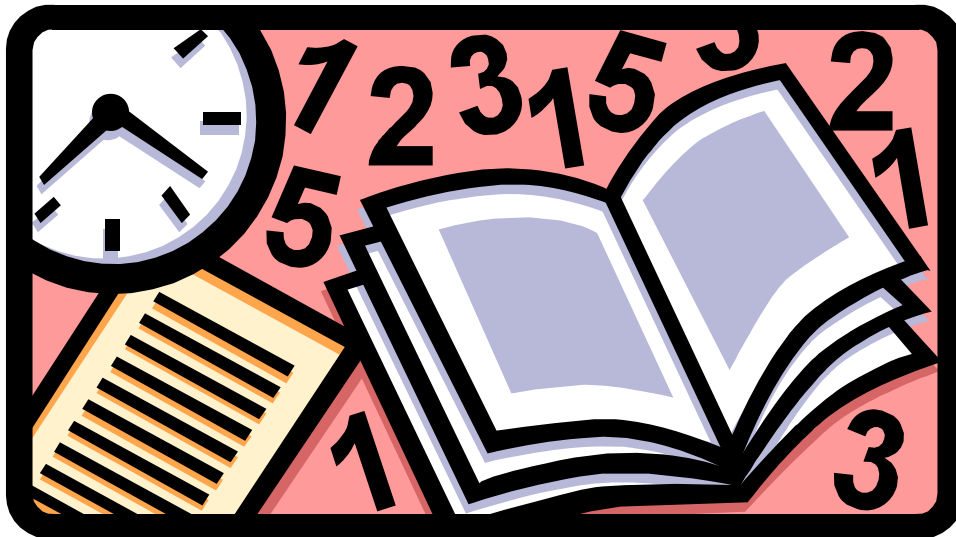


CLINICAL EDUCATION HANDBOOK
FOR STUDENTS



University of Wisconsin - La Crosse
Physical Therapy Program
La Crosse, WI 54601

Gwyneth Straker, PT, MS
Michele Thorman, PT, MBA

2008 Edition

TABLE OF CONTENTS

	<i>Page</i>
<u>GENERAL INFORMATION:</u>	
<i>VISION & MISSION STATEMENT</i>	5
<i>PROGRAMMATIC GOALS & LEARNING OBJECTIVES</i>	5
<i>CURRICULAR THREADS</i>	5
<i>DEFINITION OF CLINICAL EDUCATION</i>	6
<i>GLOSSARY OF TERMS</i>	6
<i>PHILOSOPHY OF CLINICAL EDUCATION</i>	6
<i>OVERVIEW OF EXPECTATIONS</i>	7
<i>CLINICAL ASSIGNMENTS</i>	8
<i>NEW SITE DEVELOPMENT</i>	10
<i>NEW SITE DEVELOPMENT FORM</i>	10
<i>REGISTRATION</i>	12
<i>PREREQUISITES</i>	12
<i>GRADING</i>	12
<i>EVALUATION FORMS AND PROCEDURES</i>	12
<u>COURSE REQUIREMENTS:</u>	
<i>CRIMINAL BACKGROUND CHECKS</i>	13
<i>OSHA</i>	13
<i>CPR</i>	13
<i>IMMUNIZATIONS</i>	13
<i>MALPRACTICE / LIABILITY</i>	13
<i>TRANSPORTATION</i>	13
<i>DRESS CODE</i>	13
<i>ATTENDANCE POLICY</i>	13
<i>RESPONSIBILITIES OF STUDENT</i>	14
<i>SELF-ASSESSMENT FORM</i>	15

<i>LEARNING OBJECTIVES</i>	<i>16</i>
<i>PERSONAL DATA SHEET</i>	<i>17</i>
<i>FIELDWORK PREPARATION CHECKLIST</i>	<i>19</i>
<u>ASSESSMENT TOOLS</u>	
<i>REFLECTIVE JOURNAL</i>	<i>21</i>
<i>PATIENT LOG</i>	<i>22</i>
<i>CASE REPORT FORM</i>	<i>23</i>
<u>APPENDICES:</u>	
<i>DOMAINS OF LEARNING</i>	
<i> COGNITIVE</i>	<i>26</i>
<i> PSYCHOMOTOR</i>	<i>27</i>
<i> AFFECTIVE</i>	<i>28</i>
<i>WEEKLY PLANNING SHEET</i>	<i>29</i>
<i>SAMPLE SOAP NOTE</i>	<i>30</i>
<i>PLANNING FLOWCHART</i>	<i>31</i>
<i>CLINICAL EDUCATION CONTRACT</i>	<i>32</i>

GENERAL INFORMATION

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 and diverse students, challenging 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.
- recruitment and retention of diverse faculty 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.
- development of physical therapists who display the core values of professionalism that include accountability, altruism, compassion/caring, integrity, and professional duty.

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)

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.
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 clinical learning experience.

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 those 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 which 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 clinical instructor and stated in the individual course syllabi. The student is 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".

CLINICAL ASSIGNMENTS

All clinical assignments will be made by the DCE in coordination with the clinical site and the student.

Assignments are made by the DCE with data support from a computer software program, *Clinical Internship Manager*. 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 some of the time. It is within the purview of the DCE to assign students to any clinical site they believe will meet the needs of the learner. Priorities for DCE decision making on clinical placement is as follows:

- Clinical site will contribute to the student's ability to be a generalist
- Clinical site will contribute to the student's ability to be exposed to a diverse patient population as part of their total clinical education experience
- Clinical mentoring will contribute to the student's ability to effectively and accurately assessed
- Availability of clinical resources
- Clinical interests of the student
- Personal preferences of the student
- Under normal circumstances, initial assignments are made using a lottery format to keep the assignment process as fair and objective as possible.

Preparation phase:

- A list of facilities and internship options will be made available for each rotation by the DCE the summer prior to the calendar year of the clinical rotation.
- Students will be notified via e-mail when site information has been updated. This may occur on a daily basis during the process.
- You will need to consider matching dates as well as required experiences. Students are required to have an inpatient experience, an outpatient experience as well as an experience where they mentor under the watchful eye of a master clinician/clinical specialist. During the course of the program, students will be selecting clinical sites for Extended Care/Skilled Nursing/Rural, Inpatient (acute/rehab), outpatient and Specialist practice settings.

- To assist the student in making their clinical placement requests, **RED FOLDERS** on facilities are available for students to review in Room 4081. These folders contain clinical information forms prepared by the facility describing the facility, the types of patients treated, its staff and student resources. Student resources may include information about housing, meals, parking, need for a car, etc. The red folders contain promotional brochures of the facility and the community where it is located. Evaluations from past students and housing suggestions are also included. Students are encouraged to use this information as a basis for making their selections. **FOLDERS ARE NOT TO BE REMOVED FROM THE IMMEDIATE AREA!**
- In addition, there are 3-ring binders located in Room 4081 that list the names and addresses of all facilities who have indicated a desire to affiliate with our program. The sites are listed alphabetically within the binders. The listing includes approximately 350 sites throughout the United States. *Please note there are two sections in the binders.* **Pay close attention to the memo section for each site.**
- Potential housing lists will be made available and posted on the board outside Room 4063 and in Room 4081.
- Students should schedule an appointment with the DCE to discuss questions they may have regarding assignments. Sign-up sheets will be posted on the door of the DCE's office.
- Students will prioritize sites offered based upon information found in the red folders and their discussions with the DCE.

Selection phase:

- Students will organize clinical options in a manner that makes sense to them so that they are in a position to select sites during the lottery process. It is strongly encouraged that students rank all sites available from most desirable to least preferred for each rotation considering requirements to complete an inpatient, outpatient and specialty rotation.
- The DCEs will schedule a date by the lottery to take place. Student names will be randomly drawn from a fish bowl until all students have clinical placements. Details beyond this will be made known to the students closer to the lottery dates.

For your information:

1. There are numerous sites that are offering their facility on a *first come/first served* basis. *Understand that when requesting these slots, there is a risk involved that they may not be available when the DCE calls to confirm your assignment. If that is the case, the DCE will work with you individually to secure another assignment.*
2. *Assignments may change* due to cancellations at any time. Cancellations will be filled according to space available nationwide. It will be impossible to consider weddings, family reunions, or other personal needs. *Students may be reassigned to an alternative site on short notice.*
3. The responsibility of the UW-L PT program is to provide you with the opportunity to learn in a clinical setting. *There are not adequate resources to consider your financial or personal interests during the selection process.* You were informed of this prior to your acceptance into the program. You may be inconvenienced by your assignments. The process we are using is considered to be the least biased, most fair distribution of this scarce resource.
4. Quality clinical teaching space is our most scarce resource. *It is unreasonable to expect that all students' first choices will materialize.* The DCE retains the right to override the process at any time deemed necessary to best serve the needs of all students. Should there be conflicts or cancellations, the following information will be used to determine assignments:

New Site Development

Intensive effort has been made to carefully select clinical education sites that will provide rich learning environments for UW-L students. Time and energy are continually placed into nurturing facility relationships and developing clinical faculty at these existing clinical education sites. It is the program's objective to offer only proven and quality clinical faculty and learning environments to maximize students' learning in the precious few months available for clinical internships.

New site development will be carefully considered if there is adequate evidence that the new site will enhance UW-L's clinical education program. New site development is discouraged for reasons related to individual student interest in traveling, housing availability, social interests, etc. It remains the DCE's prerogative to prioritize new site development in context with the needs of the clinical education program and best interests of the students' clinical education needs.

Some statistics relative to developing a new site:

- The ideal time to initiate new site development is between November – March. Each year we follow the agreed upon national mailing date to request clinical rotations for the following year. For example, in March of the preceding year we contacted sites to see what they might offer for the next calendar year. These request forms are due back to us by the April 15th following the original March mailing date. After April 30th, it becomes increasingly difficult, if not impossible, to recruit new sites in time for site selection by students.
- By the end of March, most sites have committed to other programs due to the uniform national mailing date used.
- It takes 6-10 weeks to initiate and develop a new site mostly due to contract negotiations.
- Most sites are available to contact between 8 am – 4:30 p.m. Therefore, the fewer interruptions the DCE has during those hours, the more sites she can potentially contact.
- In addition to working on site development for a specific class, the DCE is also working on site visits and other issues for those students currently out on a clinical rotation.
- It is always in your best interest to choose from available sites when choosing clinical rotations rather than hoping to be placed at a site that may never materialize.

If you wish the DCE to pursue the development of a new site, submit your request in writing, letting him/her know how you learned about the site, why you are requesting that particular site, and providing any other details about the site. **DO NOT contact sites on your own. The DCE is the only person authorized to make these contacts on behalf of the UWL physical therapy program.**
(See New Site Development Request form on next page).

New Site Development Request

Student Name: _____

Intended Type of Rotation: _____

Intended Dates of Rotation: _____

Facility Name: _____

Complete Facility Address:

Street: _____

City: _____ **State:** _____ **Zip** _____

Contact Person if known: _____

Phone # if known: _____

How did you learn about this site?

Why are you requesting this site?

Any other details you can provide?

Registration for clinical experiences

There are legal concerns to placing a student in a clinical setting if they are not registered for the appropriate clinical course. The DCE will therefore use the web site provided by administration to check the class roster no later than December 10 and May 10 of each year. **Any student not registered at that time will have their clinical assignment canceled. It is your responsibility to register for the course prior to leaving for each clinical.**

Clinical Course Prerequisites

Students must have successfully completed all Physical Therapy Program didactic coursework, currently enrolled and in good standing in the Physical Therapy Program. The student must be functioning at the developing level of academic professional behaviors prior to beginning all clinical coursework. The instructor reserves the right to require additional learning experiences, additional readings, etc. as deemed necessary to promote a successful clinical learning experience.

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* are the official evaluation instruments for the University of Wisconsin - La Crosse Physical Therapy Program.

Assessment materials will be available for student purchase at the Bookstore or on-line. You will be advised when you need to make these purchases. **All evaluation materials must be returned to the DCE by the student or by mail within a week after the completion of a clinical assignment. Please use the addressed and postage stamped envelope provided to you.**

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

1. Assist the student in recognition of their growth as a physical therapist and assists in planning future clinical education experiences.
2. Assist the clinical instructor in determining strengths and weaknesses of the student's clinical performance while planning new learning experiences.
3. Assist the ACCE 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.

CLINICAL 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.

OSHA/Bloodborne Pathogens: All students are required to view a video on Bloodborn Pathogens and Universal Precautions once per year, 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
- Two Rescuer CPR

Immunizations:

All students are required to have a copy of their immunization records on file with the ACCE 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 DCE 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 40 hours/week). Students will follow the schedule provided them by their clinical instructor. If a student is ill, 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 allowed three (5) sick days while completing their clinical coursework that they are not required by the Program to make up. However, if the facility requests that they are made up, the student must make those days absent from the clinical internship up. It is the responsibility of the student to report all absences to the DCE. 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.

Regarding Disabilities:

If you are aware of or suspect there is any reason that may interfere with your ability to complete the requirements of this course or to participate in the activities described in this syllabus, contact the course instructor, your advisor, the program advisor, or the program director. Appropriate actions are facilitated by timely requests. Reasonable requests for appropriate academic adjustments will be granted and all requests will be held in confidence.

Responsibilities of the Faculty or Student
While on Clinical Assignment

Throughout the clinical education phase of the curriculum, or while practicing in the clinic, the faculty member and student must assume many roles and responsibilities, including being accountable for his/her own actions or omissions. Therefore, conduct should be in accord with the responsibilities of:

1. University and UW-L Physical Therapy Program members.
2. The clinical facility/agency to which the person has been assigned. The student or faculty member is responsible for abiding by all operational policies and regulations of that institution, as would any other employee of that facility including work schedules, OSHA standards and dress code.

Students have the same responsibility, as do licensed physical therapists to keep patient related information confidential in accordance with HIPAA regulations and standards.

Students have the same responsibility of keeping confidential information related to the internal and external affairs of the facility/agency in which they are working.

3. The physical therapist and health care professional in general. As a member of this group, the student or faculty clinician is expected to demonstrate those attitudes and behaviors appropriate to the patients and other professionals with whom they work.

**University of Wisconsin - La Crosse
Physical Therapy Program
Clinical Education**

Name _____

Facility _____

Rotation Dates _____

SELF-ASSESSMENT FORM

Intern: This form is to be sent to the Clinical Educator at your next clinical fieldwork site to assist in planning your experiences. Please send it 3-4 weeks before you are scheduled to start there.

1. I feel that I have competencies in the following areas and can perform with minimal or no assistance:

2. I feel that I am weak or lack experience in the following areas:

3. Knowing the resources of your facility, I am most interested in:

a. improving in the areas of:

b. learning the following:

4. I feel that I learn best when supervised in the following manner (see attached learning style inventory):

Learning Objectives

Instructions:

1. The student will prepare 4-6 learning objectives prior to arriving at their assigned clinical facility. The objectives will reflect the student's perceptions of learning opportunities as well as their learning interests.
2. The student and the supervising therapist will review the prepared objectives and refine them according to the supervising therapist's perception of their feasibility.
3. In addition, the facility may have additional learning objectives established for the student. All agreed upon objectives are to be added to the list on this page.
4. The objectives will be reviewed periodically during the rotation as needed.
5. A well-written objective should contain:

A performance statement, written in behavioral and measurable terms, that describes what the learner will do.

A condition statement, that describes any restrictions or limitations under which the learner will perform.

A criterion statement, that describes when or how the learner must do the task.

Example: The student will list the appropriate tests for the full examination of a patient complaining of knee pain.

Objectives:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**University of Wisconsin - La Crosse
Physical Therapy Program
Clinical Education
PERSONAL DATA SHEET**

Name: _____ Gender: _____

Permanent Home Address: _____

Birthdate: _____ Phone Number: _____

In case of accident, injury, or emergency, please contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Health Insurance:

Company: _____

Group Number: _____ Subscriber Number: _____

Professional Liability: Yes No Company: Seabury & Smith

Health Status:

DATE STATUS ITEM

_____ Physical Exam

_____ MMR Titer

_____ Varicella Zoster Titer

_____ TB skin test or chest x-ray within last six months

_____ Tetanus/Diphtheria with evidence of tetanus booster within last ten years

_____ Hepatitis B

_____ Dose One

_____ Dose Two

_____ Dose Three

_____ CPR Certification

Assigned Clinical Experiences:

Give name of facility and indicate type of rotation (i.e., acute, nursing, home, peds, etc.)

PTS 651 _____

PTS 751 _____

PTS 851 _____

PTS 852 _____

PTS 853 _____

Special Skills and/or Areas of Interest: _____

- ❑ I have reviewed the Clinical Education Handbook for Students and understand the expectations of this internship.
- ❑ I have reviewed the Course Syllabus for details regarding specific clinical experience, *Clinical Performance Instrument (CPI)* and *PT-specific Generic Abilities Assessment Tool*.
- ❑ I have reviewed the Red Folder for my site.
- ❑ I have completed my second letter to the Facility including learning objectives, personal data sheet and learning style inventory.
- ❑ I have reviewed the video and handout on Blood Borne Pathogens. I have the memo to my CCCE stating that I have completed this training.
- ❑ I have a copy of my criminal background check disclosure form and the memo to my CCCE advising them that we completed the background check and found no problems.
- ❑ I have my CPR card, nametag and white lab coat, physical examination date, immunization records and personal data form.
- ❑ I have my packet of required forms (CPI, Generic Abilities, facility evaluation, etc.)
- ❑ I have reviewed the D2L course site and can log on successfully.

During the Rotation:

- Send yellow postcard to your DCE immediately!
- Protect the patient's confidentiality and their right to privacy by being sensitive to when, whom and how you share patient-related information.
- Conduct yourself in a professional manner befitting an emissary of the University of Wisconsin – La Crosse. This may be your clinical site's only exposure to our program.
- Adhere to the policies and procedures of the facility – you are a guest.
- Take the initiative in evaluating your own performance-Self Assess, Self Correct, Self Direct. Don't be afraid to try things. You are there TO LEARN!!
- Establish a cooperative working relationship with your CI and other staff.
- Don't take personal phone calls during work time, and only emergency calls from family, etc.
- Contact the DCE immediately if there are concerns about how the affiliation is progressing. **Call early and call often!**

Before Leaving the Site:

- ❖ Give patients reassurance that treatment will be continued and make sure they have follow-up visits if necessary.
- ❖ Bring all records up to date. Write thorough plans, so follow-up is easy for the PT.
- ❖ Share your facility evaluation with your CI.
- ❖ Seek permission to use CI as a reference if you desire.
- ❖ Collect current promotional materials for red folders.
- ❖ Return all books, keys, and other borrowed material.
- ❖ Pay all bills.
- ❖ Leave a forwarding address.

After Leaving the Site:

- ✓ Return all required forms to the DCE within one week.
- ✓ Write a thank you letter or card to your CI.

ASSESSMENT TOOLS

Reflective Journal on Clinical Performance & Professional Development

UW-L Physical Therapy Clinical Education Curriculum

Student: _____

Purpose: Reflection is the most powerful mechanism available to us for personal and professional growth. It is necessary for developing self-assessment and therefore self-directed learning. It also plays a major role in developing critical thinking skills. In fact it is hard, if not impossible, to distinguish reflection, self-assessment, critical thinking and self directed learning from each other. There you have it! You will henceforth all be passionate about keeping reflective journals on your clinical assignments because we all know that “practice makes permanent”! *Who am I? Where am I going? How will I get there? How am I doing? How could I do better?*

Instructions:

- Select a specific event that merits reflection. Perhaps it is a task that you struggled with or perhaps it is a task that made you feel uncomfortable.
- Record your reflections in a *journal* purchased solely for this purpose.
- You do not need to reflect on all of your experiences.
- Begin the *reflective process* by describing what you did along with how you “felt” while you were doing it.
- What have you learned about your abilities based on this reflection?
- Can you make generalizations about your strengths and weaknesses based on your reflection?
- Are you progressing according to everyone’s expectations? Is it time to call the school for some guidance?

Other suggestions to stimulate your journaling thoughts:

- Challenge yourself to record a “lesson of the day” – find one valuable insight you wish to think about and remember.
 - Start a “if I could change one thing I did today ... ” section and watch your progress over time.
 - Start a “one thing I did exceptionally well today...” section so that you recognize your strengths.
- Having difficulty finding the right words to communicate an important message to your CI? Write it out first and then rehearse it out loud.
- Draw pictures, paste clippings or insert articles that relate to your learning or clinical education experiences.

Expand the concept of your reflective journal by creating additional sections:

- Use your journal to record reminders when planning treatments, determining what you will include in your examinations, etc.
- Record funniest moments and find the humor around you to help decrease your stress.
- Make a record of new medical terms, diagnoses or drugs that you learned about on your internships.
- Based on your observations of your clinical learning environments, create a list of criteria you wish to look for when interviewing for your first position.

PT 853: INTERNSHIP CASE REPORT

Assignment: Prepare and present a case report for peer review

1. Title of case report:

2. Student Performance:

Self-assessment:

Clinical instructor comments:

Student Signature: _____

Clinical Instructor Signature: _____

APPENDICES

DOMAINS OF LEARNING

PSYCHOMOTOR DOMAIN

<u>Level</u>	<u>Description</u>
Perception	Being aware of objects, qualities, or relations through the senses, selecting relevant cues and relating those cues to a motor act.
Set	Being ready for response through a mental, physical, and/or emotional set.
Guided Response	Imitating the performance of another person and/or repeating performance until correct (trial and error).
Mechanism	Responding to the demands of a situation with confidence and a degree of proficiency.
Complex Overt Response	Performing without hesitating and with coordinated muscle control.
Adaptation	Altering basic motor responses to enact demands of new situations.
Origination	Creating new motor acts or ways of manipulating materials.

			Complex Overt Response	Adaptation	Origination
		Mechanism	calibrate	adapt	construct
			coordinate	build	create
		Guided Response	demonstrate	change	design
			maintain	develop	produce
			operate	supply	
	Set	copy			
		determine			
Perception	adjust	discover			
	approach	duplicate			
distinguish	locate	imitate			
hear	place	inject			
see	position	repeat			
smell	prepare				
taste					
touch					

AFFECTIVE DOMAIN

<u>Level</u>	<u>Description</u>
Receiving	Being aware of phenomena and stimuli and willing to control and direct attention.
Responding	Complying with a suggestion, being willing to respond, and responding with satisfaction.
Valuing	Accepting a value as a belief, preferring the value, and pursuing the value.
Organizing	Conceptualizing a value and organizing a value system into an order relationship.
Characterizing (an Internally consistent value system)	Acting with consistency in accordance with values that are integrated into a total philosophy or world view.

			Organization	Characterization
		Valuing	codify discriminate display favor judge order organize relate systematize weigh	internalize verify (formal instruction does not address)
	Responding			
Receiving	behave complete comply cooperate discuss examine obey observe respond	accept balance believe defend devote influence prefer pursue seek value		
accept attend develop realize receive recognize reply				

Weekly Planning Form

Dates: _____

Week # _____

Step I: Student assessment of previous week's goals. Provide supporting examples and/or feedback regarding performance where possible. (Ignore this section if this is your first week of the clinical assignment).

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

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

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

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

Student's Signature: _____

Clinical Instructor's Signature: _____

Revised 3/7/2006

Sample SOAP note – a student’s self-assessment of their performance.

- S: What a student perceives and feels about their own performance.
i.e. confident/less confident, nervous, did well, need work, felt awkward, improving, etc.....
- O: Specific quantitative data about student’s own performance that validates these perceptions and feelings.
- A: Summarization of progress towards learning objectives and identification of the need for further improvement.
Specific goals to address these needs.
- P: Means of achieving the goals.

SOAP Note

- S: I’m feeling more confident with taking a patient history and completing the appropriate objective tests.
- O: Over the last week I completed 3 subjective interviews without CI intervention. I utilized the modalities of ultrasound and iontophoresis without assistance; measured P/AROM of the shoulder and knee; performed MMT and RMIN of shoulder and knee. I was able to complete my documentation in the required amount of time. My goals were functional and patient centered with only minimal constructive feedback needed from my CI.
- A: I have achieved all three goals established for the week. I am more comfortable with the patient interview and basic objective tests, but now need to work on integrating information from the subjective and objective to help in making an assessment and in developing goals. I also feel I need to work on independently developing therapeutic exercises programs.
- Goals (1 week)
1. Increase caseload by one patient/day.
 2. Increase use of objective tests and measures in my examination by 2 per exam.
 3. Independently develop a therapeutic exercise program for at least 3 patients.
 4. Write an assessment and functional goals for at least 2 new patients without assist from CI.
 5. Complete a back examination/evaluation with assist of CI.
- P: Request that one patient be added to my caseload each day. Review unfamiliar tests and measures, when to use them, and practice their application. Review back evaluation notes and texts and practice any unfamiliar tests. Become familiar with therapeutic exercise handouts. Appropriately request clarification of thought process from CI, and develop an organization system to manage documentation requirements as caseload increases. Above all, have fun!

CLINICAL EDUCATION CONTRACT

I *agree* and *verify* that I have received and reviewed the Clinical Education Handbook for Students.

I *agree* that I am responsible for being familiar with and complying with the requirements listed within the Clinical Education Handbook for Students.

Signed:

Student Name

Date