

# **CLINICAL EDUCATION MANUAL**

**Class of 2010 and 2011**

**Doctor of Physical Therapy Program**

**University of Illinois at Chicago**

**Department of Physical Therapy**

**College of Applied Health Sciences**

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# Table of Contents

<b>CLINICAL EDUCATION MANUAL</b> .....	<b>1</b>
<b>DOCTOR OF PHYSICAL THERAPY PROGRAM</b> .....	<b>1</b>
<b>INTRODUCTION</b> .....	<b>1</b>
<b>CLINICAL EDUCATION PHILOSOPHY STATEMENT</b> .....	<b>1</b>
<b>ACADEMIC PROGRAM FACULTY</b> .....	<b>2</b>
<b>DPT CURRICULUM</b> .....	<b>5</b>
CLINICAL EDUCATION WITHIN THE CURRICULUM .....	5
<b>ABBREVIATED COURSE DESCRIPTIONS</b> .....	<b>5</b>
<b>MODEL OF UIC DPT EDUCATION</b> .....	<b>10</b>
<b>ACADEMIC POLICIES</b> .....	<b>11</b>
<b>ROLE OF CLINICAL FACULTY AND STAFF</b> .....	<b>13</b>
DIRECTOR OF CLINICAL EDUCATION .....	13
CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) .....	13
CLINICAL INSTRUCTOR (CI) .....	14
<b>STUDENT RESPONSIBILITIES AT CLINICAL SITES DURING CLINICAL INTERNSHIPS</b> .....	<b>14</b>
<b>CHANNELS OF COMMUNICATION</b> .....	<b>15</b>
<b>CLINICAL EDUCATION POLICIES</b> .....	<b>17</b>
DOCUMENTATION REQUIREMENTS BEFORE ATTENDING A CLINICAL SITE .....	17
DRESS CODE.....	20
NAMETAGS .....	20
ATTENDANCE AND MAKEUP.....	21
TEMPORARY ACCOMMODATIONS .....	21
WITHDRAWAL FROM A CLINICAL INTERNSHIP COURSE.....	22
ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES .....	22
CONFIDENTIALITY OF STUDENT CLINICAL EDUCATION RECORDS.....	23
<b>EVALUATION OF THE CLINICAL INTERNSHIP EXPERIENCE</b> .....	<b>25</b>
CLINICAL PERFORMANCE INSTRUMENT (CPI) .....	25
STUDENT SELF-ASSESSMENT .....	25
STUDENT EVALUATION OF CLINICAL EXPERIENCE FORM .....	26
DCE MIDTERM EVALUATION OF CLINICAL EXPERIENCE .....	26
<b>GRADING OF FULL TIME CLINICAL EDUCATION EXPERIENCES</b> .....	<b>26</b>
STUDENTS AT RISK FOR RECEIVING A GRADE OF UNSATISFACTORY .....	28
<b>CLINICAL EDUCATION REQUIREMENTS</b> .....	<b>28</b>
LIFE SPAN REQUIREMENTS .....	29
SYSTEMS (PRACTICE PATTERN) REQUIREMENTS .....	29
IDENTIFICATION OF AN URBAN HEALTH POPULATION.....	29
DOCUMENTATION OF REQUIREMENTS .....	29
HEALTH CARE SETTING REQUIREMENTS .....	29
CLINICAL EDUCATION SEMINARS .....	30
WRITTEN CASE REPORT .....	31
<b>CRITERIA FOR ASSIGNMENT OF STUDENTS TO CLINICAL SITES</b> .....	<b>31</b>
CLINICAL SITE INFORMATION FORM (CSIF).....	31

ASSIGNMENT OF CLINICAL EDUCATION SITES.....	32
CLINICAL EDUCATION SELECTION POLICY FOR SITES WITH AGREEMENTS PENDING .....	32
OUT OF TOWN SITES.....	33
SITE CHANGES AFTER ASSIGNMENTS HAVE BEEN MADE .....	34
NEW CLINICAL SITES.....	34
<b>APPENDICES.....</b>	<b>36</b>

## INTRODUCTION

This manual was developed as a resource for those parties invested in the educational program of the Doctor of Physical Therapy (DPT) students at the University of Illinois at Chicago. In addition to specifics related to the clinical education program, information related to the academic program philosophy, faculty, and curriculum is included to provide a broad overview of the DPT program. Calendar specific information and course objectives for each clinical internship experience are contained within the Clinical Internship Syllabus.

Given the dynamic nature of physical therapy education, information contained in this manual will be updated frequently. For the most current version, readers should visit our website: [www.ahs.uic.edu/students/pt/](http://www.ahs.uic.edu/students/pt/). Clinical education information will be updated regularly (at least annually) on the website, and manuals will be redistributed to clinical sites periodically, upon request, or following significant program changes.

As you use this manual, we welcome your feedback and questions. We also thank you for your participation in the professional development of our students. Whether you are a student, clinical instructor (CI), Center Coordinator of Clinical Education (CCCE), facility administrator, or academic faculty member, your role is valued and essential to the goal of educating future members of our profession.

## CLINICAL EDUCATION PHILOSOPHY STATEMENT

Our clinical education philosophy is guided by concepts of teaching and learning that reflect contemporary educational theory and the nature of contemporary physical therapy practice. Contemporary educational theory includes the situative perspective of learning for providing a framework for clinical teaching, learning and assessment (Lave & Wenger, 1991; McLellan, 1996; Greeno, Collins and Resnick, 1996). Contemporary practice incorporates the concepts on which the Guide to Physical Therapist Practice (2001) is based: the disablement model, a continuum of service across all delivery settings, and incorporation of the five essential elements of patient/client management (examination, evaluation, diagnosis, prognosis, and intervention). Contemporary practice decisions are guided by scientific evidence, and autonomous practice is the goal (APTA 2020 Vision Statement, 2002).

The situative perspective on learning emphasizes the importance of context, or learning within a clinical setting, which provides patient related problems bounded by the constraints and affordances of the clinical setting. Learning is viewed as the process of *active* participation in communities of practice, participation that is initially peripheral, but increases in engagement and complexity. The role of the clinical instructor is viewed as an extremely important element in the continued professional development of the student by role modeling a high level of clinical competence, current knowledge, ethical and legal practice and commitment to lifelong learning, in addition to supporting the growth of the student as a capable and confident practitioner. Growth is achieved through several activities including: gradually increasing active participation in patient care; formulating questions, problems, discussions, and explanations that help to develop and guide the student's clinical decision making and clinical skills; facilitating self-

assessment; and providing feedback that supports the positive development of the student's professional identity.

The incorporation of evidence into clinical decision-making is an important life-long skill for the student and for the future of the profession. Students are provided with the tools to form clinical questions suitable for investigation and encouraged to apply these skills throughout the didactic portion of the curriculum. Clinical settings are important in the further development of these skills, as patients are a valuable source for generating questions. During the full-time clinical internship experiences, students will participate in periodic Clinical Education Seminars with academic faculty to discuss cases and research relevant to patient problems. During this time, students also work with academic faculty to generate a formal case report as a requirement for graduation.

The University of Illinois at Chicago, as does the American Physical Therapy Association, acknowledges clinical education as an essential component of the academic program. Quality clinical education experiences that incorporate teaching methods supportive of learning, and characteristics of contemporary physical therapy practice serve as a catalyst for lifelong learning and continued professional development.

### **ACADEMIC PROGRAM FACULTY**

The Faculty at UIC teach, provide patient care, and/or conduct research in their primary areas of interest. Research facilities within the Department are among the most extensive of any physical therapy department. Clinicians from the University of Illinois Medical Center at Chicago and from throughout the Chicago metropolitan area also contribute teaching expertise. Faculty members are known for their research in geriatrics, motor control, pediatrics, balance and posture, measurement, and clinical decision-making. For most current faculty listings and interests/responsibilities, please visit our website:  
<http://www.ahs.uic.edu/ahs/php/section.php?id=205>

#### **Faculty**

**Alexander Aruin, PhD**

Professor

Director, Harry G. Knecht Movement Laboratory

- **Research interests:** The organization of anticipatory postural adjustments; developing new technologies for training healthy people and for providing physical therapy and rehabilitation to individuals with disabilities
- **Teaching interests:** Kinesiology, postural control

**Michelle Bulanda, PT, DPT, MS, PCS**

Clinical Assistant Professor

Professional Program Curriculum Coordinator

- **Teaching interests:** Neuromuscular Dysfunction, case management, and assessment and intervention strategies for young children with disabilities and their families.

- **Research interests:** Training professional students to work with young children with disabilities and their families in early intervention.

**Carol Courtney, PhD, PT**

Clinical Associate Professor

- **Research Interests:** Effects of altered somatosensory input on postural control
- **Teaching Interests:** Sports medicine, Kinesiology, Musculoskeletal Evaluation and Treatment

**T. George Hornby, PhD, PT**

Assistant Professor

- **Research Interests:** Motor dysfunction following spinal cord injury and stroke; pharmacological effects on motor control; gait retraining following neurological injury
- **Teaching Interests:** Physiology/pathophysiology, motor control, exercise physiology

**Christina Hui-Chan, PhD**

Professor and Department Head

- **Research Interests:** East-meets-West in stroke rehabilitation; the physiotherapeutic management of pain; Tai Chi and its effects on the sensori-motor control of balance and eye-hand co-ordination; reflex control of posture and balance; movement disorders and rehabilitation of clients with stroke, Parkinson's Disease, Cerebral Palsy and sports injuries; and tele-rehabilitation

**Demetra John, PT, PhD**

Clinical Assistant Professor

Coordinator of Professional Program Admissions

- **Research interests:** Exploring health promotion and prevention of secondary conditions in adults with physical disabilities; outreach to underserved populations
- **Teaching interests:** Kinesiology, Orthopedics, Psychosocial Theory

**Mary Keehn, PT, DPT, MHPE**

Clinical Assistant Professor

Director Physical Therapy Services

University of Illinois Medical Center

- **Research interests:** Determining strategies therapists use to increase their efficiency in providing PT services
- **Teaching interests:** Evaluation and treatment of the neurologically involved patient

**Amy Maxeiner, PT, MSED**  
Clinical Assistant Professor  
Director of Clinical Education

- **Research interests:** Determining how the strategies students use to learn in the clinic are different than those used in the classroom
- **Teaching interests:** Clinical education, Integration and Assessment, professional development and administration

**Clive Pai, PT, PhD**  
Professor

- **Research interests:** Determining the role of limb collapse in falls; facilitating adaptive strategies for balance recovery; investigating the role of neuromuscular joint protection to prevent rapid progression of knee osteoarthritis
- **Teaching interests:** biomechanics, Kinesiology

**Shane Phillips, PhD, PT**  
Assistant Professor

- **Research interests:** Exercise induced hypertension, oxidative stress, and vascular endothelium; Obesity and dietary interventions for macro- and micro- vascular health; Resistance and aerobic exercise interventions for vascular health.
- **Teaching interests:** Pathophysiology, Cardiopulmonary Physical Therapy, Exercise Physiology

**Jean Rogers, PT, MA**  
Clinical Assistant Professor  
Director of Clinical Education

- **Research interests:** Clinical learning, Clinical education supervision models, professional behaviors, Service Learning
- **Teaching interests:** Clinical Education, Professional Development III

**Don Straube, PT, MS, NCS**  
Clinical Assistant Professor

- **Research interests:** Issues related to measurement of physical therapy student performance and measurement of outcomes in neurologic physical therapy.
- **Teaching interests:** Neurologic physical therapy; Science & Practice II, Prosthetics, Integration and Assessment I / II.

## **DPT CURRICULUM**

In the Fall of 2001, UIC became the second public university in the nation to offer a Doctor of Physical Therapy (DPT) degree, converting from the previous Bachelor of Science in Physical Therapy degree. The Doctor of Physical Therapy program at UIC is a three-year, full-time professional program. Students begin the first year by taking many of the foundational science courses relevant to clinical practice (see next pages for Model of DPT program and course descriptions). At the conclusion of the first year, students complete a 2 week clinical experience. In the second year of the program, students build upon knowledge gained in foundational courses while they participate in clinical/applied sciences courses. Clinical education experiences are interspersed within these first two years. The third year of the program consists primarily of full-time clinical internship experiences. Following at least 36 weeks of clinical practice, students return to the classroom to revisit concepts related to science and practice, professional development, and case management.

The 'Model of DPT Education' in the following section provides a one-page overview of the curriculum. If additional clarification is needed, please contact your DCE directly.

### **Clinical Education within the Curriculum**

#### Part time experiences

During the first two years of the curriculum, students participate in clinical experiences within individual courses to enhance course content. The structure, duration, and grading of these experiences are determined by the instructor of the individual course. Specifics regarding the format and objectives of these part-time experiences are found within the individual course syllabus.

#### Full time experiences

At the end of their first year, students complete a two week clinical experience. At the end of their second year, they complete 36 weeks of full time clinical education experiences.

### **Abbreviated Course Descriptions**

#### **General Area: Orientation**

##### **PT 600 Introduction to Physical Therapy:**

Introduction to the profession of physical therapy, legal and ethical concepts affecting physical therapy practice, professional behavior, concepts of diversity, and medical terminology.

## General Area: Foundations

### ANAT 441 Gross Human Anatomy:

Functional and structural anatomy of the human body, including some aspects of embryology. Gross morphology and function of the human body.

### ANAT 414 Neuroanatomy:

Basic development and gross features of the central nervous system, motor, sensory, and integrative functional areas.

### PT 605 Functional Histology:

Basic embryology, epithelial tissue, integument, blood, muscle, connective tissue in development and methods of studying cells will be examined. Issues related to injury, repair, disease and disuse will be emphasized.

### PT 616 Biophysics:

Application of physical properties to the human body and biological tissues. Clinical and diagnostic applications of Newtonian physics, tissue mechanics, dynamics, light, acoustics, electricity, heat and electromagnetic energy. Bioinstrumentation and diagnostic imaging.

### PT 617 Joint Function and Movement:

Assessment of motor performance: muscle performance and joint motion, function of joints; gait; functional movement patterns are examined. Introduction to movement disorders in patients with neurological and musculoskeletal pathologies.

### PT 618 Posture and Movement Across the Lifespan

The general concepts pertaining to the normal control and learning of movement and posture, as well as the development of these abilities.

### PT 622 Psychosocial Theory and Practice I:

Prepares therapists to work with persons and families from diverse backgrounds, different cultures and a variety of socioeconomic groups. Concepts of culture and personal experience relevant to health, well-being, illness, disability, adaptation, and rehabilitation are discussed

### PT 623 Psychosocial Theory and Practice II:

Human behavior, cognition and development as it relates to physical therapy practice. Psychosocial adaptations to illness and physical dysfunction. The role of the therapist in working with patients with mental illnesses will be explored.

### PT 629 Science in Practice Seminar I:

The course presents an introduction to methods of scientific inquiry as they are applied to clinical problem solving.

PT 630 Science in Practice Seminar II:

Scientific inquiry will be applied to selected cases in clinical problem solving.

PhyB 341 Physiology :

Normal function of the human body at molecular, cell, tissue, organ, and system levels is examined

PT 624 Therapeutic Applications

The laboratory course is designed to develop skill in the application of physical therapy modalities and procedures.

#### General Area: Musculoskeletal

PT 631 Musculoskeletal Dysfunction I:

Focus on the spine. Medical and surgical management of diseases and injuries of the musculoskeletal system. Physical therapy management of musculoskeletal problems by region. Differences across the life span will be considered as will the therapist's role in health promotion and screening.

PT 632 Musculoskeletal Dysfunction II:

Focus on the extremities. Medical and surgical management of diseases and injuries of the musculoskeletal system. Physical therapy management of musculoskeletal problems by region. Prosthetics and orthotics (theory, principles, and clinical problem solving). Differences across the life span will be considered as will the therapist's role in health promotion and screening.

#### General Area: Neuromuscular

PT 633 Neuromuscular Dysfunction I:

Medical, surgical, and physical therapy management of persons with congenital neurological dysfunction. Normal motor development from a life span perspective and concepts of neuromuscular dysfunction utilizing a disablement framework. Management of infants in neonatal intensive care units. The therapist's role in health promotion, screening, and early detection of developmental delays.

PT 634 Neuromuscular Dysfunction II:

Medical, surgical, and physical therapy management of persons with acquired neurological dysfunction will be covered. Principles of motor learning, motor control, and life span motor development in the context of a disablement framework will be discussed.

## General Area: Organ Systems

### PT 635 Cardiopulmonary Dysfunction:

Pathophysiology, medical management, physical therapy management and health promotion for persons with cardiopulmonary disorders will be examined. In addition, students will learn how to screen for disorders of the cardiopulmonary system.

### PT 636 Applied Pathophysiology:

Pathophysiology, medical management, physical therapy management and health promotion for persons with disorders of gastrointestinal, hepatic, renal, endocrine, integumentary and autoimmune systems will be examined. In addition, students will learn how to screen for disorders of these systems that may be encountered during physical therapy practice.

## General Area: Professional and Administration

### PT 625 Professional Development I:

Overview of health care delivery systems with emphasis on the changing roles of physical therapists. The special roles and responsibilities of professionals will be discussed in the context of today's society.

### PT 626 Professional Development II:

An introduction to management theory and practice, health care economics, and methods of assuring quality. The role of the physical therapist as a supervisor will be examined and issues related to professional and legal responsibilities explored. Models of management and their relationships with changes in the health care system will be considered.

### PT 627 Professional Development III:

Students explore the impact of social and political issues, nationally and internationally, on the practice of physical therapy. To prepare these soon to be graduate physical therapists for their role as change agents, students in this seminar course will identify, develop, implement, and defend strategies to enhance the quality of physical therapy and access to service.

## General Area: Integration

### PT 638 Integration and Assessment I:

Integration and application of knowledge gained across the curriculum through the use of case examples.

### PT 639 Integration and Assessment II:

This course is a continuation of PT 638, Integration and Assessment I, involving simulated cases with progressive complexity.

PT 628 Case Management in Physical Therapy Practice:

This course examines comprehensive patient case management strategies that address the physical therapy, medical and psychosocial needs of patients.

**General Area: Clinical Internships**

PT 640 Clinical Internship I:

80 consecutive hours of supervised clinical experience. Application of knowledge and skills learned thus far in the didactic portion of the curriculum in a clinical environment that fosters learning, inquiry, and critical/creative thinking. Student are able to practice in a variety of settings.

PT 641 Clinical Internship II:

Full time 12 week supervised clinical experience. Application of physical therapy theory and clinical skills, as well as administrative, educational and supervisory skills. Practice areas to include: acute, rehabilitation/neurological, musculoskeletal, and atypical or unconventional settings and settings in which there is a need for physical therapists.

PT 642 Clinical Internship III:

Full time 12 week supervised clinical experience. Continuation of Clinical Internship II.

PT 643 Clinical Internship IV:

Full time 12 week supervised clinical experience. Continuation of Clinical Internship III.

## Model of UIC DPT Education

### First Year

### Second Year

### Third Year



Introduction to Physical Therapy  
 Anatomy  
 Physiology  
 Functional Histology

Biophysics  
 Kinesiology  
 Neuroanatomy  
 Science & Practice I  
 Professional Development I

Therapeutic Applications /Clin Internship I  
 Exercise Physiology & Cardiopulmonary PT  
 Clinical Internship I

Neuromuscular Dysfunction I  
 Musculoskeletal Dysfunction I  
 Psychosocial Theory & Practice I  
 Applied Pathophysiology  
 Integration & Assessment I

Neuromuscular Dysfunction II  
 Professional Development II  
 Musculoskeletal Dysfunction II  
 Psychosocial Theory & Practice II  
 Integration & Assessment II

Clinical Internship II  
 Clinical Internship III  
 Clinical Internship IV  
 Professional Development III  
 Science & Practice II  
 Case Management in PT Practice

COMPREHENSIVE EXAM

## Academic Policies

For current academic policies related to the UIC Doctor of Physical Therapy (DPT) program, please proceed to [www.ahs.uic.edu/students/pt/](http://www.ahs.uic.edu/students/pt/). These academic policies were implemented to ensure that graduates of the UIC Doctor of Physical Therapy (DPT) program are well prepared to meet the demands of physical therapist practice.

**Generic Abilities and Core Values:** Throughout the curriculum, students will be required to complete a self-assessment of their generic abilities and the APTA Professionalism in Physical Therapy Core Value Self Assessment.

Generic abilities were developed by faculty at the University of Wisconsin-Madison, 1991-1992 and include (see Addendum for specific levels within each ability category):

Commitment to Learning: The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

Interpersonal Skills: The ability to interact effectively with others and to deal effectively with cultural and ethnic diversity issues.

Communication Skills: The ability to communicate effectively (i.e. speaking, body language, reading, writing, listening) for varied audiences and purposes.

Effective Use of Time and Resources: The ability to obtain the maximum benefit from a minimum investment of time and resources.

Use of Constructive Feedback: The ability to identify sources of and seek out feedback and to effectively utilize and provide feedback for improving personal interaction.

Problem-Solving: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively.

Responsibility: The ability to fulfill commitments and to be accountable for actions and outcomes.

Critical Thinking: The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

Stress Management: The ability to identify sources of stress and to develop effective coping behaviors.

APTA Professionalism in Physical Therapy Core Value Self-Assessment is available from at [www.apta.org](http://www.apta.org) in the education section under professionalism.

**End of Semester Review:** At the conclusion of each semester, the faculty will review each student's progress. Grades, clinical internship performance and observed generic abilities of each student will be discussed with input from course instructors and students' advisors. Advisors will communicate both concerns and positive feedback to students.

**Graduation Requirements:**

- Cumulative GPA of 2.70/4.0 or greater for all required courses
- Passing score (80%) or successful remediation on comprehensive exam
- Satisfactory completion of portfolio verified by advisor
- Satisfactory completion of all clinical internship courses

## **ROLE OF CLINICAL FACULTY AND STAFF**

### **Director of Clinical Education**

The development and implementation of the clinical education program is the prime responsibility of the Directors of Clinical Education. The Directors' responsibilities, in addition to regular faculty duties, are:

1. to coordinate the efforts of the academic and clinical facilities in the professional education of the physical therapy student.
2. to schedule clinical internships for students and assist with specific arrangements, if necessary.
3. to be readily available when students, clinical faculty or other concerned persons have suggestions, questions, or problems related to clinical education.
4. to visit clinical sites as needed to discuss pertinent matters with students, clinical instructors (CIs) and/or center coordinators of clinical education (CCCEs).
5. to evaluate the student's clinical experiences by 1) contacting the clinical site, and 2) thoroughly reviewing and evaluating all materials returned from students and clinical instructors.
6. to alert clinical education coordinators to changes in the academic curriculum so that clinical experiences can be planned in accordance with classroom activities.
7. to develop clinical sites which will provide varied, beneficial experiences for students.

### **Program Coordinator for DPT**

The Program Coordinator is an academic professional that works at UIC. The Program Coordinator collaborates with the DCEs in managing clinical education, student and facility records, facilitates the selection process, tracks medical and certification requirements and assists with DCEs with overall clinical education management.

### **Center Coordinator of Clinical Education (CCCE)**

The CCCE is the individual at the clinical education site responsible for overseeing the clinical education program at that site. The CCCE is responsible for the training and coordination of clinical instructors and the assignment of a student to a clinical instructor. The CCCE helps in planning and problem solving with the CI and student team in a manner that enhances the clinical learning experience. The CCCE is the student's contact at the clinical facility related to the experience at the facility. The CCCE is the DCE's direct contact to the clinical facility. The CCCE is responsible for developing and maintaining a current Clinical Site Information Form (CSIF.)

UIC expects CCCEs to meet pertinent 'minimal guidelines,' as specified in APTA's 1999 revised "Guidelines and Self-Assessments for Clinical Education," or have a development plan in place to meet said guidelines'. (Available online at [www.apta.org](http://www.apta.org) in the education section free to APTA member and for a minimal fee for non-members). For example, knowledgeable about opportunities and resources at their facility, interested in working with students, good

interpersonal and organizational skills and effective consultation skills with CI and students. These documents are a valuable resource to identify strengths and growth areas for individual CCCEs. The DCE is available to provide assistance with understanding and completing these documents.

### **Clinical Instructor (CI)**

The CI is the physical therapist responsible for instruction, supervision, and evaluation of the student at the clinical education site. At some sites, more than one CI may share these duties, or one CI may supervise more than one student.

UIC expects CIs to meet pertinent ‘minimal guidelines,’ as specified in APTA’s 1999 revised “Guidelines and Self-Assessments for Clinical Education,” or have a development plan in place to meet pertinent ‘minimal guidelines.’ (Available online at [www.apta.org](http://www.apta.org) in the education section free for APTA members and for a minimal fee for non-members). For example, a licensed physical therapist with a minimum of 1 year clinical experience, interested in working with students, complete APTA Clinical Instructor Education and Credentialing course. These documents are a valuable resource to identify strengths and growth areas for individual CIs. The DCE is available to provide assistance with understanding and completing these documents.

The UIC Department of Physical Therapy has many ongoing educational opportunities available. As valued contributors to our physical therapy program, clinical staff, CCCEs, and CIs are welcomed participants in various departmental offerings such as weekly seminars, academic courses, and continuing education courses.

### **Student Responsibilities at Clinical Sites during Clinical Internships**

The rights and responsibilities of the UIC PT department and the clinical sites are fully delineated in the Student Placement Agreement (SPA).

1. Student shall adhere to all policies, procedures, and standards established by the Facility, and shall do so under the specific instruction of supervisory staff of the Facility. College or facility may immediately remove any student deemed to be clinically unsafe to patients, employees, or others... Facility reserves the right to prohibit the return of any such students unless a corrective action plan satisfactory to Facility has been proposed and it’s compliance assured by the college. Facility further reserves the right to request removal of any student whose conduct is contrary to Facility’s standards of conduct as set forth in its policies and procedures.
2. Student shall wear the uniform and identifying insignia of the College at all times in the Facility, unless otherwise instructed by the Supervisor at the Facility.
3. Student shall be responsible for his or her own transportation and shall not be authorized to transport any client of the Facility by car or other vehicle.

4. Student shall provide proof to the facility of health insurance coverage during the placement and shall comply with all the health and immunization requirements of the Facility.
5. Student shall be responsible for adhering to established schedules and notifying Facility and College of any absences or necessary schedule changes.
6. Student shall obtain prior written approval of Facility and College before publishing any material relative to the placement.
7. Student shall maintain confidentiality related to Facility's employees, patients, clients, customers, business operations, and/or trade secrets.

\*\* taken from the Student Placement Agreement (SPA) which can be found at:

<http://www.obfs.uillinois.edu/obfshome.cfm?level=2&path=Forms&xmldata=contractsforms#student>

### **Channels of Communication**

The effectiveness of clinical education is depends in large part upon communication between the Physical Therapy Program and the clinical facilities. It is important, therefore, that all parties be familiar with the available channels of communication that include:

1. Letters
2. Forms and Questionnaires - At various times during the year, forms and/or questionnaires are sent to clinical sites, usually in preparation for clinical internships.
  - a. Clinical Site Information Form
  - b. Notification of Clinical Experience Dates
  - c. Announcement of Clinical Experience Assignments
  - d. Chicago Area Clinical Educators Forum Student Information Form
  - e. Student Resume and Objectives
  - f. Syllabi
  - g. Surveys regarding changes and/or evaluations
3. Telephone Calls - Students and clinical facility are encouraged to use the telephone as a means of communication whenever they perceive any problem(s) or have concerns(s) about the clinical education process. Please contact the DCE(s) at (312-996- 1503 or 312-996-2073) as soon as problems and/or concerns are identified so that appropriate action can be taken.
4. Clinical Performance Reports (i.e. *Clinical Performance Instruments* and *APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*) - Evaluation of student performance is of utmost importance for it provides the Program, as well as the student, with feedback about each student's clinical abilities. In addition, it provides the

Program with feedback about the strengths and weaknesses of the academic curriculum and thus serves as a basis for appropriate modifications.

4. Clinical Site Visits – A DCE contacts each clinical facility during each experience as needed when students are assigned to the facility. As necessary, on-site meetings by the DCE(s) are arranged during each student experience. The purpose of the contact is to provide a forum during which both students and clinical faculty can discuss their activities so as to encourage early problem identification and remediation. If necessary, on-site meetings are usually scheduled approximately mid-way through the affiliation period. The DCE may make other site visits if situations arise which cannot be resolved by other means.
5. Clinical Education Meetings/Symposia - As needed, UIC has sponsored meetings for CCCEs and CIs to discuss changes in the clinical education program or in the Physical Therapy Program. Information regarding curricular or other program changes is also sent to clinical facilities as needed. Additionally, the DCEs at UIC participate in the IPTA Clinical Education Special Interest Group and Chicago Area Clinical Educators Forum. Providing education on clinical education concerns to therapists throughout Illinois is one objective of this group.
6. The Clinical Education Manual - This manual provides clinical facilities and students with important information about clinical education. It is reviewed annually and updated as necessary. The Clinical Education Manual is mailed to new clinical sites when a contract is complete. Otherwise, the Clinical Education Manual is available on the UIC PT Program website at [www.ahs.uic.edu/students/pt/](http://www.ahs.uic.edu/students/pt/) or in paper format upon request. Clinical Facilities are notified of changes via the Clinical Education Newsletter.

## CLINICAL EDUCATION POLICIES

### Documentation Requirements before Attending a Clinical Site

The student is responsible for updating these forms with the Department if information changes at any time.

#### Chicago Area Clinical Education Forum Student Information Form

This questionnaire (see Addendum) is filled out by the student and sent by the DCE to the facility. The clinical site should receive this form **at least six weeks** before the student's start date. The purpose of the questionnaire is for students to express information about their experience, goals, interests, and expectations. This information assists the CCCE and CI in developing learning experiences which best meets the needs of the student. In addition, the student is expected to contact the CCCE or visit the site 30 days before the start of the experience.

#### Authorization for release of information

This form authorizes the Department to release the student's Health and Safety information to the student's assigned clinical site(s).

#### Clinical Education Informed Consent

This form provides the Department with a local and permanent address and emergency contact for the student while at a clinical site. A copy of this information will also be provided to the clinical site if requested beyond that supplied to the facility on the "Student Information Form."

#### HIPAA training

All students complete mandatory HIPAA training available on-line at UIC. Records of successful completion of HIPAA training are maintained on file by the academic program. HIPAA training includes HIPAA Privacy for Patient Care and HIPAA Security overview for Patient Care. *HIPAA requirements must be met before participation in any clinical education experience, including part-time experiences and observations.*

#### Health and Insurance Requirements

Students are required to provide copies of reports describing their medical immunizations, CPR certification, evidence of testing for tuberculosis (TB), and evidence of the Hepatitis B vaccinations to the Department. Clinical sites may also require additional documentation according to their policies and procedures. When known in advance, a DCE will notify the student if additional documentation or testing is required for a site.

The student is responsible for supplying the DCE(s) and the clinical site with this documentation, including updates. Students should keep all originals for their records and plan to bring a copy

of their health and safety requirements with them to each clinical site for the CCCE/CI. *All health and safety requirements must be met before participation in any clinical education experience, including part-time experiences.*

### Health Requirements

To participate in these activities, you must have on file at UIC Department of Physical Therapy a completed copy of the UIC Department of Physical Therapy Immunization Form and the UIC Medical Immunization Form. You must also have a copy of evidence of current Cardiopulmonary Resuscitation (CPR) certification and First Aid.

- **Proof of the immunization.**

UIC Medical Immunization Form. This form verifies your immunization to Rubeola (Measles), Rubella (German Measles), Mumps, Tetanus and Diphtheria, and Polio.

Please have your physician verify the Tetanus and Diphtheria and Polio on the UIC Department of Physical Therapy Immunization Form. **Titers** need to be drawn for Rubeola, Rubella, and Mumps. You also need to have a **titer** drawn for Varicella (Chicken Pox). **Titers** are required for all of these communicable diseases. If your titer results show that you do not have immunity to the above diseases, you need to have a booster shot.

- **Documentation of Evidence of Hepatitis B Vaccination series.**

Because the Hepatitis B vaccination is a series of three inoculations over a six-month period, we recommend that you begin the Hepatitis series as soon as possible. You must have the first two vaccinations of the series complete prior to starting the program and the final vaccination complete prior to Clinical Internship I which occurs the third semester after you enroll.

- **Documentation of Evidence of yearly Tuberculosis (TB) testing.**

The Department requires all students to have results of a Mantoux skin test for tuberculosis (TB) completed within the last twelve months on file with the DCE(s) at all times. A student who was immunized against TB or received treatment for TB and has a positive Mantoux needs to have a chest x-ray done to demonstrate that there is no evidence of active TB. The DCE(s) and the clinical site, when appropriate, must be given documentation that the radiograph was clear of evidence of active TB. According to UIC guidelines, a chest radiograph should be repeated every four years or sooner if required by a clinical facility. In addition to the Department's policy for TB testing, some clinical education facilities may require a more recent test, such as within 30 days before the first day at the clinical education site, or a "two-step" TB test. The student is responsible to contact the clinical site and DCE to inquire about any additional requirements to ensure that this requirement is met *before* entering the clinical setting. Failure of the student to comply with academic and clinical site requirements may result in the inability of the student to participate in the clinical experience and an unsatisfactory grade in that course.

The student is responsible for contacting the clinical site and DCE to inquire about any additional requirements and ensuring that these are met *before* entering the clinical setting. Failure of the student to comply with academic and clinical site requirements may result in the inability of the student to participate in the clinical experience and an unsatisfactory grade in that course.

### CPR certification

#### **Evidence of current certification in Healthcare Provider CPR.**

Healthcare Provider CPR will include CPR training for the adult, child and infant as well as training in the use of an Automatic External Defibrillator (AED). Contact the American Heart Association or American Red Cross to schedule certification or recertification training in all of the areas listed above.

### OSHA blood borne pathogen requirement

The Occupational Safety and Health Administration (OSHA) requires that persons who will be exposed to blood borne pathogens in the course of their work (which includes physical therapists) must have training in blood borne pathogens and universal precautions. Students must meet the OSHA blood borne pathogen requirements before participating in any clinical education internship and part-time experiences. The OSHA blood borne pathogen requirement can be met if the student attended the infection control lecture in Introduction to Physical Therapy (PT 600).

### Drug testing and criminal background checks

Some clinical education sites may require the student to complete a drug test and supply the results of a criminal background check. Students may be responsible for costs associated with these tests. Students are encouraged to ask about these tests and to obtain information on avoiding ingesting anything that could cause a false positive result on a drug test. Information on criminal background checks is available from the Illinois State Police at <http://www.state.il.us/isp/ucia0001.htm>.

### Health insurance

All students enrolled at UIC are required to have health insurance. New students are automatically enrolled in the student insurance plan unless they waive insurance coverage by completing a waiver form and presenting evidence of other comparable insurance coverage. Students are required to provide documentation of their health insurance coverage if requested by the clinical education site.

### Illness and Accidents

The clinical education site is not responsible for illness or accidents. It is hoped that each facility will provide emergency medical care for students if the situation arises. Students are responsible

for any and all costs not covered by the student health insurance plan or their own health insurance plan.

### Liability insurance

Students are also provided with liability insurance coverage through UIC. As outlined by the University Office of Risk Management, “This coverage is limited to occurrences and professional services when the student is acting on behalf of the University of Illinois and within the scope of duties assigned to him or her by the University for completion of the practicum experience.” The DCE(s) provides for the CCCE to receive a copy of the student’s liability insurance coverage while working with patients/clients at that site. Students must be registered for the clinical education experience to be covered by this liability insurance.

### **Dress Code**

When ever students are present at a clinical site and representing UIC, students are expected to dress, appear, and act professionally. Students are expected to follow the dress code of the academic program, while being mindful of their representation of themselves, the Department of Physical Therapy at UIC and the profession of Physical Therapy.

- No shorts, jeans of any type, athletic or cargo pants, Capri pants, overalls, t-shirts, sweatshirts, sleeveless shirts, shirts that reveal midriffs or thermal underwear shirts. Shirts with tails should be tucked in. Shirts without collars should not be mistaken for t-shirts. Clothing should not restrict movement.
- No open-toed shoes, sandals, platform shoes or high heels are allowed. Socks/hosiery must be worn. If athletic shoes are worn, they must be specifically for clinical work, and therefore clean. Athletic shoes should be all or predominantly white.
- Care should be taken to appear clean and well groomed. No dangling jewelry, long nails, perfume, colognes or body soaps / lotions with strong odors. Facial hair should be well groomed. Students should be mindful of the negative impressions that may be created by excessive body piercing, tattoos, unnatural hair colors, or excessive makeup.
- Students are required to have lab coats with them during all clinical experiences (part and full time).

This list is not exhaustive, and it is impossible to continually update with every change in contemporary fashion. UIC expects the student to project a professional appearance at all times. If in doubt, err on the conservative side.

### **Nametags**

Nametags should be worn at all times while at a clinical education site related to the UIC physical therapy program. The Department will supply the student with a nametag indicating the student’s name, UIC affiliation, and designation. In addition, some facilities may require the

student to wear a nametag supplied by that facility. Students are not allowed to wear their UIC nametags while participating in non-University activities (e.g., working as a PT Aide). Lost or damaged nametags must be replaced at the student's expense. The department will supply a replacement nametag for any student with a legal name change.

### **Attendance and Makeup**

Clinical assignments for Clinical Internship II, III, and IV (PT 641, 642, 643) are full time (typically 40 hours per week). The student's schedule is dictated by the clinical site and the CI/CCCE. This may include weekend or evening work, or alternate work schedules (e.g. four, 10 hour days). Students are not allowed time off for UIC holidays (e.g., spring break). The student must observe policies of the facility regarding days off and holidays (including religious holidays).

Any special requests regarding time off must be approved by the DCE(s) and clinical site. The CI, CCCE, and DCE retain the right to deny any request for time off. Students should request this time off prior to the first day of the clinical experience if possible. Failure to notify the clinical education site and a DCE of any absence is considered a violation of the Departmental policy. In cases of illness, the student is expected to contact the clinical site prior to their scheduled arrival time to notify them of the illness. The student is expected to contact a DCE to notify the PT program of the absence.

Students are required to attend all scheduled clinical education seminars. Depending on the time and location, the student is expected to follow the policies of the assigned clinical site for attendance in the clinic before and after the meeting. Dates for the meetings will be given to the student and the clinical site before the start of the internship.

Students are encouraged to participate in continuing education courses, workshops, inservices, or APTA conferences during their clinical assignments. Time off for these events, however, must be negotiated with the CI, CCCE, and DCE(s). The CI, CCCE, and DCE(s) must approve, in advance of the event, any time away from the clinic these events necessitate.

Students may be given the opportunity of attending a continuing education course, workshop, or inservice offered through their clinical education site. Attendance at these activities and makeup time is at the discretion of the CI and CCCE. The DCE, however, must be notified about any clinical education time the student misses due to these activities.

### **Temporary Accommodations**

At times, students may experience a physical, medical, or psychological problem that does not qualify as a disability, but that could significantly impact the ability to complete the clinical education portion of the DPT program. Students must provide written documentation of the health related limitation(s) from an appropriate health care provider. Students must give appropriate documentation to the DCE(s) and the clinical facility representative. Clinical education faculty will work with the clinical site to determine whether strategies or

accommodations may be developed that will allow the student to fully participate in the clinical education experience.

### **Withdrawal from a Clinical Internship Course**

Any student who is unable to complete an assigned clinical education course because of an extraordinary circumstance, such as a health or family emergency, must notify the DCE in advance. If prior notification is not possible due to extreme emergency, the student should consider the time missed in clinic prior to communication as absences. Until confirmed by the DCE, the clinical experience has not been canceled, and the student has not withdrawn. In compliance with University grading policies, the student must supply the DCE with any supporting documentation of the circumstances for approval and be making satisfactory progress to receive a grade of Incomplete.

The student who receives a grade of 'Incomplete' in a Clinical Internship course will be required to complete a plan developed by the DCE(s). The DCE(s) will determine the length of the clinical experience to be completed. The determination of the plan for completion will be made by the DCE(s) based on feedback from the CI, the student, and the nature of the clinical experience. The DCE(s) are responsible for the assignment of the student to an alternate clinical education site if the original site is no longer available.

Any student who withdraws from a clinical internship and does not follow these procedures or whose performance would have resulted in a grade of 'Unsatisfactory' had they completed the internship cannot receive a grade of 'Incomplete.'

### **Accommodations for Students with Disabilities**

The UIC faculty and staff are committed to working in accordance with the provisions of the Americans with Disabilities Act (ADA) and providing reasonable accommodations for individuals with physical or mental limitations. Appropriate learning experiences are provided which are geared to maximize each student's abilities. Students with disabilities are encouraged to work with faculty and staff to identify ways in which the critical functions and skills of a Physical Therapist can be performed in a manner that will satisfactorily fulfill the requirements of the clinical education program while meeting the student's unique needs.

The ADA defines a person with a disability as one who has a physical or mental impairment that substantially interferes with one or more major life functions, one who has a record of such impairment, or one who is regarded as having such impairment. A reasonable accommodation is any modification to the environment, schedule, or practice that makes it possible for an individual with a disability to fulfill academic or clinical requirements. An acceptable, reasonable accommodation does not put other individuals at significant risk for harm, nor does it impose undue hardship on the University or clinical institution. Undue hardship may be considered high cost, unsettling environmental modification, impractical practice or schedule changes, or changes that would alter the primary nature of professional education or standards of practice.

In order to receive accommodations, the student must provide written documentation of the disability from an appropriate qualified practitioner. The student must also identify what types of accommodations are needed. The DCE(s) will advise the student on seeking accommodations from the clinical site.

### **Confidentiality of Student Clinical Education Records**

All assessment tools containing information pertaining to a student must be considered confidential and may only be shared between clinical sites where the student is scheduled, the student, and the Physical Therapy Program.



## EVALUATION OF THE CLINICAL INTERNSHIP EXPERIENCE

Each member of the clinical education ‘team’ is essential to successful clinical education experiences, and efficient, early communication is the foundation of that success. Should any problems arise, early identification and remediation is to everyone’s benefit. Students share in the important responsibility to communicate directly with the CI, CCCE, and DCE. Constructive feedback regarding the student program in general should be brought to the attention of the DCE and, if necessary, to the Program Director.

### **Clinical Internship I**

During Clinical Internship I CI’s complete the *Clinical Internship I Evaluation* form to document student’s performance. Students complete the *Clinical Internship I Student Evaluation of the Clinical Internship* form to evaluate the CI and CCCE. (See Appendix for these forms.)

### **Clinical Internship II-IV**

#### **Web-based Physical Therapist Clinical Performance Instrument for Students (PT CPI Web)**

The CPI was developed by the American Physical Therapy Association (APTA) physical therapy students and revised in 2006. The CPI is used by the CI to evaluate the student’s performance during clinical education on both a summative and formative basis and is one source of information used by the DCE in assigning the clinical education grade.

The electronic version of the PT CPI Web consists of 18 performance criteria with sample behaviors and a rating scale with 6 defined anchors for each criterion. The expectation is that students will be at or near the entry-level performance anchor for all of their clinical experiences. The definition of the entry-level performance anchor is: a student who is capable of functioning without guidance or clinical supervision managing simple or complex conditions; at this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions and clinical reasoning; consults with others and resolves unfamiliar or ambiguous situations; and the student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner (APTA, PT CPI revised 2006).

Judgment of entry-level performance is considered for each criterion of the CPI on each of five performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environments, and efficiency of performance.

### **Student Self-assessment**

Using the PT CPI Web, students must complete a self-assessment at the midterm and final evaluation points for each clinical internship. At the midterm and final evaluation meetings with the CI, the student’s self-assessment should be shared with the CI, and compared to the CI’s assessment.

As part of the midterm and final, students write summaries of areas of strength and areas needing improvement. These summaries are to be done on the summary pages of the PT CPI Web (pp. 33-24.) The information in the self-assessment summaries should include, but is not limited to:

- Descriptions of what the student has done, including patient types and diagnoses, initial and discharge evaluations performed, or other experiences or observations such as home visits, clinics, surgery observations, or other professionals the student has interacted with.
- The student's performance self-assessment, including strengths and areas needing improvement.
- Plans the student has made to improve the areas needing improvement in order to meet the course objectives during the remainder of the experience (at midterm) or during the next experience (at final).

### **Student Evaluation of Clinical Experience Form**

Students complete the *APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction* form (available on-line at [www.apta.org](http://www.apta.org) or on BlackBoard) to provide midterm and final feedback. The student must share the form with the CI and the CCCE. In addition, this document allows the student to comment on the academic preparation for the clinic. Such information is useful to the academic program in evaluating and modifying the curriculum. At midterm, the student completes Part II, and at final, the student completes Parts I and II. This document is also returned to the DCE immediately upon completion of the clinical assignment.

### **DCE Midterm Evaluation of Clinical Experience**

At the midterm point of the clinical experience, the DCE assesses the student's progress toward entry-level criteria, using the PT CPI Web, information obtained over the phone or via email from the CI and student, information gathered from the student at clinical education seminars or information obtained during a visit to the clinical site. This evaluation summarizes the progress made to date, alternative learning experiences that have occurred, communication/red flag item concerns, and appropriateness of supervision. The DCE may use this evaluation to assist in creating learning experiences for the student or in helping the clinical site to develop their expertise in Clinical Education.

## **GRADING OF CLINICAL EDUCATION EXPERIENCES**

### **Clinical Internship I**

Clinical Experience I is graded using the Satisfactory (S)/ Unsatisfactory (U) grading scale. Student will receive a grade of Unsatisfactory (U) if the student receives a "0" for any of the criteria on the *Clinical Internship I Evaluation* form.

The required documentation must be submitted to the DCE within 5 business days of the last day of the internship. Final grades for clinical education courses are due within 5 business days of receipt of clinical education documentation materials. Students with incomplete or missing

documentation will receive a Grade of Unsatisfactory (U) unless they have made other prior arrangements with the DCE; and they will not be permitted to begin the next fall course. *Prior to submitting any clinical education documentation, UIC expects students to make a copy for his/her portfolio file.*

## **Clinical Internships II-IV**

Students may earn a grade of Satisfactory (S) or Unsatisfactory (U) for each clinical internship. The DCE's at UIC assign grades for the clinical education experiences. In assigning the grade, the DCE evaluates:

1. the web-based Clinical Performance Instrument (PT CPI Web) completed by the student's clinical instructor(s)- important factors include not only the rating scale anchors marked but also written comments for individual criteria, written summary comments, demonstration of progress from midterm to final, the use of significant concerns boxes, and opportunities to demonstrate the criteria.
2. PT CPI Web document completed by the student
3. the student's feedback on the clinical experience, and
4. any additional feedback provided by the CI, CCCE, DCE or student.

Students are expected to be at advanced intermediate performance for criteria 1-5 at each clinical experience and minimally intermediate performance rating scale for criteria 6-18. **Students are expected to function at or near entry-level performance for each criterion by the end of 2 of 3 internships.**

**Students who demonstrate difficulty in progressing in objectives 1-5 may be removed from the clinical internship prior to the end of the internship with a resultant grade of unsatisfactory.**

At midterm, the student is responsible for ensuring that the CI and the student have completed the PT CPI Web with final "signature" to enable the DCE(s) to have access to the documents.

At the completion of the clinical experience, the student is responsible for:

1. Ensuring the PT CPI web has been "signed" by both the CI and the student so that the DCE(s) have access to the documents
2. the entire original *APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* evaluation form completed and signed by the CI
3. Update Life-span and Practice Pattern Requirements to the DCE(s) within 5 business days of the completion of the clinical internship unless otherwise specified by the DCE(s).

**NOTE:** *For those sites that chose to use the paper version of the PT CPI Web, the student is responsible for returning the original paperwork with signatures by all parties to the DCE(s) within 5 business days of the completion of the clinical internship.*

The student will receive a grade of Satisfactory for a clinical internship course if all requirements for the course have been met. These requirements include satisfactory completion of the objectives for the clinical internship, completion of all required hours at the clinical site, completion of all assignments, and the return of all required documentation to the DCE. A student will receive a grade of Unsatisfactory if any of these requirements have not been completed. **Students with outstanding grades of Unsatisfactory are not permitted to continue in the program (per Department policy as documented in the Student Handbook).**

As per UIC policy, an Incomplete (IN) may be assigned in lieu of an Unsatisfactory only when all of the following conditions are met: a) the student has been making satisfactory progress in the course; b) the student is unable to complete all course work due to unusual circumstances that are beyond personal control and are acceptable to the course instructor(s); and c) the student presents these reasons prior to the time that the final grade roster is due. The assignment of an Incomplete is a contract with the student and the instructor to complete the designated course work in a designated time frame. A student who fails to meet these conditions will receive an Unsatisfactory.

DCEs must receive the required documentation within 5 business days of completing the experience. Students must hand deliver original documents or use a delivery system that provides package tracking such as Fed Express, Priority mail etc. It is highly recommended that students retain a copy of all documents in case materials are lost in transit. Students with incomplete or missing documentation will receive a grade of unsatisfactory (U). In addition, for a student to participate in the Department's graduation ceremony, all required paperwork must be submitted prior to the ceremony.

### **Students at Risk For Receiving a Grade of Unsatisfactory**

During any clinical internship, if the CI identifies a deficiency or other problem that may place the student at risk for receiving a grade of 'Unsatisfactory', the CI is expected to share this information with the student and DCE at the earliest possible time. Student, CI and DCE will develop strategies to address the areas of concern. At the DCE(s) discretion, a learning contract will be developed that specifies the problem, expected outcomes for successful completion of the clinical internship including behavioral objectives.

Please refer to the Academic Policies section or the Department of Physical Therapy's Student Handbook for further description of the Department's Academic Policies regarding unsatisfactory grades, appeals and dismissal.

**A student who receives a grade of Unsatisfactory in a Clinical Internship course will be dismissed from the program.**

## **CLINICAL EDUCATION REQUIREMENTS**

In order to ensure that students have a variety of experiences during the 36 weeks of clinical internships, the following requirements have been implemented. Only experiences where the student actively participated in the decision making process of patient/client management can be

included toward meeting these requirements. Specific objectives for clinical internships are contained within the ‘Clinical Internship Syllabus.’

### **Life Span Requirements**

Students are required to have clinical internship experiences with at least 5 patients from two different lifespan categories: 0-6 years, 7-17 years; and at least 10 patients from one lifespan category: 70 years and older. Because we anticipate that every student will have many experiences with patients/clients in the 18-69 year age range, these do not need to be recorded to meet the requirement for experiences with different lifespan categories.

### **Systems (Practice Pattern) Requirements**

Students are required to have clinical fieldwork experiences with at least 10 patients from each of the four types of practice patterns from the *Guide to Physical Therapist Practice*. These include musculoskeletal, cardiopulmonary, neuromuscular, and integumentary practice patterns.

### **Identification of an Urban Health Population**

In accordance with the mission of the University of Illinois at Chicago, students must strive to identify urban health populations which they provide services. The student must document whether the patient identified under the Systems and Age Requirements also fall under an urban health population. An Urban Health Population is defined as an ethnically or socioeconomically underserved group within an urban population.

### **Documentation of Requirements**

In order to progress toward meeting requirements for lifespan and practice pattern experiences, students are required to complete the “Lifespan/Practice Pattern Clinical Internship Documentation Form” (see Addendum). The student is responsible for completing these forms on an ongoing basis. The DCE will sign the portfolio completion form once all life span and practice pattern requirements are met. Students should contact their DCE if concerns exist about their ability to obtain the variety of experiences required prior to the completion of their internships. The student and DCE will work to resolve those concerns. Completed forms become part of the student’s portfolio.

### **Health Care Setting Requirements**

Students are expected to complete at least 8 weeks of clinical education in each of the following settings: acute care, ambulatory care, and rehabilitation. ‘Other’ settings allow students to obtain experiences in areas of potential interest. Determination of meeting the requirements for minimal experience in each setting type is made by the DCE in conjunction with information obtained from the student and CI/CCCE. The UIC PT Department’s formulation of setting requirements and its’ encouragement of diversity in the internship process is based on the assumption that each setting provides specific experiences and the belief that optimal preparation

involves experiences with patients of different levels of acuity, races, cultures, economic status, etc.

- Acute care –this area of practice, students work on examination and treatment of patients with a variety of acute medical/surgical conditions. Because patients may only be in these settings for a short period of time, the student will have the opportunity to demonstrate critical thinking, problem prioritization, problem-solving, flexibility, and short-term discharge plan development. Setting examples include university teaching hospitals, community hospitals, burn units, and intensive care units.
- Rehabilitation/sub acute rehabilitation – This area of practice provides for a consistent caseload, development of short and long range goals, and for long-term discharge planning. In these settings, students work on communication abilities with patients, family members, and other members of the rehabilitation team, addressing d/c planning, ordering equipment, etc. Setting examples include inpatient rehabilitation, sub acute rehabilitation, skilled nursing facilities and long term acute care facilities, school-based pediatrics, home health.
- Ambulatory care – In this environment, students have the opportunity to identify impairments, to establish the relationship of impairments to functional limitations and disabilities, to plan and deliver treatment for patients with these conditions, and to integrate PT treatment into everyday responsibilities of the patient/client. Setting examples include hospital ambulatory care/outpatient departments, sports PT, and private practices, outpatient rehabilitation, and neuro day rehabilitation.
- Optional Experiences – Within the 36 weeks of clinical internships students may have the opportunity to complete an experience in a specialty area of student’s interest. Setting examples include industrial/ occupational health, home health, aquatics, early intervention, school systems, and wellness/prevention programs. Clinical Internships in this category may qualify as meeting acute care, rehabilitation or ambulatory practice setting requirements.

### **Clinical Education Seminars**

While participating in full-time clinical internship experiences, all students are expected to meet periodically in small groups (in person or electronically) of 6-12 students with the DCE(s). These meetings will take place at an agreed upon site, time and date and last approximately three hours. During these seminars, students have the opportunity to meet with the DCE(s) and fellow students to further enhance their clinical education experience through patient case presentations, article reviews, and feedback to peers.

Attendance at these meetings is required, and students are asked to make any needed prior arrangements with their clinical sites in order to regularly attend these meetings. For students scheduled in the electronic version of clinical education seminars, participation in the electronic discussions is required. Face to face meeting times will likely be scheduled in the mid-afternoon to early evening to accommodate typical clinical hours. If a student is attending an out of state

clinical site, the student will be placed in a group that meets on-line. Satisfactory attendance and participation at these meetings and the completion of the stated objectives are required to receive a 'Satisfactory' grade for the clinical internship experience. If a student must be absent for a meeting, the DCE(s) should be notified PRIOR to the scheduled session and the student will be expected to discuss equivalent work to attain the course objectives.

### **Written Case Report**

By graduation, the student is responsible for completing a written case report in publishable form related to physical therapy management. Students are expected to follow the format discussed by Irene McEwen in "Writing Case Reports: A How-to Manual for Clinicians" (APTA, 2000). In order to have the case report satisfactorily completed by the end of the Spring semester of the third year, it is strongly recommended that the student identify during Clinical Internship II or III the case to present and begin writing the report. The student may invite the CI to also be a part of the process and consult with other content area experts as needed.

The student is responsible for inquiring about and following the rules and regulations of the individual facility regarding the use of patient/client data in a written case report. At all times, patient/client confidentiality needs to be maintained, and any identifying information should be removed from the case report. Should the case report be submitted for publication, the student will also retroactively be required to complete IRB forms through UIC and as required by the facility.

### **CRITERIA FOR ASSIGNMENT OF STUDENTS TO CLINICAL SITES**

The Department has contractual agreements with many clinical education sites. Information about these sites is made available to the student through the DCE(s). Clinical sites have been chosen because of their willingness to participate in clinical education, their commitment to providing quality educational experiences, and the type of practice that occurs in their setting. Sites are chosen because they offer clinical education experiences that foster autonomy, problem solving, and state of the art practice of physical therapy. Sites are also chosen to represent a variety of practice settings and populations. In keeping with the mission of the University, sites in urban and rural settings are used. Some clinical sites may not be available for all clinical internship courses.

### **Clinical Site Information Form (CSIF)**

A representative from each clinical education site, usually the CCCE, completes facility information utilizing the 'Clinical Site Information Form (CSIF)' developed by the APTA Department of Physical Therapy Education. Students can consult these forms to help identify which sites to select by becoming more familiar with individual facilities, the learning experiences available, and the clinical practice opportunities available.

## **Assignment of Clinical Education Sites**

Each class determines an equitable process to determine the site clinical education schedule with input from the DCEs and faculty. Some classes have determined the schedule on their own. Others have asked the DCEs to facilitate the process. Students complete the Site Selection Form indicating their choice(s) for each clinical experience. DCEs review students' selections to confirm that they are compatible with graduation requirements and the student's educational needs. The Program Coordinator enters the students' selections into the database and prepares a report that lists the students' names, sites selected and the type of experience (acute, rehab, OP).

Prior to initiating the site selection process, the DCEs and Program Coordinator review commitments received and prepare a list of sites for each clinical experience that includes the facility name and type of experience (acute, rehab, OP) along with other information provided by CCCEs on the commitment form. The CSIF, when available, for each site is available to the students in the student mailroom for access at any time or on the clinical education BlackBoard course for each class. The DCEs are available to discuss sites with students for the approximately two weeks between when the students receive a list of available facilities and the time of selection.

A student will not be scheduled at a clinical education site where a conflict of interest may exist. Potential conflicts of interest must be discussed with the DCE and CCCE prior to assignment. Examples of potential conflicts of interest or awkward situations may include a facility in which the student currently works in another capacity, a facility which has promised the student a job after graduation, a facility which has offered the student scholarship funds, or a facility in which a family member is employed in the same department. Each student is asked to inform the DCE(s) if there are any clinical education sites that may create a conflict of interest or awkward situation.

## **Clinical Education Selection Policy for Sites with Agreements Pending**

If a site has committed to offer a clinical experience for a UIC DPT student, but the agreement (SPA or Facility-Generated Contract) is not fully executed by the date students are scheduled for the specified clinical experience, students may opt to select the opportunity under the all of following conditions:

1. The student acknowledges that s / he understands that participating in the clinical experience will occur only if the agreement is fully executed at least two months prior to the starting date of the clinical experience or when negotiations fail to produce an agreement.
2. After all other students have selected their placement sites, the student will select three alternate opportunities that must be compatible with graduation requirements. The DCE(s) will contact these sites to determine whether the sites can hold a place for a UIC DPT student until at least one month prior to the scheduled starting date. If any of the

sites can hold a placement, the DCE(s) will confirm the potential placement in writing with the site and student. If none of the sites can hold a placement, but is amenable to accepting the student for the experience offered, the student will be expected to agree to complete the clinical experience at the alternative site. The contract pending site will be released.

3. Two months prior to the clinical experience, if the agreement is not fully executed, the DCE(s) will confirm that the alternate site is expecting the student, notify the student that s/he will complete the clinical experience at the alternate site, and notify the site with the agreement pending that the opportunity is released. Once the alternate site is notified in writing that the student is scheduled, the student may not request a change in placement, even if the agreement with the site pending becomes fully executed prior to the start of the clinical experience.

Students will be required to complete the Clinical Education Selection Policy for Sites with Agreements Pending Form during the selection process. A copy of this form is included in the Addendum.

### **Out of Town Sites**

According to the Departmental Handbook, a student may be scheduled at a clinical site outside commuting distance from UIC or the student's residence. Out of town experiences can provide the student with a different perspective on clinical practice than is seen in the Chicago area and can be an opportunity to explore other regions for future employment.

The cost of housing and transportation to the site is the student's responsibility. Students are told of this possibility when they enter the program and should, as part of their financial plan for their schooling, make plans for such placements. The clinical education site may be able to offer housing or suggestions for housing to the student. Other resources for the student to consider when looking for out of town housing include local colleges and universities (including other PT schools), churches or religious organizations, and local branches or organizations such as fraternities, sororities, and service groups.

Please note that students are required to maintain adequate health insurance during clinical education experiences. All insurances may not provide full health coverage for students who are away from the Chicago area. Therefore, students who are away on assignments outside of the Chicago area may consider obtaining supplemental health care insurance for the time they are away from campus.

It is the responsibility of any student who selects a clinical site outside of Illinois to demonstrate familiarity with the Physical Therapist Practice Act of that state before starting the clinical experience.

## **Unsecured, Time-Sensitive Clinical Opportunities**

If a site has returned their annual commitment form with a unsecured, time-sensitive clinical opportunity, students may opt to select the opportunity for a future clinical placement. The process is as follows:

1. The student acknowledges that s/he understands that once the clinical site is chosen and a confirmation is secured, the student is committed to complete the assigned clinical experience regardless of other opportunities made available at a later date.
2. The student submits the form signed below with the name of the facility, type of clinical experience requested (i.e. Acute care, Rehab, or outpatient) and the clinical experience (i.e. CE I, CE II, CE III, or CE IV).
3. The DCEs contact the named facility and inquire about availability.
4. Once the site has confirmed availability, the site will be given the student's name and the student will be contacted with the confirmation.

## **Site Changes After Assignments Have Been Made**

Sites that have committed to taking students may not always remain available or may change offerings to a different service than originally planned. If the site has changed the type of experience being offered, the DCE(s) will determine if the change will continue to allow the student to meet graduation requirements. If graduation requirements can be met with the change, then the student will be notified of the change. In the case when the site has cancelled the offering or a change in the service offered will not allow the student to meet graduation requirements, the DCE(s) and the student will work on alternative arrangements, starting with site offerings that were not initially chosen, keeping the student's educational needs and choices in mind. Changes such as these are part of the reality of contemporary PT practice and the changes that facilities often face, such as changes in patient volume, staffing, and/or ownership. Students often find such changes, particularly at the last minute, to be anxiety inducing. The DCE(s) and the Department are also inconvenienced by these changes and make every attempt possible to avoid late changes.

## **New Clinical Sites**

Initiation of contractual agreements with new clinical education sites is the responsibility of the DCE(s). Students do not initiate contractual agreements with any potential sites. Instead, the student should notify the DCE(s) regarding any potential future sites. Students should use the site recommendation form found on your class Clinical Education BlackBoard site. New clinical education sites will be considered if the site meets the Department's requirements and needs. A site will not be considered for one time clinical internships.



## APPENDICES

Following are copies of documents referred to throughout the manual:

- Generic Abilities Levels
- Lifespan/Practice Pattern Clinical Internship Documentation Form and Instruction Sheet
- Student Information Form (Chicago Area Clinical Educators Forum)
- Clinical Education Informed Consent
- Compliance with OSHA's Bloodborne Pathogen Regulations
- Clinical Education Policy for Site with Agreements Pending
- Clinical Internship I Evaluation Form
- Clinical Internship I Student Evaluation of the Clinical Experience form
- Clinical Education Requirements
- Release of Information Form

Other forms available upon request or on-line at the APTA website ([www.apta.org](http://www.apta.org)) include:

- Clinical Site Information Form (CSIF)
- Clinical Performance Instrument (CPI)
- Guidelines and Self-Assessments for Clinical Education
  - Guidelines for CCCEs
  - Self Assessment for CCCEs
  - Guidelines for CIs
  - Self Assessment for CIs
  - Guidelines for Clinical Education Sites
  - Self Assessment for Clinical Education Sites
- Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction (APTA form)



## GENERIC ABILITIES

	Beginning Level Behavioral Criteria	Developing Level Behavioral Criteria	Entry Level Behavioral Criteria
Commitment to Learning	<ul style="list-style-type: none"> <li>Identifies problems</li> <li>Formulates appropriate questions</li> <li>Identifies and locates appropriate resources</li> <li>Demonstrates a positive attitude (motivation) toward Learning</li> <li>Offers own thoughts and ideas</li> <li>Identifies need for further information</li> </ul>	<ul style="list-style-type: none"> <li>Priorities information needs</li> <li>Analyzes &amp; subdivides large questions into components</li> <li>Seeks out professional literature</li> <li>Sets personal and professional goals</li> <li>Identifies own learning needs based on previous experiences</li> <li>Plans &amp; presents an in-service, research or case studies</li> <li>Welcomes and/or seeks new learning opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Applies new information &amp; evaluates performance</li> <li><b>Accepts that there may be more than one answer to a problem</b></li> <li>Recognizes the need to and is able to verify solutions to problems</li> </ul>
Interpersonal Skills	<ul style="list-style-type: none"> <li><b>Maintains professional demeanor in all clinical interactions</b></li> <li>Demonstrates interest in patients as individuals</li> <li>Respects cultural &amp; personal differences of others; is non-judgmental about patients' lifestyles</li> <li>Communicates with others in a respectful, confident manner</li> <li>Respects personal space of patients and others</li> <li>Maintains confidentiality in all clinical interactions</li> <li>Demonstrates acceptance of limited knowledge and experience</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes impact of non-verbal communication &amp; modifies accordingly</li> <li>Assumes responsibility for own actions</li> <li>Motivates others to achieve</li> <li>Establishes trust</li> <li>Seeks to gain knowledge and input from others</li> <li>Respects role of support staff</li> </ul>	<ul style="list-style-type: none"> <li>Listens to patient but reflects back to original concern</li> <li>Works effectively with challenging patients</li> <li>Responds effectively to unexpected experiences</li> <li>Talks about difficult issues with sensitivity and objectivity</li> <li>Delegates to others as needed</li> <li>Approaches others to discuss differences in opinion</li> <li>Accommodates differences in learning styles</li> </ul>
Communication Skills	<ul style="list-style-type: none"> <li><b>Demonstrates understanding of basic English (verbal &amp; written)</b></li> <li>Uses correct grammar, accurate spelling and expression</li> <li>Writes legibly</li> <li>Recognizes impact of non-verbal communication: maintains eye contact, listens actively</li> <li>Maintains eye contact</li> </ul>	<ul style="list-style-type: none"> <li>Utilizes non-verbal communication to augment verbal message</li> <li>Restates, reflects and clarifies message</li> <li>Collects necessary information from the patient interview</li> </ul>	<ul style="list-style-type: none"> <li><b>Modifies communication (verbal &amp; written) to meet the needs of different audiences</b></li> <li>Presents verbal or written message with logical organization &amp; sequencing</li> <li>Maintains open &amp; constructive communication</li> <li>Utilizes communication technology effectively</li> <li>Dictates clearly and concisely</li> </ul>
Effective Use of Time and Resources	<ul style="list-style-type: none"> <li><b>Focuses on tasks at hand without dwelling on past mistakes</b></li> <li>Recognizes own resource limitations</li> <li>Uses existing resources effectively</li> <li>Uses unscheduled time efficiently</li> <li>Completes assignments in timely fashion</li> </ul>	<ul style="list-style-type: none"> <li>Sets up own schedule</li> <li>Coordinates schedule with others</li> <li>Demonstrates flexibility</li> <li>Plans ahead</li> </ul>	<ul style="list-style-type: none"> <li>Sets priorities &amp; reorganizes as needed</li> <li>Considers patient's goals in context of patient, clinic, third party resources</li> <li>Has ability to say "No"</li> <li>Performs multiple tasks simultaneously and delegates when appropriate</li> <li>Uses scheduled time with each patient efficiently</li> </ul>

	<b>Beginning Level Behavioral Criteria</b>	<b>Developing Level Behavioral Criteria</b>	<b>Entry Level Behavioral Criteria</b>
Use of Constructive Feedback	Demonstrates active listening skills Actively seeks feedback and help Demonstrates a positive attitude toward feedback Critiques own performance Maintains two-way communication	Assesses own performance accurately Utilizes feedback when establishing pre-professional goals Provides constructive & time feedback when establishing pre-professional goals Develops plan of action in response to feedback	Seeks feedback from clients Modifies feedback given to clients according to their learning styles Reconciles differences with sensitivity Considers multiple approaches when responding to feedback
Problem Solving	Recognizes problems States problems clearly Describes known solutions to problem Identifies resources needed to develop solutions Begins to examine multiple solutions to problems	Prioritizes problems Identifies contributors of problem Considers consequences of possible solutions Consults with others to clarify problem	Implements solutions Reassesses solutions Evaluates outcomes Updates solutions to problems based on current research Accepts responsibility for implementing solutions
Professionalism	Abides by APTA Code of Ethics Demonstrates awareness of state licensure regulations Abides by facility policies and procedures Projects professional image Attends professional meetings Demonstrates honesty, compassion, courage and continuous regard for all	Identifies positive professional role models Discusses societal expectations of the profession Acts on moral commitment Involves other health care professionals in decision making Seeks informed consent from patients	Demonstrates accountability for professional decisions Treats patients within scope of expertise Discusses role of physical therapy in health care Keeps patient as priority
Responsibility	Demonstrates dependability Demonstrates punctuality Follows through on commitments Recognizes own limits	Accepts responsibility for actions and outcomes Provides safe and secure environment for patients Offers and accepts help Completes projects without prompting	Directs patients to other health care professional when needed Delegates as needed Encourages patient accountability
Critical Thinking	Raises relevant questions Considers all available information States the results of scientific literature Recognizes “holes” in knowledge base Articulates ideas	Feels challenged to examine ideas Understands scientific method Formulates new ideas Seeks alternative ideas Formulates alternative hypotheses Critiques hypotheses and ideas	Exhibits openness to contradictory ideas Assesses issues raised by contradictory ideas Justifies solutions selected Determines effectiveness of applied solutions
Stress Management	Recognizes own stressors or problems Recognizes distress or problems in others Seeks assistance as needed Maintains professional demeanor in all situations	Maintains balance between professional and personal life Demonstrates effective affective responses in all situations Accepts constructive feedback Establishes outlets to cope with stressors	Prioritizes multiple commitments Responds calmly to urgent situations Tolerates inconsistencies in health care environment

## Documentation of Life Span and Practice Pattern Requirements

### Life Span Requirements

Students are required to have clinical internship experiences with at least 5 patients from two different lifespan categories: 0-6 years, 7-17 years; and at least 10 patients from one lifespan category: 70 years and older. Because we anticipate that every student will have many experiences with patients/clients in the 18-69 year age range, these do not need to be recorded to meet the requirement for experiences with different lifespan categories.

### Systems (Practice Pattern) Requirements

Students are required to have clinical fieldwork experiences with at least 10 patients from each of the four types of practice patterns from the *Guide to Physical Therapist Practice*. These include musculoskeletal, cardiopulmonary, neuromuscular, and integumentary practice patterns.

### Identification of an Urban Health Population

In accordance with the mission of the University of Illinois at Chicago, students must strive to identify urban health populations which they provide services. The student must document whether the patient identified under the Systems and Age Requirements also fall under an urban health population. An Urban Health Population is defined as an ethnically or socioeconomically underserved group within an urban population.

### Documentation of Requirements

In order to progress toward meeting requirements for lifespan and practice pattern experiences, students are required to complete the “Lifespan/Practice Pattern Clinical Internship Documentation Form” (see Addendum). The student is responsible for completing these forms on an ongoing basis. The DCE will sign each form upon completion of the patient requirement for each required life span or practice pattern. Students should contact their DCE if concerns exist about their ability to obtain the variety of experiences required prior to the completion of their internships. The student and DCE will work to resolve those concerns. Completed forms become part of the student’s portfolio.

**LIFESPAN / PRACTICE PATTERN CLINICAL INTERNSHIP DOCUMENTATION FORM**

**Student's Name:**

**Age Group or Practice Pattern:**

	<b>Patient Initials Gender / Age</b>	<b>Diagnosis (es)</b>	<b>*Elements of Patient / Client Management in Which Student was Actively Involved (Circle)</b>	<b>Urban Health Population</b>	<b>Clinical Internship # (Circle)</b>	<b>CI / CCCE Initials / Date</b>
<b>Patient 1</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 2</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 3</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 4</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 5</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 6</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 7</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 8</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 9</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	
<b>Patient 10</b>			Examination Diagnosis Prognosis	Evaluation S E N / A	1 3 2 4	

*\*Active involvement means that the student was more than an observer and participated in the decision making process.*

**CHICAGO AREA CLINICAL EDUCATORS FORUM  
STUDENT INFORMATION FORM**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Current

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Clinical Experience Dates: \_\_\_\_\_

Emergency Name and Phone Contact: \_\_\_\_\_

What do you feel are your professional strengths?

What would you like to achieve by the end of this clinical experience?

Briefly, list all previous education and relevant work/healthcare experiences other than any physical therapy clinicals you have had. Include the name of the facility/institution, your position there and the length of each experience.

List all prior physical therapy clinical experiences you will have had prior to this clinical. Include the name of the facility/institution, the setting and the length of each experience.

Referring to the Clinical Performance Instrument, which areas of physical therapy practice do you feel comfortable performing either independently or with minimal supervision?

Referring to the Clinical Performance Instrument, in which areas of physical therapy practice would you like more exposure during this clinical experience?

A. Please list any special activities in which you would be interested, if available?  
(i.e. observing another discipline, observing a surgery/special clinic)

B. Are there any special activities you have already experienced during previous clinical experiences?

Do you have any special skills that might benefit you or your clinical site during your clinical experience? (i.e. computer skills, knowledge of a foreign language, a previous degree)

I learn best initially by:  Reading about something  
(Rank items 1-5, 1=Best)  Discussion  
 Observation  
 Doing something myself  
 Doing something with my CI

What kind of supervision do you expect during this clinical experience?

How often do you expect to meet with your clinical instructor?

Daily  Weekly  Scheduled  Impromptu  As needed

What are your expectations of your clinical instructor in regards to feedback?

Please send or fax this information to the facility at least four weeks prior to your arrival.

University of Illinois at Chicago  
Department of Physical Therapy  
Clinical Education Informed Consent

I have read and understand the policies contained in the physical therapy program's Clinical Education Manual. I recognize that the Clinical Education Manual is available on the DPT program Website as well as on the BlackBoard Clinical Education site for my class. I agree to follow the policies as outlined in the Manual while enrolled in the Doctor of Physical Therapy (DPT) program. I agree to fully participate in the clinical education component of the DPT program's curriculum.

I understand the clinical education policies can change while I am participating in clinical fieldwork experiences. I understand it is my responsibility to review and follow any changes to the policies as they are provided to me by the program. I understand that I will need to follow the standards and guidelines of the most recent Clinical Education Manual if I withdraw or am dismissed from the DPT program and then readmitted.

I understand that failing to follow the policies in the Clinical Education Manual may result in a non-passing/non-credit grade for my clinical education experience(s). If I object to following any of the policies in the Clinical Education Manual, I understand I must submit my objection/request for accommodation in writing to the program's Director of Education (DCE) for consideration by the faculty at least 30 days before the beginning of each clinical affiliation.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return the signed Informed Consent to the program's DCE

UNIVERSITY OF ILLINOIS AT CHICAGO  
COLLEGE OF APPLIED HEALTH SCIENCES  
DEPARTMENT OF PHYSICAL THERAPY

Print Name \_\_\_\_\_

**Compliance with OSHA's Bloodborne Pathogen Regulations**

I have received instruction in the following:

1. Definition of Bloodborne Pathogens
2. Transmission of Bloodborne Pathogens
3. Exposure Control
4. Use of Personal Protective Equipment
5. Work Practice Controls

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

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UNIVERSITY OF ILLINOIS AT CHICAGO  
PHYSICAL THERAPY DEPARTMENT

Clinical Education Selection Policy for Unsecured, Time-Sensitive Clinical Site Offers

I have read and understand this policy:

\_\_\_\_\_

Student name

\_\_\_\_\_

Date

\_\_\_\_\_

DCE negotiating agreement with student

\_\_\_\_\_

Date

Facility name/ location: \_\_\_\_\_

Type of experience: Acute care    Rehab    Outpatient

Clinical experience: CE I    CE II    CE III    CE IV

P: policies, selection for unsecured, time-sensitive site offers

**UNIVERSITY OF ILLINOIS AT CHICAGO  
DEPARTMENT OF PHYSICAL THERAPY**

**CLINICAL INTERNSHIP I EVALUATION FORM**

Intern \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Center Coordinator of Clinical Education \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

The purpose of this evaluation is to give the intern specific feedback on professional behavior, beginning clinical skills and identify behaviors / skills that either support or interfere with being an effective physical therapist. Based on feedback from prior clinical instructors, we have adopted this evaluation form instead of the *APTA Physical Therapist Clinical Performance Instrument* for this two week, full-time experience.

A zero to 2-point scale is used to rate the items. Ratings are based on the clinical instructor's observation of the intern in the clinical setting. **To facilitate the intern's professional development, please comment on all ratings that are "1" or "0".** Comments on items rated "2" are not necessary, but desirable to facilitate the intern's understanding of his/her overall performance.

**Behavior Rating:**

- 0 = Unsatisfactory performance.** Does not initiate, recognize or appreciate the need to change behavior. Student-therapist does not independently demonstrate the required behavior or skills or modify behavior or skills after direct supervision.
- 1 = Needs improvement.** The behavior/skill is not performed consistently and/or the quality of the performance needs improvement. After supervision, change is initially noted but not transferred to new learning situations. Requires cueing to improve quality.
- 2 = Acceptable performance.** Student-therapist independently initiates acceptable behavior/skill but needs to refine behavior or skill.

**Supervision Scale:**

**Max = Maximum supervision.** Student requires constant supervision for all aspects of the item.

**Mod = Moderate supervision.** Student requires moderate supervision with the completion of the item.

**Min = Minimum supervision.** Student requires only minimum supervision with the completion of the item.

ITEM	Behavior	Super- vision	COMMENTS
<b>Commitment to Learning</b>			
Demonstrates positive attitude toward learning.			
Sets professional goals.			
Challenges self to understand and solve problems			
Raises relevant questions			
Seeks out and uses professional literature in patient care.			
<b>Interpersonal Skills</b>			
Respects cultural and personal differences of others.			
Identifies and appropriately responds to verbal and non-verbal communication of patients.			
Maintains patient confidentiality in all clinical interactions.			

Adjusts communication style and approach with patients.			
<b>Communication Skills</b>			
Presents verbal and written communication with logical organization and sequencing, using accurate professional and/or lay terminology when appropriate.			
Utilizes non-verbal communication to augment verbal messages			
Listens actively			

<b>Use of Constructive Feedback</b>	<b>Behavior</b>	<b>Super- vision</b>	<b>COMMENTS</b>
Demonstrates openness to feedback			
Actively seeks feedback and help			
Critiques own performance and does so accurately			
<b>Professionalism / Responsibility</b>			
Projects professional demeanor in dress and all interactions			
Demonstrates punctuality			
Knows limitations and communicates this to supervisor			
Meets deadlines			

Demonstrates flexibility			
<b>Safety</b>			
Demonstrates awareness of safety for the patient, self and others.			
<b>Beginning Assessment Skills</b>			
Reads available records to assist in assessment process			
Observes client and identifies impairments / functional limitations requiring assessment			
Administers interview and/or other structured evaluation(s) with minimal supervision			
Correctly and safely performs evaluation procedure (based on current knowledge / skills)			
<b>Beginning Intervention Skills</b>	<b>Behavior</b>	<b>Super- vision</b>	<b>COMMENTS</b>
Selects appropriate intervention procedures (based on current knowledge) and explains choice for intervention			
Safely and correctly performs the intervention			
Monitors patients' response to intervention.			

Evaluates treatment outcome with supervision and adjusts plan when necessary			
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Narrative summary:

I have reviewed and understand the above assessment of my professional behavior and clinical skills for this internship experience.

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Clinical Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Clinical Internship I Evaluation Form*

University of Illinois at Chicago  
Doctor of Physical Therapy Program  
Clinical Internship I  
Student Evaluation of the Clinical Experience

Name of Facility: \_\_\_\_\_  
Facility Location: \_\_\_\_\_  
Name of CI(s): \_\_\_\_\_  
Dates of experience: \_\_\_\_\_

1. How did you CI(s) contribute to your learning?

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2. What, if anything, could your CI and/or other staff done differently to contribute to your learning?

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\_\_\_\_\_  
Student Physical Therapist (signature)

\_\_\_\_\_  
Clinical Instructor(s) (signature)

**UNIVERSITY OF ILLINOIS AT CHICAGO  
DEPARTMENT OF PHYSICAL THERAPY**

**Clinical Experience Requirements**

I, \_\_\_\_\_, have been informed of the need to maintain the following documentation:

- **Evidence of current certification in Healthcare Provider CPR.**  
Healthcare Provider CPR will include CPR training for the adult, child and infant as well as training in the use of an Automatic External Defibrillator (AED). Contact the American Heart Association or American Red Cross to schedule certification or recertification training in all of the areas listed above.
- **Proof of the immunization.**  
Verification of immunity to Rubeola (Measles), Rubella (German Measles), Mumps, and Varicella via titer. Immunizations for Tetanus and Diphtheria, and Polio.
- **Documentation of Evidence of Hepatitis B Vaccination series.**  
Because the Hepatitis B vaccination is a series of three inoculations over a six-month period, we recommend that you begin the Hepatitis series as soon as possible. You must have the first two vaccinations of the series complete by August 22, 2007 and the final vaccination complete prior to Clinical Internship I which occurs the third semester (Summer, 2008) after you enroll.
- **Documentation of Evidence of yearly Tuberculosis (TB) testing.**  
Both the PPD and the QuantiFERON TB Gold test are acceptable. The QuantiFERON test may also be used if you test positive to TB with the PPD test method. Annual TB testing is required.
- **Signed statement of compliance with OSHA's Bloodborne Pathogen Regulations** The signed OSHA statement requirement is met in PT 600.

I realize that different clinical sites may have requirements different from what is listed above. Prior to my first visit, I will review the clinical site requirements (located on the computer in the computer lab and in the office of the Director of Clinical Education), and contact the site if I have any questions. I understand that I will be participating in patient care activities in every semester of the DPT program at UIC. I further understand that if I do not provide evidence of the above records to the academic program, or allow any of the above to expire, I will not be able to participate in these activities regardless of the clinical site policy. If this occurs, my course grade and academic standing within the DPT program may be in jeopardy.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Director of Clinical Education

\_\_\_\_\_  
Date

**DEPARTMENT OF PHYSICAL THERAPY  
COLLEGE OF APPLIED HEALTH SCIENCES  
UNIVERSITY OF ILLINOIS AT CHICAGO**

I authorize the Department of Physical Therapy at the University of Illinois at Chicago to manage and release copies of documentation to clinical sites required for my participation in clinical education. These forms include, but are not limited to, medical immunization records, documentation of OSHA, HIPAA and CPR training. I understand that these documents will only be released to sites to which I am assigned as part of my Doctor of Physical Therapy training.

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Student signature

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date