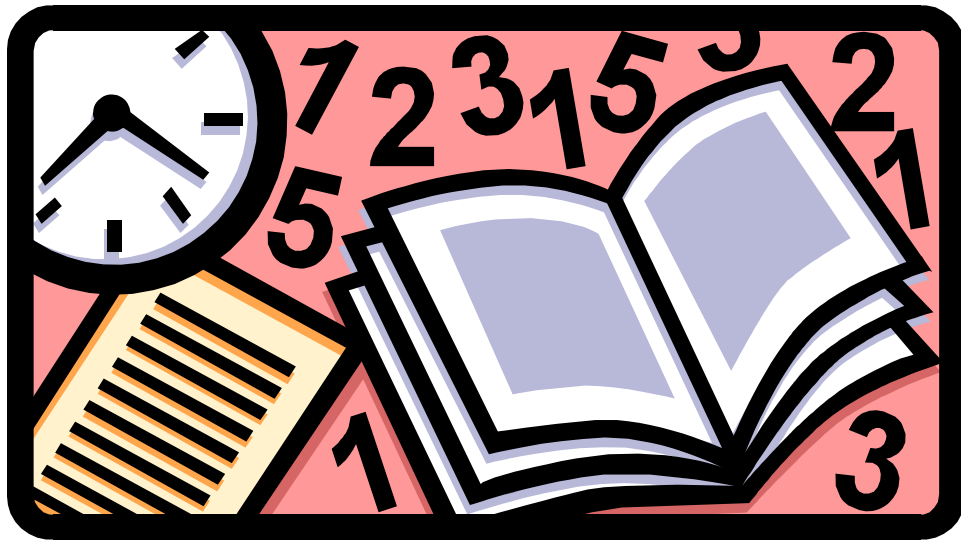


**CLINICAL EDUCATION HANDBOOK
FOR STUDENTS**



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

**DCE: Gwyneth Straker, PT, MS
Assisted by Tanya Grabinski, PT, MHS, PCS**

2011 Edition

TABLE OF CONTENTS

	<i>Page</i>
<u>GENERAL INFORMATION:</u>	
<i>MISSION STATEMENT</i>	<i>4</i>
<i>STUDENT OUTCOMES</i>	<i>4</i>
<i>CURRICULAR THREADS</i>	<i>4</i>
<i>DEFINITION OF CLINICAL EDUCATION</i>	<i>5</i>
<i>GLOSSARY OF TERMS</i>	<i>5</i>
<i>PHILOSOPHY OF CLINICAL EDUCATION</i>	<i>5</i>
<i>OVERVIEW OF EXPECTATIONS</i>	<i>6</i>
<i>CLINICAL ASSIGNMENTS</i>	<i>7</i>
<i>NEW SITE DEVELOPMENT</i>	<i>9</i>
<i>NEW SITE DEVELOPMENT FORM</i>	<i>9</i>
<i>REGISTRATION</i>	<i>11</i>
<i>PREREQUISITES</i>	<i>11</i>
<i>GRADING</i>	<i>11</i>
<i>EVALUATION FORMS AND PROCEDURES</i>	<i>11</i>
<u>COURSE REQUIREMENTS:</u>	
<i>CRIMINAL BACKGROUND CHECKS</i>	<i>12</i>
<i>OSHA</i>	<i>12</i>
<i>CPR</i>	<i>12</i>
<i>IMMUNIZATIONS</i>	<i>12</i>
<i>MALPRACTICE / LIABILITY</i>	<i>12</i>
<i>TRANSPORTATION</i>	<i>12</i>
<i>DRESS CODE</i>	<i>12</i>
<i>ATTENDANCE POLICY</i>	<i>12</i>
<i>RESPONSIBILITIES OF STUDENT</i>	<i>13</i>

APPENDICES:

<i>SELF-ASSESSMENT FORM</i>	<i>15</i>
<i>LEARNING OBJECTIVES</i>	<i>16</i>
<i>PERSONAL DATA SHEET</i>	<i>17</i>
<i>CHECKLISTFOR CLINICAL ASSIGNMENT</i>	<i>19</i>
<i>REFLECTIVE JOURNAL</i>	<i>20</i>
<i>PATIENT LOG</i>	<i>21</i>
<i>CASE REPORT FORM</i>	<i>22</i>
<i>DOMAINS OF LEARNING</i>	
<i>COGNITIVE</i>	<i>24</i>
<i>PSYCHOMOTOR</i>	<i>25</i>
<i>AFFECTIVE</i>	<i>26</i>
<i>WEEKLY PLANNING SHEET</i>	<i>27</i>
<i>SAMPLE</i>	<i>28</i>
<i>PLANNING FLOWCHART</i>	<i>29</i>
<i>CLINICAL EDUCATION CONTRACT</i>	<i>30</i>

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.

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.
Assistant DCE portion	-	The faculty member of the Physical Therapy Program where a significant portion of their duties are to support the DCE and 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 physical therapy students.
CI	-	Clinical instructor or clinical educator. Provides direct supervision of the clinical learning experience.
Course Instructor	-	The academic faculty who is assigned to supervise one of your clinical education courses.

PHILOSOPHY OF CLINICAL EDUCATION

CLINICAL EDUCATION is a vital part of the total educational preparation of the physical therapist. 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.

Clinical instructors provide their time and expertise. Without their support and interest, the chances for successful student experiences are severely jeopardized. Clinical instructors are individuals who place the highest priority on quality patient care and are also willing to develop educational experiences for students. Clinical instructors are not expected to do this without guidance, support and assistance from the educational institution. The clinical instructor

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 instructor assumes the following duties:

- Creates and structures a safe and experiential learning environment
- Assesses the student's performance
- Develops cognitive skills
- Serves as an influential role model from whom the student molds his attributes and behaviors to build a professional image.

The student, the CI, the CCCE 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;
- Provide a wide variety of experiences directed at the student becoming a generalist practitioner;
- Assess future goals and needs;
- Develop good work habits.

OVERVIEW OF EXPECTATIONS

The overall purpose of clinical education is to gain practical experience that result in being a general practitioner by degree completion. This will require that assigned clinical sites be as varied as possible. Clinical education faculty are available to advice students prior, during and after the matching process to ensure your success. The DCE/Asst. DCE will intervene at the time of matching if selections are inconsistent with program expectations.

Students will attempt to vary their five clinical assignments as much as possible, considering the following as ways of ensuring variety:

- Practice settings
 - Large urban hospital settings
 - Rural settings
 - Rehabilitation centers (sub- acute , inpatient or outpatient)
 - Outpatient clinics
 - Private practice
 - Governmental models (VA, military, county or state run facilities, etc.)
 - School settings
 - Research settings
- Geographic variability
- Continuum of care (wellness/prevention; onset of injury through discharge)
- Patient populations
 - Musculoskeletal
 - Neuromuscular
 - Cardiovascular & pulmonary
 - Integument
- Patients across the life span

Clinical assignments 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 involvement: The role and level of function of the student during clinical assignments will be stated in the individual course syllabi and determined by the clinical instructor. 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/Asst. DCE apprised of problems that might arise related to their clinical learning. The DCE/Asst. 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/Asst. 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".

4. Assessment: All clinical education experiences will be evaluated by the assigned academic faculty with input from both the student and the clinical instructor. The PT-specific Generic Abilities and Clinical Performance Instrument, Version 2006 is the official assessment tool for the University of Wisconsin-La Crosse, Physical Therapy Program.

CLINICAL ASSIGNMENTS

All clinical assignments will be made by the DCE/Asst. 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 most of the time. It is within the purview of the DCE to assign students to any clinical site they believe will meet the course objectives. Priorities for DCE decision making on clinical placement is as follows:

- The degree to which it will contribute to the student's ability to be a generalist
- The degree to which it will expose the student 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 be 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/Asst DCE.
- Students will be notified via e-mail when site information has been updated. This may occur on a daily basis during the process.
- Students are required to have an inpatient acute care experience, an outpatient experience and a rehabilitation experience for their three 12-week internships. During the shorter clinical experiences,

students will be able to select from sub-acute/SNF, Rural settings, private practice, inpatient (acute/rehab), outpatient and specialist/niche practice settings.

- To assist the student in making their clinical placement requests, **RED FOLDERS on facilities are available for students to review in Room 4004.** 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!**
- The DCE/Asst DCE will post student office hours to discuss questions students may have regarding assignments or any of the clinical sites. **Students should make every effort to arrange their schedules so that they are available during the posted office hours.** Individual students may also request individual appointments if the posted office hours are not realistic.
- Students will prioritize sites offered based upon information found in the red folders and their discussions with the DC/Asst 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 the curriculum requirement that they have a series of diverse experiences that minimally include an inpatient and an outpatient experience with their third experience being significantly different from other clinical experiences.
- The DCE will schedule a date for the lottery to take place. Student names will be randomly ordered electronically and distributed the night of the matching. Students will proceed with selection consistent with their randomly assigned number 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 or marked as “not reserved”. *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/Asst 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 clinical site relationships and developing clinical faculty at these sites. 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 facts regarding clinical site development:

- The ideal time to initiate new site development is 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/Asst DCE has during those hours, the more sites she can potentially contact. Students are off campus during January making interruptions less likely to occur.
- In addition to working on site development for a specific class, the DCE is also working on site visits and other issues for students currently out on a clinical rotation.

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 Form

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/Asst DCE will therefore use the web site provided by administration to check the class roster no later than December 10, May 10 & Sept 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 in order to participate in a clinical education experience. The student must be functioning at the beginning level of academic professional behaviors prior to beginning PTS 651 & 751 and at the intermediate level before beginning PTS 851, 852, or 853. 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 assigned course instructor.

Satisfactory completion of each course is a prerequisite for participation in the sequential clinical course. Please see individual clinical course requirements for specific criteria.

If it is determined through consultation with the course instructor and 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 course instructor may offer the student an incomplete grade with terms for removal established by the course instructor. An **action plan** will be constructed by the course instructor to address the terms for removal of the incomplete. The course instructor 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 intermediate level of the ***Professional Behaviors Assessment Tool*** upon completion of clinical courses PTS 651 & 751 and at entry level upon completion of PTS 851, 852 & 853. The course instructor will use student self-assessment, anecdotal records, comments from the CI as well as comments on the CPI to determine the student's ***Professional Behavior*** level of performance.

Evaluation Forms

The *Physical Therapist Clinical Performance Instrument (CPI)* and ***Professional Behaviors Assessment Tool*** are the official evaluation instruments for the University of Wisconsin - La Crosse Physical Therapy Program. **All evaluation materials must be submitted to assigned course instructor by the dates specified in the course syllabus.**

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 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.

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 obtain training on Bloodborne Pathogens and Universal Precautions once per year, prior to participation in any clinical assignments.

CPR Certification: Students must successfully complete Health Care Professional Level CPR certification prior to going out on clinical/fieldwork and be maintained throughout the duration of the program.

Potential Health Risks: All students entering the profession should be aware of the potential risk of infection when working with the general public. All students should have been immunized with common vaccinations upon entry into the post high school educational program or upon entry for baccalaureate degree. If a student were to contract major illnesses (example: chicken pox) during any clinical experience, they must immediately report exposures to their clinical instructor and Director of Clinical Education.

To avoid harm to your patients and minimize risk to yourself, 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 (Measles, Mumps, Rubella) proof of immunity by titer.
Varicella Zoster Titer (Chicken Pox) proof of immunity by titer.
2-step TB skin test (PPD) {indicate (-)} or Chest X-ray within last 6 months. Note-some clinical facilities require a TB Gold Blood Test as well. Some facilities may require the 2-step TB skin test be completed within 30 days of their clinical start date.
Tetanus/Diphtheria with evidence of tetanus booster within last 10 years.
Hepatitis B-titer results indicating immunity

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 in the form of special course fees.

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

Dress Code: Students must follow the dress code of the facility at all times. Hair should be controlled and a suitable length. Students should appear neat and clean. Nails should be trimmed and short with jewelry kept to a minimum. Ear piercings are to be limited to one set per ear and cannot be of a dangling nature. Facial piercings, including tongue piercings must be removed during clinic hours.

Name pins must be worn at all times. It is the student'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 (4004 HSC) or contact the facility's physical therapy CCCE.

Attendance policy: Students 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 course instructor. Arrangements to make up for time off for illness should be made between the CI and the student, with intervention by the course instructor only as needed. **Interns are allowed up**

to six (6) sick days over the course of all three internships, pending input from the clinical facility. If the facility requests that sick time be made up, the student must make up sick days. It is the responsibility of the student to report all absences to the course instructor. 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, Combined Sections Meeting or state association conferences, if permitted by clinical site. **Interns are not permitted to have outside jobs during their internship rotations because of the variability of clinic schedules; need to provide occasional week-end coverage consistent with facility policy; need for clinical preparation and federal guidelines related to work/rest ratios when involved with patient care.**

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

While on clinical assignment, the academic faculty, CCCE/CI and student must assume many roles and responsibilities, including being accountable for his/her own actions or omissions. Therefore, conduct should be in accordance with the responsibilities of:

1. University and UW-L Physical Therapy Program. Students and course instructors are responsible for abiding by all policies and procedures and regulations of UW-L.
2. The clinical site/agency to which the person has been assigned. The student and CCCE/CI are 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.
3. Students have the same responsibility, as do licensed physical therapists to keep patient related information confidential in accordance with HIPAA regulations and standards.
4. Students have the same responsibility of keeping information confidential related to the internal and external affairs of the facility/agency in which they are working.
5. The clinical instructor and student are expected to demonstrate attitudes and behaviors appropriate to patients and other professionals with whom they work.

APPENDICES

Student 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 = An audience, who will accomplish this goal – always the learner, student or patient.

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

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

D = A degree statement, that describes when or how well the learner must do the task.

Example: The student will list four appropriate tests for the examination of a patient complaining of knee pain prior to beginning the patient examination.

Example: Following a demonstration by the CI, the student will be able to perform ROM exercises on a patient in ICU within minimal cueing.

Objectives:

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

University of Wisconsin-La Crosse
Health Professions Department
PERSONAL DATA SHEET/IMMUNIZATIONS

Once you have completed this form, **make a copy for your records** and return the original to the 4th floor Health Professions Department. Forms may also be faxed to (608) 785-8460. As some of this information is similar to the Student Health Center "Immunization Form" required of all UW-L students, it would be useful to complete these forms simultaneously.

Name _____ Gender _____

Permanent Home Address _____

Birthdate: _____ Phone Number: _____ and/or Cell Phone _____

Program—please circle one: **OT** **PT**

In case of Emergency, notify:	
Name _____	Relationship: _____
Address _____	
Home Phone/Cell _____	Work Phone: _____
Health Insurance:	
Company: _____	
Group Number: _____	Subscriber Number: _____

Professional Student Malpractice Liability: Yes X No ___ Company: MARSH Affinity Group Services a service of SEABURY & SMITH

REQUIREMENTS	DATE COMPLETED	Notes
Physical Exam		
MMR (Measles, Mumps, Rubella) (2 documented MMR vaccines or Rubella Titer indicating immunity)-some sites/facilities may require documented lab results of immunity.	First Dose: _____ Second Dose: _____	Lab results of a positive titer may be required by some clinical facilities. Not required but you can attach the results to this form for a complete medical history.
Varicella Zoster Titer (Chicken Pox) indicating immunity	First Dose: _____ Second Dose: _____	
2-step TB skin test (PPD) {indicate (-)} or Chest X-ray within last 6 months.		Provide the Health Professions with a current copy of your TB results. Note-some clinical facilities may vary these requirements.
Tetanus/Diphtheria with evidence of tetanus booster within last 10 years.		
Hepatitis B-titer results indicating immunity or vaccine	Dose one: _____ Dose Two: _____ Dose Three _____	

CPR Certification or Recertification (dates CPR is current) Students must successfully complete Health Care Professional Level CPR certification throughout the duration of the program.		Provide the Health Professions Dept with a copy of your current CPR Card.
---	--	---

Note: It is the responsibility of the student to retain records and to provide documentation as requested by the clinical facility and to provide the Health Professions with a copy of this form and current TB and CPR records. The student is responsible for knowing and complying with the requirements of the clinical facility to which they are assigned.

I hereby authorize the Health Professions Dept at UW-L to release this form to clinical facilities.

Signature of Student
June 08 revised

Date

As of June 2008 US Center for Disease Control

Student Health Requirement Update: Please be advised that, effective immediately, students going on clinical/fieldwork for their clinical experiences will need to provide **proof of immunity by titer level for measles, mumps, rubella, Hepatitis B and varicella. Proof of vaccination is no longer sufficient.** These requirements are due to guidelines set forth by the US Center for Disease Control.

If the student is found to have an insufficient titer, another vaccination is required. Studies have shown that up to 30% of persons vaccinated lose their immunity after several years. Students will also need to show proof of negative TB tests known as the 2-Step Test. Facilities will vary as to how close the 2-steps need to be to each other so please do not begin your 2-Step TB test until you know your clinical assignment and have reviewed the folder. The 2-step test may need to be conducted as recently as one month prior to beginning your clinical up to one year prior to the start date of the clinical experience.

Feb 09 revised
Over->

Checklist for Clinical Assignments

Before the Rotation:

- I have written my first letter to the clinical facility
- I have explored the clinical education website
- I have reviewed the Clinical Education Handbook for Students and understand the expectations of this internship.
- I have completed the CPI online training module prior to the course orientation session.
- I have reviewed the Course Syllabus for details regarding specific clinical experience, paying close attention to assignments and grading thresholds for the *Clinical Performance Instrument (CPI)* and *Professional Behaviors Assessment Tool*.
- I have reviewed the Red Folder for my site.
- I have written my second letter to the clinical facility including learning objectives, personal data sheet and learning style inventory.
- I have evidence that I have completed clinical expectations of: OSHA/Blood Borne Pathogens orientation; patient confidentiality orientation; Criminal Background Check; CPR; physical examination; updated immunization records and personal data form. I plan on bringing these materials to my clinical site.
- I have a name tag
- I have access to required assessment forms (CPI, *Professional Behaviors*, APTA facility evaluation form, weekly planning sheets)
- I have reviewed the D2L course site and can log on successfully.

During the Rotation:

- I have provided my clinical instructor with their copy of the syllabus, reviewed it, and clarified expectations.
- I have discussed the use of weekly planning sheets
- I have reminded the CI of the clinical education website as a resource.
- I have completed the **electronic yellow card** and submitted it to my course instructor on the first day!
- I am journaling reflectively on situations as they arise.
- I always protect the patient's confidentiality and their right to privacy.
- I always conduct myself in a professional manner befitting an emissary of the University of Wisconsin – La Crosse.
- I always adhere to the policies and procedures of the facility – remembering that I am a guest.
- I take the initiative in evaluating my own performance → Self Assess, Self Correct, Self Direct.
- I establish a cooperative working relationship with my CI and other staff.
- I don't take personal phone calls during work time, and only emergency calls from family, etc.
- I contact the school immediately if there are concerns about how the affiliation is progressing.

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.

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.

Name: _____

Patient Log

Purpose: Allow the student an opportunity to keep a record of the patients they have treated throughout their clinical education experiences. This information will help you recall and visualize learning that has taken place from your “patient professors”. Students can monitor the variety within their learning experiences as well as note possible learning needs for future experiences. It is your patient data base and intended to provide you with information. It is a tool and nothing more.

Patient's initials	Diagnosis	Age	Examination procedures practiced	Intervention procedures practiced

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: _____

DOMAINS OF LEARNING

COGNITIVE DOMAIN

<u>Level</u>	<u>Description</u>
Knowledge	Remembering by recognition or recall facts, ideas or phenomena.
Comprehension	Understanding the literal message contained in a communication by translation, interpretation or extrapolation.
Application	Selecting and using technical principles, ideas or theories in a problem solving situation.
Analysis	Breaking down material into constituent parts and relating how the parts are organized.
Synthesis	Putting together elements and parts to form a whole that constitutes a new structure or pattern.
Evaluation	Making qualitative and quantitative judgments in terms of meeting criteria.

			Evaluation
			Synthesis
			appraise
			assess
			choose
			compare
			criticize
			estimate
			evaluate
			judge
			measure
			rank
			react
			revise
			score
			select
			test
			propose
			prescribe
			organize
			manage
			integrate
			design
			create
			construct
			compose
			assemble
			arrange
			analyze
			Analysis
			test
			question
			inventory
			examine
			differentiate
			diagram
			debate
			contrast
			compare
			categorize
			calculate
			appraise
			analyze
			Application
			use
			solve
			sketch
			schedule
			practice
			operate
			interpret
			illustrate
			examine
			employ
			dramatize
			demonstrate
			calculate
			apply
			Comprehension
			translate
			tell
			review
			restate
			report
			locate
			identify
			express
			explain
			discuss
			describe
			compute
			Knowledge
			underline
			repeat
			relate
			record
			name
			list
			draw
			define
			count
			cite

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		construct
		Guided Response	coordinate		create
	Set	adjust	demonstrate	adapt	design
		build	maintain	build	produce
		illustrate	operate	change	
		indicate		develop	
Perception	adjust	manipulate		supply	
distinguish	approach	mix			
hear	locate	set up			
see	place				
smell	position				
taste	prepare				
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.

			Characterization
			Organization
			internalize verify (formal instruction does not address)
		Valuing	
		accept balance believe defend devote influence prefer pursue seek value	
		Responding	
		behave complete comply cooperate discuss examine obey observe respond	
Receiving			
accept attend develop realize receive recognize reply			

Weekly Planning Form

Dates: _____

Week # _____

Step I: Student assessment of performance.

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

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

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

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

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

Student's Signature (typed): _____

Clinical Instructor's Signature (typed): _____

Sample SOAP note for STEP I:

- 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!

Student Program Planning Flowchart

Student's Name: _____ Instructor(s): _____

School: _____ Dates of Clinical Experience: _____

Evaluation		Management	
Targeted Behaviors	Objectives	Learning Experiences to support meeting objectives	Outcomes

Student's Signature Date

CI (s) Signature Date

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