-L's umbrella policy. The ACCE will assist the student in securing this coverage at the student's expense.

**Transportation:** Students are responsible for their own transportation and living arrangements related to clinical affiliations unless otherwise supported by the clinical facility.

**Dress Code:** Intern must follow the dress code of the facility at all times. Hair should be controlled and a suitable length. Intern should appear neat and clean. Nails should be trimmed and short with jewelry 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. The information is on file in the Clinical Education Resource Room (4081 HSC) or contact the facility's physical therapy CCCE.

**Attendance policy:** Interns are expected to be in attendance during usual clinic hours (at least

least 40 hours/week). Students will follow the schedule provided them by their clinical instructor. *If a student is ill or absent, s/he must notify the CI and DCE.* Arrangements to make up for time off for illness should be made between the CI and the student, with intervention by the DCE only as needed. Interns are only allowed one sick day for each of the terminal fieldwork experiences for a total of three sick days. Although the program will not require students to make up those three days, the facility may request that the student make up any absent time. Any absences in excess of three days must be made up according to the PT program whether the facility requires it or not. Personal business such as travel to and from the clinical facility and job interviewing should be conducted during the weeks between internships (sick days are not to be used for personal business, job interviews, etc.). Students may be excused to attend APTA Annual Conference or state association conferences, if permitted by clinical site. Interns are strongly discouraged from having outside jobs during their internship rotations.

## CLINICAL RESOURCES

### *CLINICAL INSTRUCTORS AND ASSOCIATED CLINICAL FACULTY*

The UW - La Crosse, Health Professions Department appoints and maintains a group of largely volunteer clinicians who function as Instructional Academic Staff from a variety of disciplines to provide both classroom and clinical instruction for students in the Department's several programs. These appointments are designed to acknowledge and reward these individuals, who, though not regular, full-time employed members of the University of Wisconsin - La Crosse Faculty or Academic Staff, make significant instructional contributions to department programs and curriculum. The "Professor (CHS)" group designation is for individuals who have substantial, ongoing instructional and curriculum development responsibilities. The "Adjunct Professor" group designation is for individuals whose instruction is typically in the clinical setting and generally does not involve curriculum development.

The "Professor (CHS)" designation is used for individuals who are not regular members of the University of Wisconsin-La Crosse faculty, and do not hold another UW-L Academic Staff appointment such as those in the "Lecturer" designation, but play an instructional role and are involved at least 50% time in the provision of direct patient care. Individuals appointed under this designation must have the qualifications identified in the "Qualifications Table" and meet the following criteria:

- Ongoing commitment to developing and teaching at least 6-8 classroom contact hours on an annual basis,
- Involvement in curriculum development for portions of a Health Professions Department program, or
- Other extraordinary contribution to a department program.

Initial appointment: Individuals who play an instructional role as described above, may submit a letter requesting a "Professor (CHS)" appointment at an appropriate rank, or a Health Professions Program Director may initiate a request for appointment. Accompanying this letter should be

- current curriculum vitae,
- at least one letter of reference that may be from the Program Director
- documentation of excellence in scholarly activity as defined by professional research productivity, administrative accomplishment, expertise in their clinical discipline and/or professional service

Such requests for appointment will be reviewed by the Health Professions Department Clinical Affiliate Appointment Committee. Upon the recommendation of this committee, the department chairperson will recommend the appropriate appointment level to the Dean of the College of Science and Allied Health. Notification of appointment will then be forwarded from the Dean of the College of Science and Allied Health to the individual being appointed, to the Health Professions Department, to the Program involved, and to the Academic Staff Council.

Appointment will qualify individuals to obtain a University ID for use of the library and other facilities.

Review and evaluation: Within the first two years of the initial appointment, and at least biennially thereafter, the Program Director will evaluate all active CHS appointees for their program. This evaluation may include a review of student evaluations of teaching, observation of teaching in the program as appropriate, and review of any additional scholarly achievements including research, administrative accomplishments, additional clinical expertise/certification and/or professional service. Following this evaluation, the Program Director may make a recommendation to the Clinical Affiliate Appointment Committee for continued appointment, a promotion in rank, or transfer to an inactive status. Individuals who have had inactive status for five years will be removed from the department's roster of appointees.

Promotion: A recommendation for promotion may be initiated by the Program Director, a program committee, or the CHS academic staff appointee. The request for promotion consideration must include documentation that the individual meets the criteria for the rank for which promotion is being requested, a record of quality instructional performance, demonstration of professional excellence, and a recommendation from the Program Director. The recommendation for promotion will be reviewed by the Clinical Affiliate Appointment Committee. The Department chairperson will recommend promotion to the Dean of the College of Science and Allied Health. Notification of promotion will then be forwarded from the Dean of the College of Science and Allied Health to the individual being promoted, to the Department, to the Program involved and to the Academic Staff Council.

“Professor (CHS)” Qualification Table

CHS Academic Staff Rank	Qualification Guidelines
Instructor (CHS)	<ol style="list-style-type: none"> <li>1. A degree at the baccalaureate or post-baccalaureate level;</li> <li>2. Professional practice certification and/or licensure as appropriate for their discipline;</li> <li>3. One or more years of clinical practice;</li> </ol>
Assistant Professor (CHS)	<ol style="list-style-type: none"> <li>1. A degree at the post-baccalaureate level;</li> <li>2. Professional practice certification and/or licensure, as appropriate for their discipline;</li> <li>3. Three or more years of clinical practice;</li> <li>4. Two or more years of successful teaching experience in a university, or academic health center setting;</li> <li>5. Evidence of scholarly activity demonstrated by (1) research, (2) administrative accomplishments, (3) additional clinical expertise/certification and/or (4) professional service</li> </ol>
Associate Professor (CHS)	<ol style="list-style-type: none"> <li>1. A practice degree at the doctoral level;</li> <li>2. Professional practice certification and licensure, as appropriate for their discipline;</li> <li>3. Five or more years of clinical practice;</li> <li>4. Four or more years teaching experience in a university, or academic health center setting;</li> <li>5. Demonstrated excellence in their area of teaching;</li> <li>6. Demonstrated excellence in two of the following four areas of scholarly activity: (1) research, (2) administrative accomplishments, (3) additional clinical expertise/certification and/or (4) professional service.</li> </ol>
Professor (CHS)	<ol style="list-style-type: none"> <li>1. A degree at the doctoral level;</li> <li>2. Professional practice certification and licensure, as appropriate for their discipline;</li> <li>3. Eight or more years of clinical practice;</li> <li>4. Six or more years teaching experience in a university, or academic health center setting;</li> <li>5. Demonstrated excellence in their area of teaching;</li> <li>6. Demonstrated excellence in three of the following four areas of scholarly activity: (1) research, (2) administrative accomplishments, (3) additional clinical expertise/certification and/or (4) professional service.</li> </ol>

## *Rights and Privileges of Clinical Faculty*

### Faculty Identification Card

Clinicians holding an appointment in the UW-L Health Professions Department are eligible to receive a faculty ID card. This card is needed to check out books at Murphy Library, and is required to access fitness facilities on the UW-L campus. To obtain a faculty ID card you need to take a copy of your appointment letter from the Dean of the College of Science and Allied Health to the Student Activities & Centers Office at room 212 Cartwright Center. Though IDs can be obtained most business days, it may be helpful to call (608) 785-8891 to arrange a time.

### Fitness Facility Access

The faculty ID card provides access to several fitness facilities on the UW-L campus. Facilities in Mitchell Hall can be used without additional charge. However, a nominal fee is charged for family members using these facilities with the faculty member.

In addition, the newer Recreational Eagle Center is available with a membership fee those with a Health Professions Appointment to volunteer faculty members and their spouse/partner. Details about these facilities and memberships can be found at:

[http://www.uwlrecsports.com/new\\_web\\_page/web-content/REC/memberships.html](http://www.uwlrecsports.com/new_web_page/web-content/REC/memberships.html)

### UW-L's Murphy Library

Volunteer faculty may use the facilities of UW-L's Murphy Library. Details about these facilities can be found at the Murphy Library website: <http://www.uwlax.edu/murphylibrary>. With an ID card you also have borrowing privileges for the physical collection. The library also has a hard copy, microfilm and electronic journal collection that can be accessed within the library, and has large network of libraries for interlibrary loan.

### Electronic Library Resources

Murphy Library's electronic resources are available to volunteer faculty remotely using the internet. These resources include the electronic library catalogue, a wide variety of article databases, and an index of physical library periodical holdings for La Crosse area libraries. Most of these resources are available from the Murphy Library website without a password.

In addition, a substantial electronic collection of journals is available from off-campus using the Health Professions Department username and passwords. Because of licensing and copyright restrictions you are not to share these usernames and passwords with others.

Introductory instructions and illustrations for accessing these electronic library resources are provided on the pages that follow.

### Physical Therapy Program supported benefits include:

- Vouchers (as available) for UW-L sponsored continuing education programs
- APTA Clinical Education Credentialing opportunity
- Space and equipment support for local study groups
- Access to faculty for research assistance and consultation

## APPENDICES

### **APPENDIX A – FORMS:**

- CLINICAL EXPERIENCE (VOLUNTEER) EVALUATION FORM  
[http://perth.uwlax.edu/pt/pdf/clinical%20evaluation%20form\\_2005\\_2006.pdf](http://perth.uwlax.edu/pt/pdf/clinical%20evaluation%20form_2005_2006.pdf)
- CLINICAL SITE INFORMATION FORM (CSIF)
- FIELDWORK TELEPHONE CONFERENCE FORM
- SITE VISIT REPORT FORM
- INTERN PERSONAL DATA FORM
- INTERN SELF-ASSESSMENT FORM
- LEARNING OBJECTIVES
- PT CLINICAL PERFORMANCE INSTRUMENT (CPI)  
CPI FREQUENTLY ASKED QUESTIONS  
<http://www.apta.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=22642>
- GENERIC ABILITIES (CLINICAL)
- PT STUDENT EVALUATION; CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION  
<http://www.apta.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=23608>
- WEEKLY PLANNING FORM
- STUDENT PLANNING FLOWCHART
- SURVEY OF PATIENT DIAGNOSIS
- PATIENT LOG
- CLINICAL FIELDWORK STUDENT PROJECTS

### **APPENDIX B – CONTRACTUAL DOCUMENTS**

CLINICAL AFFILIATION AGREEMENT TEMPLATE  
PROGRAM MEMORANDUM  
STUDENT LIABILITY FORM

**APPENDIX C – ADJUNCT FACULTY RESPONSIBILITIES AND TITLES**

**APPENDIX D – CLINICAL EDUCATION RESOURCES**  
DOMAINS OF LEARNING

## CLINICAL EDUCATION RESOURCE LIST

1. APTA Documents
  - Normative Model for PT Education  
<http://www.apta.org/AM/Template.cfm?Section=Clinical&Template=/MembersOnly.cfm&ContentID=26872>
  - Current Patterns for Providing Clinical Education in Physical Therapy Education
  - Selected Issue Regarding Alternative Models for Clinical Education in Physical Therapy
  - Alternative Models for Clinical Education in Physical Therapy
  - Standards for Clinical Education in Physical Therapy / A Manual for Evaluation and Selection of Clinical Education Centers
  - Clinical Education in Physical Therapy: Considerations for Alternative Models
  - Physical Therapy Education and Societal Needs: Guidelines for Physical Therapy Education
2. Bloom, B.S. (ed.); Taxonomy of Educational Objectives, Handbook I: Cognitive Domain. McKay Co., 1956.
3. Chickering, Arthur; Experience and Learning. Change Magazine Press. New Rochelle, NY, 1977.
4. Chickering, Arthur; A Conceptual Framework for Educational Alternatives at Empire State College. Empire State College, Sarasota Springs, NY, April 1976.
5. Cross-, Patricia; Accent on Learning. Jossey-Bass Publishers. San Francisco, 1979. print)
6. Flexner, A.; Medical Education in the United States and Canada. Carnegie Foundation for the Advancement Of Teaching. Washington, D.C., 1910.
7. Kidd, J.R.; How Adults Learn. Association Press. New York, 1973.
8. Knowles, Malcolm; The Adult Learner: A Neglected Species. Gulf Publishing Co. Houston, TX, 1982.
9. Kolb, David; Learning Style Inventory. McBee and Co. Boston, MA, 1976.
10. Kohlberg, L.; "Continuities and Discontinuities in Childhood and Adult Moral Development Revisited", in Collected Papers on Moral Development and Moral Education. Moral Education Research Foundation. Howard University. 1973.
11. Krathwohl, et al.; Taxonomy of Educational Objectives, Handbook II. McKay Co., 1964. Microfilms International. Michigan, 1974.
12. Clinical Education Anthology: Volume 1 – 3 a:(clin.faculty manual) updated Jan. 2006