

UNIVERSITY *of* WISCONSIN
LA CROSSE

**CLINICAL EDUCATION HANDBOOK
FOR PHYSICAL THERAPY STUDENTS**

University of Wisconsin – La Crosse
Physical Therapy Program
La Crosse, WI

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GENERAL INFORMATION

DEFINITION OF CLINICAL EDUCATION

Clinical Education is physical therapy education in 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	-	Instructors employed by the University of Wisconsin – La Crosse with primary responsibility for classroom and laboratory teaching.
DCE	-	Director of Clinical Education. The core faculty member responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum.
Associate DCE	-	The faculty member of the Physical Therapy Program in which a significant portion of their duties are to collaborate with the DCE and assist with administration of the clinical education program..
Clinical education faculty	-	The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.
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	-	Facilities that provide clinical experiences for physical therapy students.
CI	-	The clinical instructor provides direct supervision of the clinical learning experience. This individual must be a physical therapist.
Instructor of Record	-	The academic faculty who is assigned to instruct students for a clinical education course. This may or may not be the DCE/Assoc. DCE. The instructor of record will communicate with the CI, instruct on and evaluate clinical course assignments, and render the final grade for the clinical course.
Clinical Education Administrative Support	-	The UW-La Crosse Health Professions department staff member responsible for technical operation and document management for physical therapy clinical education. They support the DCE and Associate DCE in day to day activities, communications, events management, etc.

PHILOSOPHY OF CLINICAL EDUCATION

CLINICAL EDUCATION is a vital part of the total education preparation of the physical therapist. The provision of quality clinical experience involves partners: the *clinical instructor*, the *clinical site*, the *student*, and the *educational institution*. All four must make contributions and cooperate.

CLINICAL EDUCATION SHOULD:

- Allow the student to expand their academic knowledge base and clinical decision making consistent with the practice of a Doctor of Physical Therapy
- Allow the student to develop clinical skills consistent with the practice of a Doctor of Physical Therapy
- Develop characteristics consistent with strong Professional Behaviors
- Develop communication and interpersonal skills needed to function as an autonomous professional, an educator and a member of an interdisciplinary team
- Assist the student in identifying professional role models
- Assist the student in identifying areas of personal interest and/or continued professional development
- Expose the student to a wide variety of experiences to enable the student to become a generalist practitioner

OVERVIEW OF CLINICAL EDUCATION

The overall purpose of clinical education is to gain experience that results in being a general practitioner by degree completion. This will require that assigned clinical sites be as varied as possible. The DCE/Associate DCE are available to advise students prior, during, and after the matching process to ensure clinical matches are consistent with program expectations.

The Clinical Education experiences of the UW-La Crosse Physical Therapy Program are as follows: Year

1: PTS 651- 2 week Fieldwork: Introduction to Clinical Learning (January)

Year 2: PTS 751- 4 week Fieldwork-General Practice (August)

Year 3: PTS 851- 12 week Internship 1 (June - August)

PTS 852- 12 week Internship II (September - December)

PTS 853- 12 week Internship III (January - March)

A student's clinical placements will be varied as much as possible considering the following components of clinical practice:

- Practice Settings
 - Large urban hospital settings
 - Rural settings
 - Rehabilitation centers (sub-acute, inpatient or outpatient)
 - Outpatient clinics
 - Private practice
 - Government models (VA, military, county or state run facilities, etc.)
 - School settings
 - Research settings
- Diversity of Case Mix
 - Musculoskeletal
 - Neuromuscular
 - Cardiovascular & pulmonary

- o Integument
- Patient Lifespan
- Continuum of Care (disease prevention and promotion of health, wellness and fitness, primary care, secondary care, and tertiary care)
 - o Critical Care, ICU, Acute
 - o SNF/ECF/Sub-acute
 - o Rehabilitation
 - o Ambulatory/Outpatient
 - o Home Health/Hospice
 - o Wellness/Fitness/Industry
- Geographic Location

During the twelve week internships, students are required to participate in at least one clinical experience in each of the following areas:

<input type="checkbox"/> Acute Care	OR	<input type="checkbox"/> Inpatient Rehabilitation
<input type="checkbox"/> Musculoskeletal/Orthopedics		
<input type="checkbox"/> Neurorehabilitation		
<input type="checkbox"/> Pediatric	OR	<input type="checkbox"/> Geriatric
<input type="checkbox"/> Urban Area	OR	<input type="checkbox"/> Rural Area
<input type="checkbox"/> Experience in the State of Wisconsin		

General Guidelines for Setting Types in Internship Experiences

Acute Care: Clinical experience with 50-100% of time spent in an acute care setting.

Inpatient Rehabilitation: Clinical experience with 50-100% of time spent in an inpatient skilled/rehabilitation setting

Musculoskeletal/Orthopedics: Clinical experience with 50-100% of patients whose primary diagnosis is musculoskeletal in nature.

Neurorehabilitation: Clinical experience with 25-100% of patients whose primary diagnosis is neurologically related

Pediatric: Clinical experience with 25-100% of patients aged 21 or under

Geriatric: Clinical experience with 25-100% of patients over the age of 65

Urban Area: Clinical site is located in a community with a population of greater than 100,000

Rural Area: Clinical site is located in a community with a population of less than 50,000

Experience in State of Wisconsin: Clinical Site is located in the State of Wisconsin

**Exceptions may be made due to clinical resources

***Above percentages noted in relation to clinical experiences that may offer a variety of settings, and patient case-mix may vary

Alternative Timelines for Clinical Education

- Some offerings of clinical education experiences may vary from the above described timeline and format. Examples of this may include sites that offer only experiences longer or shorter in time than 12 weeks, or rotations that expose the student to multiple settings, over an extended time period.
 - Clinical assignments such as these will be arranged by the DCE and coordinated with UW-L Registration and Records as to satisfy university requirements
 - Alternative course numbers and syllabi may be used in the event of an alternative timeline

CLINICAL COURSES

Clinical courses are designed in concert with the didactic coursework of the Program and include the following:

1. **Learning Objectives:**
 - a. Each clinical education course has 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 syllabus 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/Instructor of Record apprised of problems that might arise related to their clinical learning. The DCE/Instructor of Record 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/Instructor of Record informed and allows responsible follow-up.
3. **Assessment:** All clinical education experiences will be evaluated by the assigned instructor of record with input from both the student and the clinical instructor. The Clinical Performance Instrument, Version 2006 is the official assessment tool for the University of Wisconsin – La Crosse, Physical Therapy Program and will be used during applicable clinical experiences. The PT Specific Professional Behaviors may be used to supplement the assessment process. Alternative assessment materials will be used as indicated by the clinical course syllabus.

CLINICAL EDUCATION WEB PORTAL

The UW-L PT Program utilizes Exxat LLC clinical web portal for functions related to clinical education. All students will be provided with a log-in and oriented to the features of the tool upon entering the program. This site will serve to:

- Contain comprehensive clinical affiliate list and information
- Hold student immunization and other health information
- Assist in internship matching and assignment process
- Maintain individual student profile and specific learning objectives for sharing with site/CI
- Serves as course management system for clinical education courses

CLINICAL PLACEMENTS

All clinical placements will be made by the DCE/Associate DCE in coordination with the clinical site and the student. It is within the purview of the DCE to assign students to any clinical site that will fulfill program requirements. Priorities for DCE decision making on clinical placement is as follows: (in order of priority)

- 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

Preparation Phase:

- The DCE/Assoc DCE will communicate the selection process with the students. This will include instructions on how to search for sites, how to secure first come first serve internship slots, and how to fill out and submit their wish list.
- The DCE/Assoc DCE will be available during their office hours to discuss questions students may have regarding clinical experience matches or any of the clinical sites. Students may also request individual appointments if
- Students are prohibited from personally contacting a facility, CCCE, or CI in regards to clinical internships prior to their assignment and instruction to contact.

Selection Phase:

- In accordance with national clinical education practice, all clinical affiliates are presented with clinical internship commitment information for the upcoming year on March 1. Following distribution of the commitment requests, students will be alerted to internship offers as they are made available.
 - First come first served (FCFS) internship slots
 - Students will follow the recognized process to immediately submit their name to the DCE if interested
 - DCE will contact the student if/when they are selected for submission to the site for the internship slot and if placement has been finalized
 - Reserved internship slots
 - Rotations reserved for UW-L interns will be assigned by the DCE/Assoc DCE via a matching process following collection of all site offerings.
 - Students will submit a wish list by the assigned date outlining their preferred selections for each clinical placement. Failure to complete a timely wish list submission may result in lack of placement.
- Placement Considerations
 - The DCE must consider many factors when assigning a student with a particular clinical site. It is important to understand that a student may be assigned to a site that was not part of their wish list.
 - There are not adequate resources to consider the student's financial or personal interests during the selection process.
 - To avoid conflict of interest and to maximize the breadth of students' experiences, clinical placements shall not be made at facilities where students have worked, or have a close family connection.
 - Clinical placements may change due to cancellations at any time. Cancellations will be filled according to space available nationwide. Students may be reassigned to an alternative site on short notice.

- Hardships
 - Students eligible for a “hardship” classification are those with children, those caring for a family member, or special circumstances previously discussed with and approved by the DCE. Hardships do NOT include wedding planning, proximity to significant other, or housing considerations. It is the student’s responsibility to inform the DCE of their hardship and circumstances. Students with Hardships will be granted a location preference upon matching. A hardship does not guarantee the student a specific clinic site.

NEW SITE DEVELOPMENT

Intensive effort has been made to carefully select clinical education sites that will provide rich learning environments for UW-L students. New site development will be carefully considered if there is adequate evidence that the new site will enhance UWL’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 right to prioritize new site development in context with the needs of the clinical education program and best interests of the student’s clinical education needs.

- If you wish the DCE pursue the development of a new site:
 - Submit your request in writing
 - Be prepared to provide the following information
 - How you learned about the site
 - Why you are requesting that particular site
 - Provide any other details about the site.
 - **DO NOT contact the sites on your own. The DCE is the only person authorized to make these contacts on behalf of the UWL PT program.**
- New site development is an intensive process that may take 6-12 months
- If a new site is developed, internship assignment is not guaranteed to the requesting student

REGISTRATION FOR CLINICAL EXPERIENCES/CLINICAL COURSES

Students are required to register for each clinical course on WINGS. This must be completed before your clinical start date; there are legal concerns if registration does not occur in a timely manner.

- Registration deadlines are as follows:
 - December 10 (for PTS 651 and 853)
 - May 10 (for PTS 851 and 751)
 - Aug 20 (for PTS 852)
- **Any student not registered by the deadline date will have their clinical assignment cancelled.**
- Note: alternative internship dates may affect registration deadlines.

CLINICAL COURSE PREREQUISITES

Students must be in good standing both academically and professionally in the Physical Therapy Program in order to participate in any clinical education experience. The DCE/instructor of record reserves the right to require additional learning experiences, additional readings, etc. as deemed necessary to promote a successful clinical learning experience. Please see the PT student handbook for details on Academic and Professional Behavior Requirements and probationary proceedings.

GRADING

Each clinical experience is a graded course. To receive a passing grade, students are expected to meet all criteria of their clinical course as listed in the respective course syllabus. Students must sequentially complete PTS 651 and PTS 751 prior to completing PTS 851, 852, or 853.

CLINICAL EXPERIENCE REQUIREMENTS

It is the professional responsibility of each student to meet the following clinical requirements. Failure to do so will result in the inability to begin any clinical experience. Record of completion must be on file within the Physical Therapy Program.

Criminal Background Checks: The UW-La Crosse Physical Therapy Program is required to perform a criminal background check on all students prior to their participation in clinical rotations. Criminal background activity may prohibit clinical placement and professional licensure. Students may be required to disclose findings to clinical sites.

Universal Precautions: All students are required to obtain training on Bloodborne Pathogens and Universal Precautions once per year, prior to participation in any clinical assignments. This training will be coordinated by the DCE.

HIPAA: All students are required to obtain training on HIPAA once per year, prior to participation in any clinical assignments. This training will be coordinated by the DCE.

CPR Certification: Students must successfully complete Health Care Professional Level CPR certification prior to clinical experiences and certification must be maintained throughout the duration of the program. Student class officers typically will organize this, however you are free to obtain this on your own.

Immunization Records Must Include:

- MMR immunization (2 doses) and proof of immunity by titer.
- Varicella Zoster by vaccine OR history of disease and proof of immunity by titer.
- Hepatitis B immunization (3 doses) and proof of immunity by titer
- Polio (3 doses)
- **Initial 2-step TB skin test** (PPD) followed by annual TB skin testing or negative Chest X-ray within last 6 months or TB Blood Test (Quantiferon Gold test, T-SPOT TB, etc.).
- Tetanus/Diphtheria/Pertussis (at least 2 doses; at least 1 TDAP) with evidence of TD booster within last 10 years.
- Influenza – Annual seasonal vaccine

***If titer is negative, please initially follow up with your physician. Follow physician's guidelines and please provide the PT program with pertinent documentation on this issue as soon as possible.

Declination of Immunization: We respect that a student may elect to not receive immunizations for personal or medical reasons. Students who have a medical condition that precludes them from receiving immunizations may be asked to provide additional documentation from a medical provider. All students/ interns must comply with the clinical affiliate's policy regarding immunizations prior to working with patients. A clinical affiliate may decline to accept a student/intern without the required immunizations or medical documentation. Students should be aware that this may significantly limit their options for clinical education experiences and delay their progression through the Physical Therapy Program. This may also potentially impact consideration by future employers as graduates begin their careers.

Physical Examination: Some clinical sites may require proof of physical examination. A form is available for your use in the Appendices. You are also able to utilize a general physician form.

Drug Testing: Some clinical sites may require proof of negative drug screening prior to commencement of an internship. The student is responsible for the initiation and cost of these tests if required by their assigned clinical site. The PT program/Health Professions Department will assist in managing tests that require a documented time frame notification. The UW-L Student Health Center can offer an 8 or 10-panel drug screen. Students who do not complete or do not pass a drug test as required by these facilities will not be allowed to participate in experiential education activities at the facility, and may face sanctions, including possible dismissal from the program.

Liability Insurance: The UW-L Physical Therapy Program purchases healthcare professional liability insurance on the student's behalf, using special course fees. The student is not required to purchase individual liability insurance. The liability insurance form is available to student in their student packet on Exxat.

Clinical Site Specific Requirements: All students are responsible for knowing the preparatory requirements of their respective clinical sites. This information can be obtained from the CCCE.

Other Information Regarding Clinical Experiences

Healthcare and Health Conditions: There may be potential health risks at a clinical facility. All health care and health related matters that arise during or at clinical facilities are the responsibility of the student and will not be covered under UW-L policy.

Students are expected to inform the DCE of any health condition that could affect the student's ability to safely, effectively, or efficiently engage in clinical practice. Students may be required to provide medical clearance for participation in clinical experiences. Such information is shared with the CCCE and CI only with the student's consent.

In case of illness or injury (including exposure to blood and body fluids) during clinical experiences students should follow the facilities guidelines for reporting and follow up. Students are also expected to notify their CI, CCCE and DCE if an injury or illness occurs.

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 students should appear neat and clean. Nails should be trimmed and short with jewelry kept to a minimum. Facial piercings, including tongue piercings must be removed during clinic hours. Name badges must be worn at all times.

Attendance Policy: Students are expected to be in attendance during usual clinic hours (at least 40 hours/week), following the schedule of the CI. During clinical experiences it is expected that students will learn the appropriate procedures for requesting time off or taking sick leave according to the policies of the facility.

Time off Requests

Students will enter all requests for leave into Exxat (See details of process documented in the Appendix of this Handbook). Once the DCE approves the leave request, the student can then request the time off to the facility/CI/CCCE according to their policies. Leave requests must be approved by both the University and the facility to be considered valid and approved.

Illness

In the event of illness, the student must notify the CI and academic instructor of record as soon as possible on each day of absence. During clinical experiences it is expected that students will learn when it is appropriate to call in sick. For example, if a student's illness could be contagious, they should not go into the clinical setting.

Personal Business

Students should attempt to arrange personal business during the time off between internships. With advanced approval by the Director of Clinical Education, followed by documented permission from the clinical site, students may be granted time off from the clinic, with a maximum of two days per 12-week experience. For the four-week experience, a maximum of one day, and for the two-week experience, no requested days are permitted. Requests should be made as soon as possible (preferably prior to starting the experience) and adhering to the facility's policies and procedures for obtaining time off.

Time off Requests:

The student will submit requests for leave through Exxat. (Details of this electronic process can be found in the Appendices of this document). The DCE will approve or deny the request for leave, and the student may request off from the facility (CI/CCCE), once their request has been marked approved.

Make-up Time

Arrangements to make up for time off for illness or personal business should be made between the CI and the student, with input by the academic instructor of record as needed.

If the facility requests that missed time be made up, the student must make up the missed days. If a student is absent for greater than two days on any clinical experience, the UW-L PT Program requires that the student make-up time for missed days. When the scheduling of make-up days is not feasible for the clinical facility, alternative arrangements will be made by the DCE, in consultation with the student, the CCCE, and the CI. Extenuating circumstances (such as prolonged illness, personal or family emergency, or bereavement) will be considered on a case-by-case basis upon communication with the DCE or instructor of record.

Interns are not encouraged to have outside jobs during their internship rotations because of the variability of clinic schedules, the need to provide occasional weekend coverage consistent with facility policy, and the time needed for clinical preparation.

PROFESSIONAL DESIGNATION OF THE STUDENT

All physical therapy students shall utilize the designation "Student Physical Therapist" or "SPT" throughout their didactic and clinical coursework. A student will remain a "SPT" until they have passed the National Physical Therapy Examination and been granted licensure by their respective state.

RESPONSIBILITIES OF THE STUDENT

While on clinical assignment, student conduct should be in accordance with:

- All policies and procedures and regulations of UW-L and the Physical Therapy Program.
- All policies and procedures of the clinical site/agency to which the person has been assigned.
- The Physical Therapy Practice Act of the state in which the student is interning.
- The APTA Code of Ethics.

APPENDICES

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

Name_____

Facility_____

Rotation Dates_____

SELF-ASSESSMENT FORM

1. I feel that I have competencies in the following area 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):

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

Name _____ Gender _____

Permanent Home Address _____

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

In case of emergency, notify:

Name _____ Relationship: _____

Address _____

Home Phone/Cell _____ Work Phone _____

Health Insurance:

Company: _____

Group Number: _____ Subscriber Number: _____

**University of Wisconsin-La Crosse Physical Therapy Program
Required Immunizations**

DISEASE	REQUIREMENTS	DATE COMPLETED
Hepatitis B	<p style="text-align: center;">Immunization (3 doses) AND immune titer (drawn within past 5 years)</p> <p><i>*If not previously immunized, you must plan to receive the immunization series during the first 6 months of enrollment in the PT Program & show proof of an immune titer</i></p>	<p>Hep. B dose #1: _____</p> <p>Hep. B dose #2: _____</p> <p>Hep. B dose #3: _____</p> <p>Hep. B Titer: _____</p> <p>Pos Neg</p>
MMR (Measles, Mumps, Rubella)	<p style="text-align: center;">Immunization (2 doses) AND immune titers</p>	<p>MMR vaccine dates:</p> <p>Dose #1: _____</p> <p>Dose #2: _____</p> <p>Measles Titer: _____</p> <p>Pos Neg</p> <p>Mumps Titer: _____</p> <p>Pos Neg</p> <p>Rubella Titer: _____</p> <p>Pos Neg</p>
Polio	<p style="text-align: center;"><i>At least 3 doses of polio vaccine required</i></p>	<p>Polio vaccine dates:</p>
Tetanus/Diphtheria/Pertussis	<p style="text-align: center;">Immunization (at least 2 doses; <u>at least 1 TDAP</u>) AND evidence of TD booster within last 10 years</p>	<p>Vaccine dates:</p> <p>TD Booster within last 10 years:</p>
Varicella (Chicken Pox)	<p style="text-align: center;">Immunization by vaccine OR history of disease AND immune titer</p>	<p>Varicella vaccine date: _____</p> <p style="text-align: center;">OR</p> <p>History of Disease? Yes No</p> <p>Varicella Titer: _____</p> <p>Pos Neg</p>

<p><i>Tuberculosis (TB) B</i> <i>cont.</i></p> <p><i>Tuberculosis</i> <i>(T</i></p>	<p><i>*Must be dated within past 6 months</i> <i>*Chest x-ray within last 6 months</i> <i>required if result is positive</i></p> <p><i>*Acceptable tests: 2-step TB (PPD) skin</i> <i>test, QuantiFERON TB Gold In-Tube</i> <i>test, & T-SPOT TB test</i></p>	<p><i>#1 Date: _____ Pos Neg</i> <i>#2 Date: _____ Pos Neg</i></p> <p><i>QuantiFERON TB Gold In-Tube</i> <i>test Date: _____ Pos Neg</i></p> <p><i>T-SPOT TB test</i></p>
		<p><i>Date: _____ Pos Neg</i> <i>Positive result: Chest x-ray within</i> <i>last 6 months: _____</i></p>
<p><i>Influenza Vaccine (Annual)</i></p>		

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, his/her immunization records, titer lab results, and TB test results. If a titer lab result is negative, please consult your physician for follow-up instructions. The student is responsible for knowing and complying with the requirements of the clinical facility to which they are assigned.

CPR Certification and Recertification

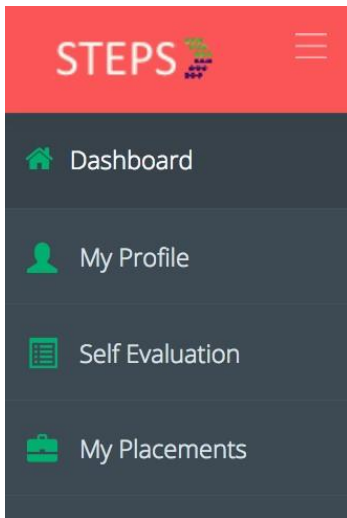
<p><i>CPR Certification will be scheduled</i> <i>once you begin the program. Your</i> <i>certification needs to remain current</i> <i>throughout the duration of the</i> <i>program/internships.</i></p>		<p><i>Provide the Health Professions</i> <i>Department with a copy of your</i> <i>current CPR card, once received.</i></p>
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Student Leave Request:

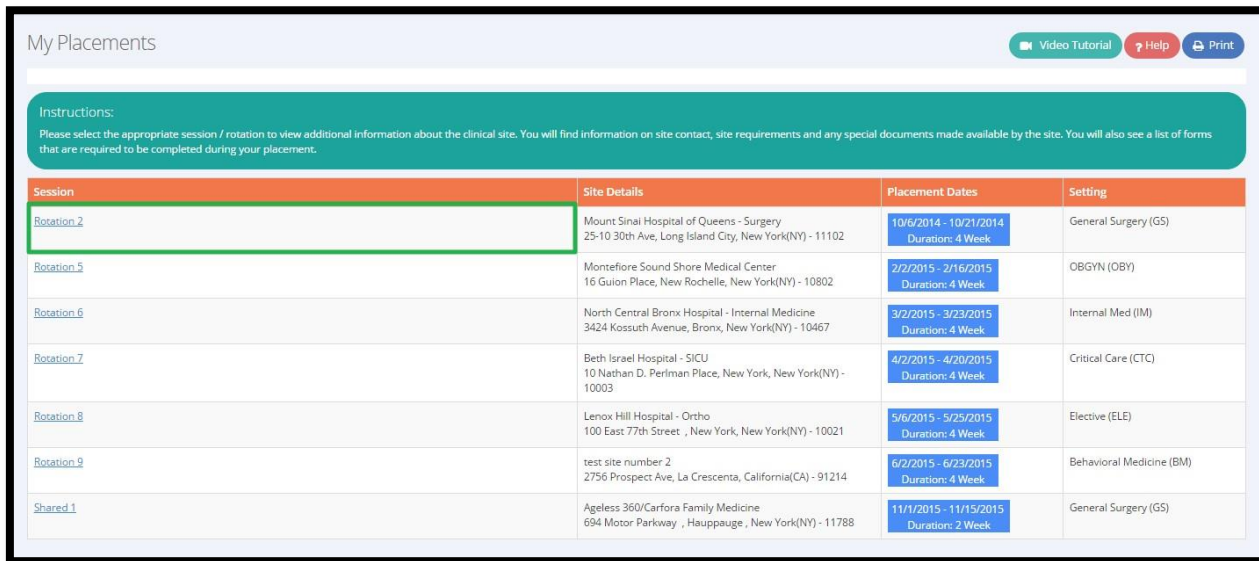
Exxat/Student STEPS

You can enter your leave information in STEPS. Follow these steps to make a leave entry.

1. Select 'My Placements' from the left-hand menu.



2. Select the current session from the session column.



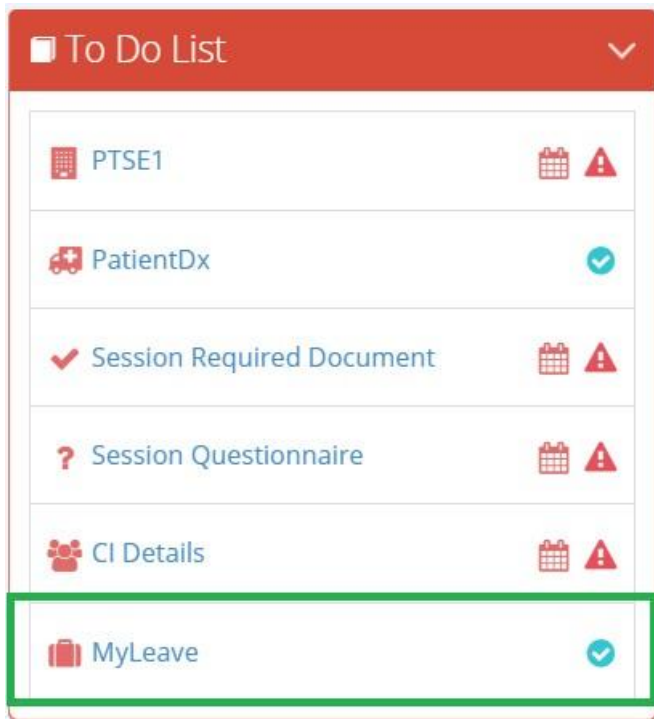
My Placements

Video Tutorial Help Print

Instructions:
Please select the appropriate session / rotation to view additional information about the clinical site. You will find information on site contact, site requirements and any special documents made available by the site. You will also see a list of forms that are required to be completed during your placement.

Session	Site Details	Placement Dates	Setting
Rotation 2	Mount Sinai Hospital of Queens - Surgery 25-10 30th Ave, Long Island City, New York(NY) - 11102	10/6/2014 - 10/21/2014 Duration: 4 Week	General Surgery (GS)
Rotation 5	Montefiore Sound Shore Medical Center 16 Guion Place, New Rochelle, New York(NY) - 10802	2/2/2015 - 2/16/2015 Duration: 4 Week	OBGYN (OBY)
Rotation 6	North Central Bronx Hospital - Internal Medicine 3424 Kossuth Avenue, Bronx, New York(NY) - 10467	3/2/2015 - 3/23/2015 Duration: 4 Week	Internal Med (IM)
Rotation 7	Beth Israel Hospital - SICU 10 Nathan D. Perlmann Place, New York, New York(NY) - 10003	4/2/2015 - 4/20/2015 Duration: 4 Week	Critical Care (CTC)
Rotation 8	Lenox Hill Hospital - Ortho 100 East 77th Street , New York, New York(NY) - 10021	5/6/2015 - 5/25/2015 Duration: 4 Week	Elective (ELE)
Rotation 9	test site number 2 2756 Prospect Ave, La Crescenta, California(CA) - 91214	6/2/2015 - 6/23/2015 Duration: 4 Week	Behavioral Medicine (BM)
Shared 1	Ageless 360/Carfora Family Medicine 694 Motor Parkway , Hauppauge , New York(NY) - 11788	11/1/2015 - 11/15/2015 Duration: 2 Week	General Surgery (GS)

3. Select 'My Leave' from the 'To Do List' menu.



4. The Leave Details Page opens.

My Leave Help Print

My Placements > Placement Details > My Leave >

Session: **Mock Session 2016** START DATE: **5/6/2016** END DATE: **5/27/2016** SETTINGS: **ORTHOPEDICS**

Site Name: **Mock Site 1** ROTATION TYPE: **N/A** COURSE: **N/A**

[+ Add New Leave](#)

Absence Start Date	No Of Days	No Of Hours	Reason	Status	School Comments	Actions
1/3/2017	0	2	Sick	Reviewed	fine	
2/3/2017	1	3	Sick	Reviewed	other comments from admin	

5. To make a leave entry, click on the Add New Leave button


6. The Add New Leave form opens

Leave Information Help Print


My Leave > Leave Information >

Session: **Mock Session 2016** START DATE: **5/6/2016** END DATE: **5/27/2016** SETTINGS: **ORTHOPEDECS** ROTATION TYPE: **N/A** COURSE: **N/A**

Site Name: **Mock Site 1**

Absence Start Date *  Number Of Days on Leave*

If you have taken leave for less than a day, please provide hours of absence

Reason: **Sick** 


Are you planning to make up for this? No


Have you notified your supervisor/clinical team?
 Have you notified your preceptor?
 Have you notified your Program or Clinical Education Dept?

When/How are you planning to make up?

Comments





Leave Document Name



Upload Leave Document Upload 

Submit 

7. Enter the leave details in the above form and click on submit. The leave request gets submitted to the school.
8. An entry gets created in the Leave Details Page as indicated below with the Status 'Submitted'

+ Add New Leave

Absence Start Date	No Of Days	No Of Hours	Reason	Status	School Comments	Actions
1/3/2017	0	2	Sick	Reviewed	fine	
2/3/2017	1	3	Sick	Reviewed	other comments from admin	
2/2/2017	2	0	Incliment Weather	Submitted		 

9. You can always click on the icon  to edit the request and  icon to delete the request.
10. Once the school admin approves and locks the request, the status gets changed from submitted to reviewed and you will not be able to edit the request. The comment entered by the school admin gets displayed in the school comments section.

Checklist for Clinical Assignments

Before the Rotation:

- I have reviewed the Clinical Education Handbook for Students and understand the expectations of this internship.
- I have completed the CPI online training module.
- 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 emailed the clinical facility/CCCE within 12 weeks of start date (refer to course syllabus for details)
- I have evidence that I have completed clinical expectations of: OSHA/Bloodborne Pathogens orientation; patient confidentiality orientation; Criminal Background Check; CPR; physical examination; influenza vaccine, updated immunizations records. I will have these materials available to submit to my clinical site upon request.
- I have a name tag
- I have access to required assessment forms (*CPI, Professional Behaviors*, weekly planning sheets)
- I have reviewed the Exxat web portal and am able to login to upload needed documents related to the clinical placement
- I have completed all registration and orientation materials for the clinical site as assigned by the CCCE

During the Rotation:

- I have provided my clinical instructor with a copy of the course syllabus, reviewed it, and clarified expectations.
- I have reminded the CI of the clinical education website as a resource
- I have entered my CI and site information into Exxat
- I am completing course requirements as outlined in the course syllabus
- I protect the patient's confidentiality and their right to privacy
- I take initiative in evaluating my own performance
- I establish a cooperative working relationship with my CI and other staff
- I do not take or make personal phone calls, text messages, or emails during work time
- I contact the school immediately if there are concerns about how the affiliation is progressing
- Follow the course assignments according to the syllabus

Upon Leaving the Site:

- Submit your PTSE on Exxat
- Share your facility evaluation (PTSE) with your CI
- Seek permission to use the CI as a reference if you desire
- Return all books, keys, and other borrowed material
- 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 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* 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. (ensure patient confidentiality)
- 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.

Weekly Planning Form

Dates: _____

Week # _____

Step 1: 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 instructor of record if student is not progressing 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 1: (To be used to assist in student (your) assessment of performance in the Weekly Planning Sheet)

- 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 Action Plan

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

Student Health and Immunization Policy Compliance Form

I certify this Physical Therapy student remains free of communicable disease, free of any condition that might endanger the health and well-being of this or other students and the patients they care for, meets the immunization requirements of the program, and is medically fit to undertake study in the University of Wisconsin-La Crosse Physical Therapy Program.

Student's Name: _____ **Date:** _____ **Providers**
Name(print): _____ **Signature of Provider:** _____
Date: _____ **Facility:** _____ **Facility Phone:**
_____ **Facility Address:**

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