CLINICAL EDUCATION HANDBOOK
FOR PHYSICAL THERAPY STUDENTS

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

Angela Binsfeld, PT, DPT, Director of Clinical Education
Stefanie Czosnyka, DPT, GCS, CEEAA, Co-Director of Clinical Education

2015 Edition
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DEFINITION OF CLINICAL EDUCATION

Clinical Education is Physical Therapy 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 - Physical therapists 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(s) responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum.

Assistant DCE - 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.

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 - Health care facilities that provide clinical experiences for physical therapy students.

CI - Clinical instructor or clinical educator. This individual must be a physical therapist. Provides direct supervision of the clinical learning experience.

Instructor of Record - The academic faculty who is assigned to instruct students for a clinical education course. 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 Edu. Support - The UW-La Crosse Health Professions department staff member responsible for technical operation and document management. Supports the DCE and Assistant 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 healthcare 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 EXPECTATIONS

The overall purpose of clinical education is to gain practical 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/Asst. DCE are available to advise students prior, during, and after the matching process to ensure clinical matches are consistent with program expectations.

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

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 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. **Assessment:** All clinical education experiences will be evaluated by the assigned academic faculty 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:

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

### CLINICAL ASSIGNMENTS

All clinical placements will be made by the DCE/Assistant 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 they believe will meet the course objectives. 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:**

- Students are required to have experiences in inpatient acute care, outpatient orthopedic experience and neurological rehabilitation during their terminal 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.
- The DCE/Asst DCE will post student office hours to discuss questions students may have regarding assignments or any of the clinical sites. Students may also request individual appointments if circumstances warrant.
- 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/Asst DCE via a matching process following collection of all site offerings.
  - Students will submit a wish list outlining their preferred selections for each clinical placement.

### Assignment 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 your financial or personal interests during the selection process. It will be impossible to consider weddings, family reunions, or other personal needs.
- Assignments 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.*

### 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 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 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 to 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.**

### CLINICAL COURSE PREREQUISITES

Students must be in good standing in the Physical Therapy Program in order to participate in any clinical education experience. The student must be functioning at varied levels of Professional Behavior performance in accordance with individual course syllabi. The instructor reserves the right to require additional learning experiences, additional readings, etc. as deemed necessary to promote a successful clinical learning experience.
Any student on Academic or Professional Behavior Probation will not be allowed to enter the clinic for any clinical 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. Satisfactory completion of each course is a prerequisite for participation in the sequential clinical course.

If it is determined through consultation with the academic instructor of record 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 instructor may offer the student an incomplete grade with terms for removal established by the instructor of record. An action plan will be constructed by the academic instructor of record and signed by the student to address the terms for removal of the incomplete. The academic instructor of record 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.

**CLINICAL COURSE 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.

- **Criminal Background Checks:** The University is required to perform a criminal background check on all students prior to their participation in clinical rotations. Findings which may impact employment/licensure may result in dismissal from the program. Information can be viewed 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.

- **HIPAA:** All students are required to obtain training on HIPAA once per year, prior to participation in any clinical assignments.

- **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.

- **Immunization Records Must Include:**
  - MMR (Measles, Mumps, Rubella) or proof of immunity by titer.
  - Varicella Zoster (Chicken Pox) or proof of immunity by titer.
  - **Initial 2-step TB skin test** (PPD) followed by annual TB skin testing or Chest X-ray within last 6 months or TB Gold Test.
  - Tetanus/Diphtheria with evidence of tetanus booster within last 10 years.
  - Hepatitis B with titer results indicating immunity
  - Influenza – Annual seasonal vaccine

- **Physical Examination:** Some clinical sites may require proof of physical examination. Students should keep records of annual physical examination for submission to clinical facility upon request.
Healthcare/Health Insurance: There may be potential health risks at a clinical facility. It is recommended that each student carry health insurance. All health care and health related matters that arise during or at clinical facilities are the responsibility of the student.

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. As of 2013, the UW-L Student Health Center can offer 8-panel or 10-panel drug screens.

Student Liability: The UW-L Physical Therapy Program purchases healthcare professional liability insurance on the student’s behalf, using special course fees.

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 or in communication with the CCCE.

Other Requirements for Clinical Coursework

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 near 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. Absences during clinical experiences are not allowed. In the event of illness, the student must notify the CI and academic instructor of record. Arrangements to make up for time off for illness should be made between the CI and the student, with input by the academic instructor of record as needed. If the facility requests that sick time be made up, the student must make up sick days. If a student is absent for greater than two days on any clinical experience, the program recommends that the student make-up time for missed days. Extenuating circumstances (such as prolonged illness or bereavement) will be considered on a case-by-case basis.

Personal business such as travel to and from the clinical facility and job interviewing should be conducted during the time off between internships. With advanced approval by academic instructor of record, students may be excused to attend APTA Annual Conference, Combined Sections Meeting, or state association conferences, if permitted by the clinical site. Interns are not permitted 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, the time needed for clinical preparation, and federal guidelines related to work/rest ratios when involved with patient care.

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
Checklist for Clinical Assignments

Before the Rotation:
- I have written my first letter to the clinical facility upon official assignment (refer to course syllabus for details).
- 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 written my second letter to the clinical facility 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 log in to upload needed documents related to the clinical placement

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 shared my CI and site information with my academic instructor of record via 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 evaluation 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.

Upon Leaving the Site:
- Share your facility evaluation with you CI.
- Seek permission to use 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.
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.
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): ________________________________
Sample SOAP note for STEP 1:

**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 knew; 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:** __________________________

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_________________________________  ________________________________  ________________________________  ________________________________  ________________________________

Student’s Signature  Date  CI (s) Signature  Date
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.
▪ 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.
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):
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:__________________________________________________________

Groupd Number:__________________________Subscriber Number:______________________________

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| MMR (Measles, Mumps, Rubella) | First Dose:__________  
Second Dose:__________  
Or Titer:__________ |
| Varicella Zoster Titer (Chicken Pox) | indicating immunity  
First Dose:_________________  
Second Dose:_______________  
Or Titer:_________________ |
| 2-step TB skin test (PPD) | {indicate (-)} or  
First read:__________  
Second read:__________  
Most recent TB:__________ |
| Adult Tetanus/Diphtheria | with evidence of  
tetanus booster within last 10 years.  
Dose One:_____________  
Dose Two:_____________  
Dose Three:_____________  
Titer:______________ |
| Hepatitis B-titer results | indicating immunity  
or vaccine  
Dose One:_____________  
Dose Two:_____________  
Dose Three:_____________  
Titer:______________ |
| Influenza Vaccine (Annual) |  |
| 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 Health Professions Department with a copy of your current CPR card.  
Dose One:__________  
Dose Two:__________  
Dose Three:__________  
Titer:__________ |
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