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CI: Clinical Instructor  CCCE: Center Coordinator of Clinical Education  DCE: Director of Clinical Education

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Program Description

The UW-Madison Doctor of Physical Therapy Program is 3 years in length (9 semesters), with an entry class starting as a group in June of each year. Upon successful completion, graduates receive an Entry Level Doctorate in Physical Therapy (DPT) degree. The curriculum includes 42 weeks of full-time clinical experiences across various settings.

The first year academic curriculum consists primarily of coursework in anatomy and neuro anatomy, surface palpation, manual muscle testing, goniometry, professional issues seminars, clinical medicine coursework, research, and tissue mechanics. The first year clinical experience consists of one full-time two week clinical internship. The experiences are varied and diverse with the overarching goal to have students gain experience applying the skills they have learned to this point-in-time.

The second year curriculum includes neuro-development changes over the life span, orthopedic pathologies, adult neurological rehabilitation, pediatric evaluation and treatment, pharmacology, gerontology, cardiology, advanced differential diagnosis, advanced evidence based practice, health, wellness and fitness, burn and wound care, acute and critical care, and psychosocial and cultural concepts. The clinical experience in the second year consists of a full-time four week internship. The overarching goal of this internship is to begin the progression toward becoming an entry-level clinician.

The third year is comprised of professional issue seminars in preparation for employment and the culmination of service learning projects. The students will complete four full-time nine week clinical internships throughout the summer, fall, and spring semesters. Students will graduate in May of their third year.

Many clinical experiences will be outside of the Madison or Wisconsin area. Students will be expected to travel for one to two of their full-time clinical internships.

Philosophy of the UW-Madison Doctor of Physical Therapy Program

The physical therapy curriculum focuses on the study of diagnosis of, and interventions for, improving dysfunctional human movement, and is built upon a foundation of evidence-based practice that includes scientific inquiry, patient values, and clinical experience. Classroom and clinical opportunities incorporate concern for the dignity of the individual by emphasizing integration of the patient/client into his/her own environment. Lifelong learning, as well as continued academic and professional growth, is fostered such that graduates can be leaders in meeting the future needs of patients/clients and the physical therapy profession.

Program Outcomes

UW-Madison DPT Graduates will:

1. Practice the art and science of physical therapy as generalists who are recognized as members of a doctoring profession.
2. Be the practitioners of choice by clients of all ages for managing movement-related dysfunction, and for developing and implementing health promotion initiatives.

3. Enter the profession as autonomous practitioners who engage in evidence-based practice and interdisciplinary collaboration.

4. Serve their communities through participation in activities that address issues of cost, quality and access to health care.

5. Assume leadership roles and engage in continuous professional development.

6. Value and practice professional behaviors through their ethical, moral and legal actions.

7. Demonstrate cultural sensitivity through their words and actions.

Mission Statement

The Mission of the Doctor of Physical Therapy Program at the University of Wisconsin-Madison is to: meet the physical therapy needs of the people in the State of Wisconsin and beyond. The curriculum is designed to produce a generalist clinician who is able to provide evidenced based quality care in an empathetic, professional manner, and who has the foundation to assume the roles of physical therapy educator, researcher, administrator, and consultant. The graduate’s role is to enhance physical abilities and wellness, and to improve the quality of life of persons seeking care. These roles are carried out through the processes of patient/client advocacy, and collaborative management and education of patients, families, colleagues, and the community.

Physical Therapy Program Goals

It is the goal of the UW-Madison Doctor of Physical Therapy Program to be a leader in physical therapy education, resulting in quality service to society. The Program intends to achieve this goal via the following objectives:

1. Recruit and matriculate the most qualified and diverse students, challenging and supporting them to completion of the Program.

2. Develop generalist practitioners who are prepared to assume the roles of clinician, with foundational training in roles as educator, researcher, administrator and consultant.

3. Recruit and retain diverse faculty who exemplify excellence in teaching and who serve as professional role models.

4. Contribute to evidence-based practice through faculty and student scholarly activity.

5. Facilitate life-long learning within the physical therapy community.
True learning requires free and open debate, civil discourse and tolerance of many different individuals and ideas. We are preparing students to live and work in a world that speaks with many voices and from many cultures. Tolerance is not only essential to learning; it is an essential to be learned. The University of Wisconsin-Madison is built upon these values and will act vigorously to defend them. We will maintain an environment conducive to teaching and learning that is free from intimidation for all.

In its resolve to create this positive environment, the UW-Madison will ensure compliance with federal and state laws protecting against discrimination. In addition, the UW-Madison has adopted policies that both emphasize these existing protections and supplement them with protections against discrimination that are not available under either federal or state law.

Federal and state laws provide separate prohibitions against discrimination that is based on race, color, creed, religion, sex, national origin or ancestry, age, or disability. State law additionally prohibits discrimination that is based on sexual orientation, arrest or conviction record, marital status, pregnancy, parental status, military status, or veteran status. The application of specific state prohibitions on discrimination may be influenced by an individual's status as an employee or student.

University policies create additional protections that prohibit harassment on the basis of cultural background and ethnicity. Inquiries concerning this policy may be directed to the appropriate campus admitting or employing unit or to the Office for Equity and Diversity, 179A Bascom Hall, 500 Lincoln Drive, Madison, WI 53706, 608/263-2378 or (TDD) 608/263-2473, www.oed.wisc.edu.


The Office for Equity and Diversity, a unit within the Office of the Provost, includes students and applicants for admission to the University when addressing nondiscrimination and equal opportunity. A summary of relevant laws, policies and regulations for affirmative action and equal opportunity related to students and potential students are on its web site (Office for Equity and Diversity: Affirmative Action and Equal Opportunity Policies: http://www.wisc.edu/policy/aaeo.php) with respect to the following:

- age
- ancestry
- color
- creed
- disability
- ethnicity (specifically involving harassment by UW employees)
- marital or parental status
- national origin
- pregnancy
- race
- religion
University of Wisconsin System Rule 96-6, Nondiscrimination on the Basis of Disability:

The University of Wisconsin System is committed to making individuals with disabilities full participants in its programs, services and activities through its compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The Board of Regents recognize that individuals with disabilities may need accommodations to have equally effective opportunities to participate in or benefit from the university's programs, services and activities. It is the policy of the University of Wisconsin System that no otherwise qualified individual with a disability shall be denied access to or participation in any program, service, or activity offered by the universities. Individuals with disabilities have a right to request accommodations. Individuals will receive appropriate accommodations to their needs in order to fully participate in or benefit from the university's programs, services and activities in a non-discriminatory, integrated setting.

The University of Wisconsin System and any of its agents shall not coerce, intimidate, retaliate against or discriminate against any individual for exercising a right under the ADA or Section 504, or for assisting or supporting another to exercise a right under the ADA or Section 504. The University of Wisconsin System will not give significant assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit or service to beneficiaries of the university's programs. The entire policy can be accessed at [http://adac.wisc.edu/wiscinfo12020103.html](http://adac.wisc.edu/wiscinfo12020103.html)

If you have a documented disability and wish to discuss academic accommodations, please contact the course instructor/s, Program Director, or Program Admissions Advisor as soon as possible prior to or at the start of the semester. You may schedule this office appointment by email, phone, or in person. To maintain the confidentiality of your request, please do not approach an instructor immediately before or after class to discuss your accommodation needs.

Each course syllabus contains the following statement:

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

McBurney Disability Resource Center
702 W. Johnson St. Suite 2104
608/263-2741, 608/225-7956 (texting), video phone outside of office
[www.mcburney.wisc.edu](http://www.mcburney.wisc.edu)
The McBurney Disability Resource Center serves UW-Madison students with physical, learning, sensory, or psychological disabilities; conditions such as diabetes, arthritis, HIV/AIDS, or depression; and other health impairments which substantially affect major life activities (e.g., walking, communicating, seeing, or breathing). The McBurney Center assists students with disabilities through equipment loans and provision of alternate forms of printed materials and examination formats. The McBurney Center also assists faculty and staff by verifying disabilities and identifying appropriate classroom accommodations, arranging specialized accommodations for alternative tests (e.g., adaptive equipment, scribes), clarifying student and faculty roles and responsibilities, and providing information and training on disability issues. The McBurney Center is a primary campus resource for implementing the Americans with Disabilities Act.

**Clinical Education Objectives**

Objectives for each clinical experience are provided by the Program in order to focus the learning experience and to serve as a mechanism for feedback. The objectives outline the Program’s expectations for students at a given point in their learning in a given practice setting. Objectives can be modified to better meet clinical facility resources and student needs. The objectives for any clinical experience should be a combination of the Program’s objectives, the clinical faculty’s objectives and resources, and the student’s learning needs.

**Clinical Affiliation Agreements**

A written legal agreement/contract must be in effect with signatures from both the University of Wisconsin Madison, School of Medicine and Public Health, Department of Orthopedics and Rehabilitation, Doctor of Physical Therapy Program and the clinical facility prior to placing a student in a site for an internship. The University has a standard agreement but will also review specific agreements preferred by some facilities. Students may request one new contract during their tenure in the Program; however, contracts are reviewed and discussed with the clinical education department prior to pursuing them.

**Prerequisite Documentation**

To maintain an efficient process of ensuring that each clinical internship begins on-time, the Program Assistant, Academic Coordinator or Clinical Education and/or Director of Clinical Education will maintain verification of documentation for each physical therapy student in each of the following areas:

- Background Check (Certified and the state of Minnesota if appropriate)
- Cardiopulmonary Resuscitation certification
- Cover sheet of the Medical Professional Liability Occurrence Insurance policy
- Health insurance
- HIPAA education certification
- Completion of OSHA and Bloodborne Pathogens
- Required immunizations (see Immunization form for details).
The student is responsible for maintaining up-to-date records with the Program Assistant. Each clinical internship site requires different prerequisite documentation about the student prior to allowing the student to begin the clinical internship. Additional requirements can be found by going to the clinical education database and clicking on the site information under the contact information tab. It is the responsibility of the student to initiate the gathering of this information to the CCCE at the clinical site, via email, and CC the Director of Clinical Education to ensure appropriate completion.

Some clinical sites require an additional Background Check or Drug Screen. Any additional costs for immunizations, background checks, drug screens, etc. that are required by the clinical site will be the financial responsibility of the student. See Appendix A for more details.

**Policy on Release of Information**

CCCE and CIs are considered Clinical Faculty in the Department of Physical Therapy. CIs are primarily responsible for the student’s clinical education in a specific facility. It is important to share information about the student with the clinical faculty to ensure the best possible learning experience for the student, ensure the safety of the patient, and ensure that the clinical site can maintain normal daily operation. The DCE will encourage students to disclose learning needs the CCCE/CI and will facilitate the need for specific daily schedules, special accommodations, and/or the need to monitor specific skill development or professional behaviors. If the student is remediating or repeating a clinical internship, this will be revealed to the CCCE and CI, with specific goals that need to be accomplished during the remedial internship. The DCE expects the CCCE and the CI to hold this information confidential and not disclose this information to colleagues or patients.

The DCE and Academic Coordinator of Clinical Education will follow HIPAA and FERPA guidelines about release of student information to clinical sites. Clinical sites are discouraged from requesting actual health records from the PT students. Instead, the Clinical Education Program Coordinator can provide acknowledgement that all health requirements are up-to-date and on file at the University. Release of copies of student medical records to the clinical site will be the responsibility of the student. The DCE is not allowed to disclose a learning disability with the clinical site. The DCE will, instead, recommend that the student, DCE, and CCCE/CI hold a conversation together about any particular needs that will result from said learning disability.

**Clinical Policies**

Students are expected to understand and follow the policies and procedures of each clinical setting to which they are assigned.

Students are expected to follow HIPAA guidelines while at the clinical facility, and for all assignments related to the clinical internship. This includes prohibiting students from using identifiable patient information on discussion boards, inservices, CPI grading instrument, emails to classmates/faculty, and future projects in the classroom related to the clinical experience. Students will not use their own personal electronic devices to take photographs or videos of a patient. If a photograph or video is required for a capstone or inservice presentation, the student must obtain written consent and follow the
policies as outlined in the contract between the facility and Program (contact the Director of Clinical Education for information specific to the facility).

Students are expected to avoid conversations with other clinicians, students, family members, friends, or other community members that in any way may tarnish the reputation of a clinical site or specific clinician. Occasionally, the student may be required to complete discussion boards related to the clinical experience. Students should be discrete about sharing sensitive information about the clinical site or clinical instructor. All information contained within the discussion board environment must remain confidential within the student body of that particular class and must not be shared with other PT classes. All conversations about concerns or challenges related to a clinical site or clinical instructor must be solely between the DCE and the student. The DCE can then make suggestions to the CCCE as appropriate to address the concerns.

Students are expected to follow the work schedule of the clinical instructor, which may involve ten-hour days and weekend scheduling. Any special needs must be discussed with the DCE before clinical placement.

Students are expected to demonstrate adult learning behaviors, such as being self-directed, demonstrating initiative, and taking appropriate risks. Students are expected to prepare for patient care and to rely on their own resources as much as possible.

Students are expected to actively participate in the learning process, to help identify their own learning needs during each clinical experience, and to communicate to the clinical instructor(s) their desired supervisory methods and types of learning experiences provided to best meet those needs.

Students must understand that the patient has the right to refuse evaluation, treatment, and/or observation by a student. The student must actively seek out other learning opportunities during the allotted time if this occurs.

### Contacting Clinical Instructors/Sites

The DCE gives students information about clinical placements several months prior to the start of the clinical internship, but situations sometimes change and a clinical site needs to cancel the internship. Cancellation of an internship could affect placements of various students in order to ensure adequate clinical placement for all students. The DCE will maintain best efforts to discuss need for changes with all students involved.

The DCE typically does not know which specific instructor is assigned to the student when the placement is made, and students are not permitted to request specific clinical instructors.

The student MUST NOT contact the CCCE or CI until the DCE has indicated that the student personal data form has been sent to the CCCE or CI. If a student receives an email from a CCCE or CI prior to this confirmation from the DCE, the student should contact the DCE to determine how to respond. In some situations, the DCE may respond for the student.
In some situations, the clinical site may require paperwork from the student prior to determining the assigned CI. The DCE may ask the student to complete paperwork well in advance of the clinical rotation.

Students will contact the CI approximately eight to four weeks prior to the clinical rotation. Students should initiate this process by first calling and/or emailing the CCCE to introduce him or herself, ask any applicable questions regarding dress code and schedule, and ensure permission of CCCE to contact the CI directly. Students should first review the clinical education database for any additional requirements set forth by the facility and/or the clinical site information form which is found by going to https://cpi2.amsapps.com/user_session/new and logging using your wisc.edu email address and a password you will create.

**Student Supervision**

The facility shall designate an individual denoted as Center Coordinator of Clinical Education (CCCE) to act as a liaison with the University, to provide clinical instructors for supervision of the student in accordance with the Physical Therapy Practice Act. These clinical instructors (CIs) must have a minimum of one year of clinical experience, and must provide the student and the school with feedback on the student’s performance. Guidelines suggested by the American Physical Therapy Association (APTA) are as follows, additional information can be found by visiting the APTA website:

**GUIDELINES: CLINICAL INSTRUCTORS HOD G06-93-28-52** [Guideline]

1.0 The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
2.0 The clinical instructor demonstrates effective communication skills.
3.0 The clinical instructor demonstrates effective behavior, conduct, and skill in interpersonal relationships.
4.0 The clinical instructor demonstrates effective instructional skills.
5.0 The clinical instructor demonstrates effective supervisory skills.
6.0 The clinical instructor demonstrates performance evaluation skills.
(See also Board of Directors guidelines: Clinical Instructors)

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.


A CI must be on the premises at all times when the student is performing physical therapy activities. The student cannot provide physical therapy services if a supervising therapist is not on-site and available for consultation. If a student is assigned to a small clinic with only one physical therapist, the student cannot provide physical therapy services without the physical therapist on-site, as may occur if the therapist calls
If a student is at a clinic with multiple physical therapists and the CI calls in sick, the CI must designate another PT to act as interim CI for that day if the student is to work with patients.

In the event that there is no supervising physical therapist available on-site on any day a student is scheduled to be in the clinic, alternative arrangements must be made for the student’s clinical hours. Options may include observation of another professional or another discipline, assignment to another clinic for the day, or make-up dates after the assignment. Occasionally, the CI may ask the student to work with some of the scheduled patients on the CI’s caseload in the absence of the CI, but under the supervision of another PT. The student must not agree to work with any patients without CI supervision if there is any uncertainty or discomfort about working with the patients involved. In this situation, the student must discuss any concerns with the CI and escalate any further concerns to the CCCE and/or DCE.

Students may participate in co-treatments with other professionals (OTs, SLPs) if the supervising CI is on the premises; however, the patient must be actively receiving physical therapy care. Students can receive instruction from physical therapist assistants, however, the patient’s care must be directed by the CI or primary therapist, and a PT acting as CI must be on-site.

**Student supervision under Medicare A:**
For acute care settings, the CI must provide on-site supervision which does not need to be within line of sight. The CI and student must ensure that Medicare A is clearly notated in the patient’s chart to avoid any potential situation such as secondary insurances or observation status which would qualify under Medicare B.

**Student supervision under Medicare B:**
In the skilled nursing facility setting, in order to record minutes as individual therapy when a student is involved in the treatment, only ONE resident can be treated by the therapy student and the supervising therapist. The supervising therapist cannot be treating or supervising other individuals, and the therapist must be able to immediately intervene or assist the student as needed while the student and resident are both within line-of-sight supervision. The minutes must be coded as “concurrent therapy” if the student and supervising therapist are each treating a separate resident while the student is in line-of-sight of the supervising therapist; if the student is treating two residents simultaneously, both of whom are in line-of-sight of the supervising therapist, and the therapist is not treating any patients and not supervising other individuals; if the supervising therapist is treating two residents simultaneously (regardless of payer source), both of whom are in line-of-sight, and the student is not treating any residents.

In an outpatient setting, in order to bill for student services provided to patients and clients with Medicare B, the CI must be present and actively engaged in all decision making related to the patient’s care. The CI may not be engaged in another activity simultaneously.

Students, CIs, and CCCEs are all encouraged to stay up-to-date with Medicare/CMS policies related to student supervision. CCCEs should be aware of site-specific methods of ensuring regulatory compliance related to student participation in the delivery of PT services.
Absences

If, for any reason, a student is not able to attend a particular day of the clinical internship, the student must notify the clinical instructor prior to the start of that day. If a voice mail is used to notify the CI, the student must follow with a telephone call to validate that the CI actually received the message.

An absence during a clinical internship may compromise a student’s ability to successfully meet clinical objectives as well as inconvenience the clinical site. During eight week internships, if a student is performing well, has missed only one clinic day due to a legitimate cause, and perhaps puts in extra time in preparation, staying late, etc., it is up to the discretion of the CI as to whether the student needs to make up that day.

If a student requires additional time to travel to a distant internship site, the student must talk to the DCE well in advance to arrange for a delay to the start of the clinical internship.

Time off from a clinical internship for the purpose of a job interview or interview for a residency is not an excused absence. Interviews should be scheduled at times other than scheduled internship days or hours. We strongly discourage students working during their internships because of the increased demands of the clinical environment.

Holidays

Students will follow the same holiday schedule as the clinical instructor. Therefore, students may be required to work on major holidays, and may be separated from family and friends on that day. Students will not observe University holidays if the clinic does not also do so.

Clinic Hours

Student clinical hours are approximately 8:00am-5:00pm Monday through Friday. The student is expected to follow the schedule of the clinical instructor; therefore the schedule could take a variety of formats. Other formats may include: four 10-hour days; 7 days on, 7 days off; longer vs shorter days throughout the week. Other variations might include weekend hours, start times earlier than 8:00am, or leaving later than 5:00pm. Students are expected to comply with any schedule variation. Students should notify the DCE well in advance if there are any special needs that would not allow them to comply with an atypical schedule. Albeit it discouraged, if a student is employed during clinical education hours, the student is expected to forfeit or change employment hours so as to not conflict with the clinical internship hours.

Weekly scheduled hours for full-time clinical internships should average 40-45 hours per week. The first week of the clinical internship may exceed 40 hours due to the nature of orientation to the department and to the clinical instructor. The student should contact the DCE if he/she is regularly spending greater than or less than 40-45 hours per week at the clinical site. The student should omit time off for lunch when calculating hours worked throughout the week. An average of 30 minutes extra per day for coming in early and staying late for paperwork is expected of the student, to show initiative in preparing for the day.
and taking responsibility for one’s own work. Taking paperwork home is not acceptable and warrants the student contacting the DCE. Homework assignments from the CI are permissible and do not factor into scheduled work time. Home work may range from research on a patient condition to preparing for an in-service presentation.

Tardiness will not be tolerated. If a student is late, the CI should discuss the issue with the student when it first occurs and give a verbal warning. If it occurs a second time, tardiness should be documented in the CPI (Performance Criteria #2) with an additional verbal warning to the student. If there is a third occurrence, the DCE should be notified and the event documented again in the CPI. The University will decide what action to take, and the DCE will communicate this decision, in writing, to the CI and the student.

Student must understand that the CI may expect the student to stay late or come to clinic early to complete chart reviews, paperwork, or other non-direct patient care tasks. However, a student must refrain from working with a patient if the CI is not on the premises (unless the CI denotes another physical therapist to be in charge of supervising the student).

Students are expected to pursue learning opportunities outside of clinic hours, reviewing information and completing assignments. If a clinical instructor gives an assignment, the student is expected to fulfill that assignment as if it were a classroom assignment and meet stated deadlines.

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Students are expected to follow all UW-Madison Doctor of Physical Therapy policies in the student handbook and apply these policies to the clinical environment. **Any failure to abide by the behaviors indicated below warrants a telephone call from the CI to the DCE.** The DCE will provide consultation to the student and CI and will determine if remedial action or withdrawal from the internship is required.

Students should ask additional information or seek clarification of information provided about organizational policies such as lunch breaks, smoking regulations, dress code, fire and emergency procedures, departmental hours, and holidays. Proper orientation is a shared responsibility between the student and the CI/CCCE.

Students must understand that CIs do not receive reimbursement for their time as clinical instructor and have volunteered to work with the student. The student should respect the time that the CI is providing during into the clinical experience, value the learning opportunity, and treat the CI with respect.

Students must abide by departmental regulations of the clinical site.

Students must arrive on time, keep appointments, and leave at a time agreed upon (in advance) by the clinical instructor.
Students must be efficient with clinic time. It may be difficult to arrange formal meeting times with your CI. You may, therefore, need to be flexible and have your thoughts well organized for when you do meet. Come prepared for all meetings with written goals, questions and comments.

Students must use free time constructively and in ways that are agreed upon by the clinical instructor.

Students must demonstrate initiative in patient care, departmental functions, and in their own learning.

Students must accept constructive feedback in a professional manner, and give feedback to the CI in a professional and constructive manner.

Students may not accept gifts or gratuities offered by patients, families, caregivers, or vendors. Any such gifts offered must be reported to the clinical instructor and handled in accordance with clinical site policies.

Students must avoid chewing gum in the presence of patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.

Students are expected to ask the clinical instructor questions throughout the clinical rotation. Asking questions will not only facilitate student learning, but will also ensure patient safety and quality care.

The clinical instructor is assessing the skills and knowledge of the student during the clinical rotation. If the student does not ask the CI questions readily, the CI might start to question the skills and knowledge of the student. Be discrete about asking questions in front of patients. Reserve all questions about prognosis for when the patient is not present. Be aware of the clinical instructor's time constraints in answering questions.

If the clinical instructor asks a student a question, it is appropriate for the student to admit that he/she may not know the answer. But the student is then expected to hold a conversation with the CI to gain the answer, or research at home to find a satisfactory answer. Also be aware that some clinical instructors may not ask the student many questions or give much feedback. The student is responsible for informing the clinical instructor of his/her preferred method of learning and feedback.

Students must adhere to ethical standards which protect HIPAA rights. Do not discuss the conditions of your patients outside of the clinical setting. Patients may be discussed with classmates and faculty for educational purposes but all HIPAA regulations must be maintained by de-identification of patient records. Do not post any patient related information on social media (e.g. Facebook, Twitter, Instagram, etc.).

Students are expected to show common courtesy in the clinical setting. Communication of respect, displaying good listening skills, and maintaining sensitivity in verbal communication will help promote productive working relationships with your clinical supervisors, patients, and peers.
Students must report back to the school if any ethical or legal compromises are noted at the clinical sites, or if they are consistently experiencing significantly more or less than 40-45 hours per week.

Students must refrain from using personal cell phones or other electronic communication devices during clinic times, unless they are a part of the necessary functions of the job.

Students must demonstrate respect of other professionals. A student must not speak unfavorably about clinical instructors, other healthcare professionals in public areas, or to other members of the healthcare field.

**Dress Code**

Clinic attire should convey professionalism as well as honor the values of a diverse clientele. Students are expected to wear appropriate dress for all activities involving clinical contact with patients, including class lab sessions, mini clinics, and full-time clinical internships. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty.

Dressing more conservatively or formally on the first day/week is suggested. If a student reports to the clinic wearing any inappropriate dress, he/she may be asked to go home to change. The following are examples of the expected attire for all clinical situations. Students are expected to adhere to these guidelines unless a clinical facility specifically requires an alternative. If standards of dress at a specific facility are more lenient than this, the student, as a representative of the Program, should adhere to Program standards.

**Tops**
No sleeveless unless worn under a sweater; no bare shoulders or bare back; professional business shirts with collars; tops without collars should be made of quality fabric and in good condition; scrubs worn only if working in clinical area; no gym tops or yoga tops; no t-shirts, no logos.

Tops should not reveal the abdomen when reaching overhead; should not reveal the low back when bending over; should not expose cleavage or bra when bending over.

Tops with buttons must stay closed. Avoid anything tight/clingy or baggy/over-sized. Avoid wrinkles or stains.

**Jackets**
Can wear classic styles of cotton or suede jackets; can wear cardigans; avoid sweatshirts or hoodies of any kind; avoid denim or gym-style jackets.

**Dresses**
Consider how much you are going to be moving and if a dress is appropriate; needs to be professional with modest neckline and not sleeveless; may not be more than 2” above the knee when sitting; must wear a slip if the skirt is see-through; avoid denim, leather, bright colors; most institutions require skirts to be no shorter than mid-calf when standing.
Pants
Made of firmer fabric to maintain professional appearance, free of wrinkles; must not be faded or look worn; avoid jeans, leather, cargo pants, shorts of any length, yoga pants, aerobic pants, and sweatpants; scrubs permitted in clinical setting only; avoid hemlines that drag on the floor; do not expose underwear; avoid excessively tight pants.

Shoes
Pumps, flats, boots, loafers, leather shoes in good, clean condition; shoes must be closed-toe; heel no greater than 3 inches (consider what your work requirements will involve); noise-resistant soles are preferable; avoid foot odor; athletic shoes in good quality condition and neutral colors are acceptable; crocs are permissible in neutral colors – avoid those with holes or accessories.

Socks
Neutral, conservative colors and styles; avoid leggings worn as pants; avoid bright colored leggings or bold prints; match pants with socks and with shoes.

Jewelry
Avoid large, chunky, brightly colored jewelry; avoid low hanging necklaces and earrings that might interfere with patient care; limit two rings per hand, avoid large rings; avoid bracelets if they will interfere with patient care; earrings must be conservative colors and styles; avoid large hoop earrings; avoid exposed facial piercings.

Tattoos
Clothing styles must cover all visible tattoos.

Grooming
Practice personal hygiene and be free of offensive odor; avoid perfume and cologne; avoid cigarette odor; hair must be neat and clean; long hair must be tied back to avoid patient contact; facial hair must be neat and trimmed; makeup must be professional and in natural colors and styles; no hats or head coverings; no sunglasses inside the workplace; fingernails must be neatly trimmed, cleaned, and filed; fingernails polish in conservative colors is allowed only if it is not chipped; no artificial nails.

Site Specific Dress Code
Some clinical sites require the PT department or the rehabilitation department to wear specific colors or uniforms. Students must determine site-specific dress code requirements prior to the first day of the clinical internship by discussing this with the CI or CCCE. CCCEs are encouraged to disclose any dress code requirements to the student well in advance of the start of the clinical internship in order to allow the student the necessary time to prepare.

Name Tags/ID Badges
The Program recognizes the importance of the identification of healthcare providers to the consumer and requires all students to display proper identification during all patient encounters. Students and/or their CIs are required to inform patients of the student’s role in the encounter and required to gain verbal
informed consent for the student to observe, interact with, and evaluate/treat the patient. Students may utilize their WisCard as their name tag. Students can obtain their student IDs the first week of class. Name tags must be worn above the waist during all clinical internships, mini clinics, and in-class patient labs. Some clinics may provide a site-specific ID badge for the students to wear instead of the UW Madison WisCard badge. Doctor of Physical Therapy Student Organization (DPTSO) should be contacted if students want to order additional name badges (other than the UW Madison WisCard ID). Students should follow site-specific protocols regarding relinquishing ID badges at the end of the clinical internship.

**Current Contact Information**

It is the responsibility of the student to provide the Program with a current address, phone number, and email address throughout their duration in the Program. The DCE may contact the student at the current phone number to discuss the internship, advise the student of a change in an internship, or for other reasons.

**Conflict Management**

Students should employ the following procedure should they encounter a conflict with their clinical instructor (CI) while completing a clinical internship:

Discuss the concern with the CI as soon as possible, using appropriate guidelines for giving and receiving feedback. This discussion should occur soon after the realization of the difficulty. The DCE is available for consultation about communication strategies. Students are advised not to remain silent and hope they can “get through” the internship. The DCE will maintain written records of all complaints/concerns of the student, even if they do not affect the outcome or structure of the clinical internship.

If the student is unable to resolve the conflict or difficulty with the CI, the student should contact the Center Coordinator of Clinical Education (CCCE) and/or the Director of Clinical Education (DCE) for help in resolution. This should occur soon after the discussion with the CI.

The CCCE and/or DCE can provide consultation and/or mediation. The DCE will attempt to arrange a site visit if appropriate.

The CI/CCCE is expected to contact the DCE as soon as possible should any concerns arise regarding student performance. Addressing these situations promptly is essential. Early communication about a difficulty and notification of the DCE often allow the student to successfully complete an internship within the scheduled time period. The DCE will maintain written records of all complains/concerns, including the perspectives of the clinical site or CI, the perspectives of the students, any Action Plans developed, and outcomes of the situation.

The student must communicate directly with the DCE regarding any event or circumstance that could potentially impact his or her ability to participate in or successfully complete the clinical education.
requirements of the program. Student contact with another faculty member does not infer that the DCE is aware of or involved in assessment or resolution of the potential problem.

### Incident Reports

Students are required to report any errors of omission (incidents) involving a patient. An incident report must be filled out according to clinical facility policy. A copy of any such report should be sent to the DCE.

### Student Illness or Injury

If a student experiences sudden illness during a clinical internship, or sustains an injury outside of the clinical site that will prevent or hinder participation in the clinical environment, the student must refer to the Student Handbook and follow the necessary steps to document this illness or injury within the Program. The student must contact the Program Director and the DCE if this occurs.

Students are not considered employees of the clinical site. If the student is injured during an internship, the facility shall provide emergency medical care to the student in case of need, but shall not bear the cost of such care. In a non-emergent situation, the student may seek medical attention at the healthcare provider of his/her choice. The student is responsible for all costs of the medical care received. Any student injury should be reported immediately to the clinical instructor and DCE.

### Expenses

#### Registration and Tuition
The student will register for clinical internships. The student is responsible to acquire all necessary information and register prior to all University deadlines. Registration is required in order to maintain a full-time student status for the purposes of financial aid and liability insurance. Until registered, the student will not be able to participate in student internships.

- PT 700 – Full-Time Clinical Experience I – 2 credits
- PT 701 – Full-Time Clinical Experience II – 4 credits
- PT 702 – Clinical Internship III – 9 credits
- PT 703 – Clinical Internship IV – 9 credits
- PT 704 – Clinical Internship V – 9 credits
- PT 705 – Clinical Internship VI – 9 credits

As a student in the SMPH, each semester in attendance/enrolled, even with only 9 credits, you are considered full-time.

The unique nature of clinical education does require students to allocate additional funds beyond tuition and fees to cover this requirement within the curriculum. Examples of additional costs may include, but are not limited to, parking, travel, relocation, and/or housing expenses. Students should anticipate that, in
some cases, internships may require geographical separation from family, significant others, friends, and pets.

**Housing**
Some clinical facilities provide housing support to students in the form of stipends or accommodations. Housing information is typically provided on the facilities Clinical Site Information Form. Occasionally, the CCCE can be another resource for inquiring about housing options; however, this contact would occur after placement at a clinical site has been arranged. Other housing options include contacting the alumni association, long term stay hotels, realtors, or churches in the local area.

**Wisconsin Physical Therapy Association (Clinical Education SIG (WPTA CE SIG))**

The UW-Madison Doctor of Physical Therapy Program is a member of the WPTA CE SIG, a group of Physical Therapy Programs, CCCEs, and CIS in the state of WI formed to promote clinical education. Other members of the consortium may be resources for assessing the adequacy of student placements, as well as sources of housing information. Students in other programs may sublet their homes when they are away on clinical internships.

**Library Information: Remote Access**

Remote or Off-Campus Access refers to the ability to access electronic resources like e-books, e-journals and databases may be accessible via your net ID by going to [www.wisc.edu](http://www.wisc.edu). However, CCCEs and CIs need to complete an honorary associate form in order to access the UW library. The honorary associate form can be found on the UW Madison DPT clinical education webpage, downloaded, completed, and returned to the DCE. Appointments are two years in duration and must be renewed by submitting a new form every other year.

**Clinical Experiences (Full-Time)**

Students are expected to complete their clinical internships according to the Program schedule. Students are expected to attend **ALL** dates of the clinical internship. Any special arrangements regarding predetermined conflicts must be discussed with the DCE and site CCCE a schedule will be arranged to make up those dates.

Students must be in academic good standing within the physical therapy program, successfully completing all prior coursework and prior clinical experiences. Faculty meetings will occur prior to the first clinical internship, and again prior to the final three clinical internships, to discuss Generic Abilities and ensure that each student is appropriate to progress to the clinical environment.

**PT 700– Full-Time Clinical Experience I** – occurs during the winterim between semesters 2 and 3. Students will participate in the first full-time clinical internship in a variety of environments. This clinical full-time clinical internship is 40 hours per week for 2 weeks and will occur under the mentorship of an experienced clinician.
The purpose of the first full-time clinical internship is to apply the skills and knowledge from semesters 2 and 3. Specific objectives are indicated in the PT 700 syllabus.

PT 701- Full-Time Clinical Experience II - occurs immediately after finals week following semester 3. Students will participate in their second full-time clinical internship in a variety of environments. This full–time clinical internship is 40 hours per week for 4 weeks and will occur under the mentorship of an experienced clinician.

The purpose of this second full-time clinical internship is to begin the progression toward becoming an entry-level clinician. The PT CPI is used as an assessment tool. Specific objectives are indicated in the PT 701 syllabus.

PT 702–PT 705 Internship setting requirements for Clinical Internship III–VI
Since students are being prepared as a general practitioner of physical therapy, each must fulfill a full-time internship requirement in each of the following clinical specialty areas:

1. Outpatient Orthopedics
2. Acute Care
3. Neurological Rehabilitation
4. Elective

PT 702 – Clinical Internship III – begins the second half of the summer of the third year, continuing until mid-fall, after all didactic coursework is complete, and following successful completion of prior coursework. This clinical internship is 40 hours per week for 9 weeks and will occur under the mentorship of an experienced clinician.

Students will participate in an acute care, orthopedic, neurological rehabilitation, or elective setting. Full details about these requirements are indicated in the Clinical Internship Selection Process document.

The purpose of the clinical internship is to finalize synthesis of knowledge, skills, and professional behaviors learned in the academic setting, in a variety of clinical settings, and culminating in entry-level skills for the role of autonomous general practitioner of physical therapy. Specific objectives are indicated in the PT 702 syllabus.

PT 703 – Clinical Internship IV – begins mid-September of the third year and continues until November. This clinical internship is 40 hours per week for 9 weeks and will occur under the mentorship of an experienced clinician.

Students will participate in the full-time clinical internship in an acute care, neurological rehabilitation, orthopedic, or elective setting, with consideration of the previous clinical experiences and the requirements of the clinical program. Full details about these requirements are indicated in the Clinical Internship Selection Process document.
The purpose of the clinical internship is to finalize synthesis of knowledge, skills, and professional behaviors learned in the academic setting, in a variety of clinical settings, and culminating in entry-level skills for the role of autonomous general practitioner of physical therapy. Specific objectives are indicated in the PT 703 syllabus.

**PT 704 – Clinical Internship V** begins in November of the third year and continues until February. This clinical internship is 40 hours per week for 9 weeks and will occur under the mentorship of an experienced clinician. The placement is scheduled for 10 weeks with the extra week to accommodate for the holidays.

Students will participate in the clinical internship in an acute care, neurological rehabilitation, orthopedic, or elective setting, with consideration of the previous clinical experiences and the requirements of the clinical program. Full details about these requirements are indicated in the Clinical Internship Selection Process document.

The purpose of the clinical internship is to finalize synthesis of knowledge, skills, and professional behaviors learned in the academic setting, in a variety of clinical settings, and culminating in entry-level skills for the role of autonomous general practitioner of physical therapy. Specific objectives are indicated in the PT 704 syllabus.

**PT 705 – Clinical Internship VI**-begins mid-February of the third year, one week after the 5th clinical internship, and continues until Mid- April. This clinical internship is 40 hours per week for 9 weeks and will occur under the mentorship of an experienced clinician.

Students will participate in the clinical internship in an acute care, neurological rehabilitation, orthopedic, or elective setting, with consideration of the previous clinical experiences and the requirements of the clinical program. Full details about these requirements are indicated in the Clinical Internship Selection Process document.

The purpose of the clinical internship is to finalize synthesis of knowledge, skills, and professional behaviors learned in the academic setting, in a variety of clinical settings, and culminating in entry-level skills for the role of autonomous general practitioner of physical therapy. Specific objectives are indicated in the PT 705 syllabus.

### Site Selection Process

Assignment of clinical internships is based upon requirements of the Program, availability of placements, and student input. Consultation is provided with students to determine educational needs, learning styles and types of environments available. Students are required to submit a paragraph describing their skills and interest for high-level sports facilities and pediatric environments. (See Appendix B)

Students most often complete at least one of their four final clinical internships at least 60 miles outside of the Madison area. Students are responsible for all additional expenses related to their clinical experiences.
including, but not limited to, transportation and room and board. Considerations of special needs can be made, but may result in that student not receiving placement at clinic of preference.

A limited number of clinical sites not already affiliated with the UW-Madison PT Program may be considered by the Program. The Director of Clinical Education (DCE) determines if the site meets clinical site standards, whether the addition of this site will benefit the UW-Madison Physical Therapy Clinical Education Program as a whole, and whether the site is likely to attract future students. The Program has a commitment to serving Wisconsin and the rural communities. If the site is approved by the DCE, student placement may also depend upon ability and ease of negotiation of a clinical affiliation agreement with the clinical site.

**Supporting Documents**

**Guidelines for Summative Evaluation**

Clinical Performance Instrument (CPI): With the exception of the two-week full-time clinical experience all full-time clinical experiences/internships, the PT CPI Web is used for grading, using APTA standardized performance criteria. **At the end of each nine-week clinical internship** the student is expected to reach entry-level in each performance criterion on the CPI. Clinical instructors will provide supervision, instruction, and assistance in planning learning experiences, but the students must actively seek learning experiences and make the instructors aware of the skills they need to address. Clinical instructors are not responsible for giving a grade to the student.

Learning Modules: Learning modules are utilized to assess student performance during the two-week full-time clinical experience. Students are expected to demonstrate professional behaviors, develop goals in collaboration with the CI, and seek out learning opportunities to complete each learning module. (See Appendix C)

Clinical performance summative evaluation should be consistent with ongoing formative assessment or feedback provided to the student during the course of the clinical experience. Students and CIs should be familiar with the evaluation tool prior to the start of the clinical internship. The DCE is available to provide instruction and to answer questions.

Ratings should be based upon specific and systematic observation of student performance.

Ratings should be based upon the student’s current and typical performance. Student progress or change can be indicated in the narrative comments.

Ratings should be based upon direct observations of the student’s performance as well as indirect observations (i.e. consultation with colleagues). If possible the CI and student should then try to arrange for learning experiences and observations that will allow a reliable rating. Limited and indirect observations can be noted in the narrative comments section. Limited opportunity to perform or observe a performance criterion should not reduce the rating on the CPI visual analogue scale.
Ratings should be accompanied by narrative comments that expand upon and illustrate the rating. This is particularly important for student performance that is significantly above or below average. Ratings and comments should be objective, honest, unbiased, and specific to the criterion or objective being rated.

Generic Abilities
Generic Abilities are characteristics and behaviors that are considered to be essential for success in the profession. The ten generic abilities are based on explicit objective behaviors. Students are expected to perform at the appropriate level of the generic abilities during all clinical education experiences. Each of the generic abilities should be demonstrated at entry-level by completion of the final clinical internship. A specific tool is used to assess professional behaviors for the two week internship; for all additional internships the CPI is used to assess professional behaviors.

Tied into the Generic Abilities are the expectations to complete all clinical assignments thoroughly and turn the assignments in on-time. The course instructor, in collaboration with the clinical instructor will assign the final grade. The instructor reserves the right to require additional learning experiences, additional readings, etc, as deemed necessary. In determining the grade for each course, PT CPI skills will be considered. In addition, attendance, self-evaluation, assignments by the school and the facility, clinic evaluations, and meeting deadlines will be considered. The CPI contains red flag performance criteria. Problems with these skills may result in dismissal from the clinic and/or failure of the clinical internship. These skills must be addressed on each clinical internship.

Student Evaluation of the Clinical Site
Students must complete the APTA Student Evaluation of Clinical Environment and Clinical Instruction at the midterm and end of each clinical internship. The DCE gathers the results of this document to compile strengths and weaknesses of the clinical site. If concerns are noted, the DCE will follow up with the clinical site. Future students have access to Part I of these feedback forms to help determine if the site will be a good fit for them. Part II is secured in the Clinical Education office. This form should be submitted with the Student Introductory or Clinical Performance Evaluation form at the completion of the internship.

Grading Full-Time Clinical Experiences and Internships

Grades are assigned as Credit, No Credit, or Incomplete for all full-time clinical experiences. This will be determined by the DCE with input from the CI. If there is a question about whether a student’s performance has been satisfactory, the DCE will conduct a review process. The review process may include the CI(s) written comments and recommendations, phone conversations and/or site visits with the student and/or CI(s), as well as other communication between the CI(s), CCCE, DCE and the student. If the student’s performance is determined to be unsatisfactory, the DCE in consultation with the Program faculty will determine the appropriate consequences, and the DCE will assign a grade of “Incomplete” or “No Credit” for the course. If eligible for remediation, the student will be required to complete academic
remediation and/or additional time in the clinical environment. The location, length and any additional remediation activities are determined by the DCE.

Criteria for CREDIT

All of the following criteria must be met in order to achieve Credit for the clinical internship:

1. The student must complete his/her portion of the PT CPI for midterm and final self-assessment, including comments to justify performance level indicated. Honest, accurate, constructive self-assessment is essential to the student’s learning and professional development. The student’s self-assessment allows the student to reflect on his/her own progress, confidence and learning needs and the CI to view the student’s perspective. It also allows both the CI and student to address discrepancies in ratings.
2. The student and CI must review the CPI together, at midterm and final, by the dates indicated on the syllabus. Any need to review after these dates must be discussed with the DCE. The student and CI each “sign-off” on each other’s ratings.
3. Full attendance is required for all clinical experiences. Any absences must be documented.
4. Students and clinical instructor are strongly encouraged contact the DCE at midterm and provide an update on current status and future plans for either the remainder of the internship or future internships/employment. The DCE will contact the student and CI and seek midterm feedback.
5. Students must complete an inservice if requested by the facility. The powerpoint/handout for the inservice must be submitted to the DCE electronically.

Criteria for INCOMPLETE

1. If days are missed and unable to be made up during the course of the clinical experience, the student will receive an Incomplete. If the student’s performance during the clinical internship has been poor or questionable, days missed must be made up prior to the start of the next semester or during the first half of the next semester (for Clinical Internship III and VI); or prior to the start of the next clinical internship (for Clinical Internship III and VI). This may result in a delay of the next clinical internship. If the student’s performance during the clinical internship has been adequate, missed days may be made up on the next clinical experience. Individual situations will be assessed by the DCE with input from the CCCE/CII. The Incomplete will turn into Credit once days are sufficiently made up.
2. If paperwork/assignments are not complete upon the end of the clinical internship, the student will receive an Incomplete. The student has the two weeks following the clinical internship to complete the assignments. If assignments are still not completed, the student will receive an incomplete for the clinical internship.
3. Related to the expected level of proficiency for all performance criteria on the CPI, if the student does not meet or exceed this expectation for all Red Flag criteria (#1-4, #7), one of two situations will occur: The student will receive an incomplete for the clinical internship or no credit. An Incomplete will require the student to meet with the DCE and develop a remedial plan prior to continuing their education. This plan will include a letter of reflection about the previous clinical internship, the areas of concern, and an action plan about how to improve in the areas indicated.
The Incomplete will turn into Credit upon ability to successfully implement and reach goals developed in the Action Plan during the next clinical internship.

4. An Incomplete will turn into No Credit if the specific details of the remediation plan are not completed (including following the designated timelines). You may refer to the student handbook if you should receive a no-credit on an internship.

Criteria for NO CREDIT

A student who receives NO CREDIT for a clinical internship is eligible for suspension or dismissal from the program.

1. If a student does not adhere to a specific remediation plan related to a clinical internship for which the student received an Incomplete, this student will receive No Credit for the clinical internship and may be suspended or dismissed from the program.

2. The student shall be required to follow all rules, regulations, and procedures of the facility. The DCE and/or the faculty may withdraw a student from a clinical internship if, at any time during the clinical experience, and after consultation with the CCCE and the CI(s), the DCE and/or faculty decides that the student is performing incompetently or poses a safety threat to the patients, the staff of the facility, or him/herself; or if the environment is not conducive to learning. The CCCE and the CI(s) may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical facility’s disciplinary policy. If a student is removed from the clinic for violating rules and regulations of the facility, disclosing confidential information, engaging in conduct that disrupts the activities of the facility, or threatens the safety of the facility personnel or patients, the student will receive No Credit the clinical experience. You may refer to the student handbook if you should receive a no-credit on an internship.

3. The DCE, the CCCE, or the CI may determine at any point during a clinical education experience that it is necessary to interrupt or discontinue it. The following circumstances are examples of causes for interruption or discontinuance of a clinical education experience and may be cause for suspension or dismissal from the P.T. Program:

   - Failure to practice in a manner that minimizes risk to patient, self and/or others
   - Failure to present self in a professional manner
   - Failure to demonstrate professional behavior during interactions with others
   - Failure to adhere to ethical practice standards
   - Failure to adhere to legal practice standards
   - Failure of one or more drug screens

Remediation Related to Clinical Internships

The skills of all students are discussed in regularly scheduled faculty meetings and if the faculty decides that a student has not met the standards and objectives related to didactic knowledge and skills, or that the student will be unsafe or unprofessional in the clinic, a remediation process will be initiated and the student will not participate in the first clinical internship at the normally scheduled time.

A similar discussion will be held at a faculty meeting prior to the other five clinical internships. If the faculty decides that a student has not met the standards and objectives related to didactic knowledge and
skills, or that the student will be unsafe or unprofessional in the clinic, a remediation process will be initiated and the student will not participate in these final clinical internships at the normally scheduled time.

If a student receives Incomplete or No Credit for a clinical internship, a remediation plan will be discussed with the entire faculty. Specific academic remediation needs will be determined by the faculty on an individual level.

If a student has to repeat a clinical internship, or any part of a clinical internship, the student must pass this repeated attempt successfully. Failure to successfully pass the clinical internship upon this repeated attempt will result in dismissal from the program.

If a student has to repeat more than two different clinical internship experiences, he/she will be dismissed from the program.

If a student does not need to repeat a clinical internship, or any part of a clinical internship, but instead has to fulfill other specific academic remediation as determined by the DCE and faculty, this student must successfully meet all requirements of the remediation plan. Failure to successfully meet all remedial requirements in the designated time frame will result in suspension or dismissal from the program.

Students must understand that any form of remediation could affect the anticipated date of graduation. A student who is placed on a remediation plan should hold a discussion with the Program Director and DCE to determine the changes that will occur related to the anticipated date of graduation.

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**National Physical Therapy Examination (NPTE)**

The Federation of State Boards of Physical Therapy (FSBPT) sets testing dates in January for the upcoming calendar year. Historically, the FSBPT offers five fixed-testing dates; one in January, one in April, two in July, and one in October of each calendar year. Students who are applying for licensure in Wisconsin are eligible to take the NPTE early if they are in good standing within the UW Madison DPT program. Refer to additional information at [www.fsbpt.org](http://www.fsbpt.org) to learn more about this process. Additional information will be provided by the Program as testing dates near.

Students who are taking the exam early need to seek approval from the Center Coordinators of Clinical Education and their Clinical Instructor prior to taking the day off to travel for and take the NPTE early. Students are expected to continue to focus on clinical education if they choose to take the exam early and should plan to study outside of clinical time. Additionally, passing the NPTE in April does not imply that the student has successfully completed their clinical education. Students are to remain professional and respectful throughout the final clinical internships.

In the state of Wisconsin, the Certificate of Professional Education will be sent to the Wisconsin Department of Safety and Professional Services (WI DSPS) following the official graduation date. Upon receipt of this information, the state of Wisconsin will either provide you with a license (if you have successfully passed the exam in April) or release your name to the FSBPT to trigger the release of the
Authorization to Test Letter (the student also needs to register to take the exam with the FBPT) if the student plans to take the exam in July or October. Refer to [http://dsps.wi.gov/Home](http://dsps.wi.gov/Home) for specific forms and processes for licensure in the state of Wisconsin.

### Qualifications of a Clinical Instructor

General qualifications mandate that the clinical instructor has at least one year of clinical experience, and preferably at least one year at the clinic where he/she is currently employed. The DCE is responsible for communicating with the CCCE regularly about the CIs at that clinical site. Qualifications include:

- Being prepared for the student’s internship by reviewing the Program objectives and clarifying any information with the DCE prior to the start of the clinical internship
- Completing the Clinical Performance Instrument training module
- Discussing the student’s goals and objectives during orientation and at regular intervals during the internship
- Providing written, site-specific performance objectives and expectations
- Demonstrating clinical competence in the area of practice in which clinical instruction occurs
- Providing a helpful and supportive environment for the student
- Being available to answer questions or clarify items in a supportive manner
- Arranging learning experiences throughout the internship
- Supervising the student throughout the clinical internship in accordance with the rules and regulations of the facility and Medicare. The CI must be on the premises when the student is performing physical therapy activities
- Meeting regularly with the student for formal and informal feedback regarding performance. Formal meetings should be scheduled at midterm and during the final week of the internship with informal meetings scheduled as needed.
- Requesting feedback from the student and adapting to different learning styles if needed
- Assessing and documenting student strengths, weaknesses and deficiencies (knowledge, skills and professional behaviors) and work with the CCCE and DCE when appropriate to plan remediation
- Facilitating discussions about ethical issues/dilemmas
- Demonstrate professional behavior consistent with the APTA Code of Ethics

Benefits for Clinical Instructors are listed in Appendix D.

### Grievances and Complaints

The opportunity exists as needed for grievances to be filed and processed within the institution and the Program. It is expected that students, CIs, and CCCEs report all clinical concerns, conflicts, and complaints to the DCE as soon as reasonably possible.

It is the responsibility of the DCE to resolve clinical internship-related issues and problems in an appropriate, fair, and prompt manner as soon as reasonably possible after becoming aware of the issues or problems. The DCE will maintain Program files of such complaints and any communications relative to
said complaints. If a complaint or grievance cannot be resolved by the DCE, the DCE will refer the issue to the PT Program director. If still unable to resolve the complaint or grievance, appropriate referrals will be made as necessary to facilitate the final resolution in a timely manner through the steps as outlined in the student handbook.
Appendix A

PREREQUISITES

Proof of Immunization and Caregiver Background Check

All UW Madison students in the Doctor of Physical Therapy Program must submit documentation of the following titers: Measles, Mumps, Rubella, Hepatitis B, and Varicella, in addition to Tetanus (booster within last 10 years), Tuberculosis test, and an annual influenza vaccine. (See Student Immunization Status Form). Students should submit proof of the titers and immunizations to the Academic Coordinator of Clinical Education. All titers/vaccinations are at students’ expense.

Some clinical facilities require a TB test that is current within six months of starting at the facility. Because all facilities require TB testing and students will participate in experiences throughout the curriculum, the Physical Therapy program requires that all students maintain up-to-date TB testing for the duration of the PT program. The PT program will host a mandatory TB testing and OSHA training/renewal the last week of the summer session.

All students, in their first semester of the physical therapy program, will complete one caregiver background check. This Background check will be completed through Certiphi Screening Incorporated. A second caregiver background check will need to be run for students completing internships in the state of Minnesota. The student will assume the cost of the background checks from Certiphi Screening Incorporated and may or may not incur the cost of the additional Minnesota background check; some facilities may pay for this second background check. At times, facilities may request additional background checks; however, for the majority of internships the aforementioned background check meets the requirements of the facility.
2016-2017 Student Immunization Status Form

Print Name ______________________________________

Students in the Doctor of Physical Therapy program at the University of Wisconsin School of Medicine and Public Health are required to submit proof of the following titers and/or immunizations as indicated below. Please attach the documentation from your medical provider or UHS on titer results and/or proof of immunization. Please direct questions to Jeanne Duncan (Duncan@pt.wisc.edu) or 608-262-2046).

<table>
<thead>
<tr>
<th>Required Immunization</th>
<th>Result of Antibody Titer (circle positive or negative)</th>
<th>If a titer is negative for Measles, Mumps, Rubella or Varicella you will need to provide documentation of previous 2 vaccinations for each. Booster is not required unless specified for specific clinical placement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles (Rubella) titer results</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Mumps titer result</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Rubella (German Measles) titer results</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox) titer results</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Immunization</th>
<th>Result of Antibody Titer (circle positive or negative)</th>
<th>If titer is negative for Hep B- booster is needed please provide documentation of booster received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B titer results</td>
<td>+</td>
<td>Booster N/A DATES RECIVED:</td>
</tr>
<tr>
<td>Tetanus / Diphtheria (Tdap)</td>
<td>Date of last dose</td>
<td>Dose 1 Dose 2 Dose 3</td>
</tr>
</tbody>
</table>

If applicable, check one of the statements below:

_____ I have a religious objection to being immunized. I have attached a signed and dated statement explaining the objection. I understand that I will be informed by the school of the risks to me and others of my not being immunized.

_____ I have a medical contraindication to being immunized. I have attached a signed and dated statement from a physician citing the contraindication.

Certification Statement:

I certify that the information about my immune status is correct. I authorize release of this, and any subsequent updated information, to clinical training sites.

_________________________________________  ____________________________
Student Signature                              Date

FOR SCHOOL OF MEDICINE USE. This student has met the immunization requirements as of the date below.

_________________________________________  ____________________________
Staff Signature                               Date

Return completed form, and attachments
Physical Therapy Program
5176 MSC
1300 University Ave
Madison, WI 53706
HIPAA Training

All students must complete the UW-Madison online training on the Health Insurance Portability & Accountability Act (HIPAA). Go to www.wisc.edu then Learn@UW. Log on with your netID and password. Next, you will find HIPPA Training modules under “Training.” Students must complete Module II and submit a certificate of completion to the Program Assistant.

Students who have already completed HIPAA training at a health care facility at which they are employed must still complete the UNMHSC online training.

CPR Certification

Students are required to be CPR certified (American Heart Association Basic Life Support- CPR for health care professionals) while attending any clinical experience. Proof of certification must be submitted prior to the first clinic of the Program and should be updated as needed until Program completion.

Health Insurance

All students must maintain proof of health insurance coverage. A copy of a current health insurance card must be submitted by August 31 of the first year of the Program and should be updated each year until Program completion.

Criminal Background Checks and Drug Screens

Physical Therapy students are required to complete one background check to participate in clinical rotations. This is required to remain compliant with contractual language. Any felonies that a student accrues during the course of the PT program must be reported to the Program Director and DCE. Additional background checks may be requested from facilities, these costs are incurred by the student.

A drug test and finger printing may also be required for certain clinical facilities according to their affiliation contract. Students will likely be responsible for the costs associated with background screen(s) and drug screens, however, some facilities may incur this cost.

Veterans Affairs Medical Center Personnel Form

Students completing clinical placements at Veterans Affairs Medical Centers (VAMCs) must complete a VAMC personnel form and submit this to the CCCE at least five to six weeks prior to starting their internship. If more than one clinical rotation is scheduled at the VAMC, a new form must be submitted for each rotation.

Miscellaneous Prerequisites

Some clinical sites have distinct prerequisites. These may include:

- Online training portals
- Drug Screens
- Additional Background Checks

Students will find additional requirements on the clinical education webpage, by going to the specific facility and clicking on the “Contact” information for that specific facility. Turning these documents in to the clinical site is often time sensitive. Students MUST be responding to emails from the DCE and CCCE regularly to ensure that clinical rotations do not get cancelled or delayed.
Appendix B
SITE SELECTION PROCESS

Clinical Education
Introduction to Clinical Education
Preparation for PT 700 and 701 Site Selection Process Policy and Procedure
Part I:

Purpose: To provide the learner with introductory materials to better understand the importance of clinical education and the philosophy of the program as it relates to clinical education.

FAQ's:

Q: What is clinical education and why is it important?
A: Clinical education is the portion of your education where theory meets reality, where you are able to apply the knowledge you have gained along with your past experiences to alleviate suffering, to enhance physical abilities and wellness, and to improve the quality of life of persons seeking care. Clinical education comprises approximately 30% of your formal education in becoming a physical therapist; the internships are equivalent to approximately 2.5 full time semesters.

Q: What do all of these abbreviations mean?
A: 

**Clin Ed:** Clinical Education

**DCE:** Director of Clinical Education (Jeanne)

**CCCE:** Center Coordinator of Clinical Education (key contact at the facility)

**CI:** Clinical instructor (PT who is your coach/mentor while on the internship)

**Exxat:** the external company that provides us with our Clinical Education Database - this is where you may find many of the answers to your questions about Clin Ed and houses all the information about our clinical partners and paperwork needed during your internships. This database will be used for the site selection process, for housing your immunizations and other program requirements and will used extensively while you are out on your clinical placement.

Q: What are some of the forms we are going to need to know about and how can I access them?
A: **CSIF:** Clinical Site Information Form (where you can find information about the facility and staff - can be found on either the clinical education database or PTCPI Web). Located by going to https://cpi2.amsapps.com/user_session/new

**Username:** wisc.edu email

**PW:** click on “I forgot or do not have a password” and a temporary password will be sent to you.
**Facility Eval**: American Physical Therapy Associations student evaluation of clinic (part 1) and clinical instructor (part 2, not posted on the web).

**Student personal data form**: This form is completed by the student and provides emergency contact information and proof of completion of CPR and OSHA training.

**Student Introductory Form**: This is a form used by the student and CI to develop goals for all of the other internships.

**PT CPI Web**: Web based program where you can find information about facilities (CSIF), update your personal information, and where the evaluation tool for PT 702-705 is located.

**Generic Abilities (GA's)**: Key indicators of professional behaviors in the profession of physical therapy.

**Clinical Internship Evaluation Tool**: Evaluation tool used on your 4 week internship.

**2 week learning module**: The evaluation tool utilized for your 2 week internship.

**CPI: Clinical Performance Instrument**: The evaluation tool you will use for all of the internships except your 2 internship.

**PT CPI 2006**: The most recent version of the Clinical Performance Instrument. It is accessed online and requires training prior to its use.

**PTSES**: Physical Therapy Student Evaluation of Site- prior students

* Forms utilized during internships are found on the clinical education webpage along with in Exxat.

**Q**: What is the philosophy of the UW-Madison PT program as it relates to graduating students?

**A**: The UW-Madison PT program believes in graduating generalists. (See your student handbook). This means that you must complete at least one, 9 -week internship in an acute setting, an orthopedic setting, and a neurological setting. The 2 week (PT 700) and the 4 week (PT 701) internships are meant to be introductory internships.

**Q**: What are examples of acute, ortho, and neuro settings?

**A**:

<table>
<thead>
<tr>
<th>Orthopedic (Ortho)</th>
<th>Acute (Inpatient/IP)</th>
<th>Neurological (Neuro)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to Work (RTW), occupational health</td>
<td>A hospital setting</td>
<td>Inpatient Neuro</td>
</tr>
<tr>
<td>General OP clinic (Private or corporate)</td>
<td>Inpatient Neuro</td>
<td>Outpatient Neuro</td>
</tr>
<tr>
<td>owned)</td>
<td>Inpatient Rehab</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>Pediatrics (home health, hospital, OP clinic, school)</td>
<td></td>
</tr>
<tr>
<td>Spine Clinic</td>
<td>Skilled Nursing Home (SNF)</td>
<td></td>
</tr>
<tr>
<td>High level sports</td>
<td>Home Health</td>
<td></td>
</tr>
</tbody>
</table>

**Q:** When are our clinical internships?

**A:** There will be a total of 6 clinical experiences for a total of 38 weeks. They are as follow:

- 2 week January internship from January 2-Jan 13, 2017
- 4 week May internship from May 22-June 16, 2017
- 9 week fall internship from July 9-September 7, 2018
- 9 week fall internship from September 17- November 16, 2018
- 9 week spring internship from November 26, 2018-February 1, 2019 (spans 10 weeks to accommodate the holidays-CI will determine time off if any)
- 9 week spring internship from February 11- April 12, 2019

**Q:** Why are clinical internships arranged as they are?

**A:** The 2 week internship is intended to have the student apply foundational skills learned in the first two semesters of their professional education. Modules are used during this internship to provide a focus to the 2 weeks. The 4 week internship is to provide for longer exposure to patient care in which the student can begin to have partial care of a patient. The final 4 internships are intended to provide the student with an experience that will prepare them to become an entry-level physical therapist upon completion of each of the three final internships.

**Q:** How much time is required in each practice setting?

**A:** Nine weeks in all three (outpatient orthopedics, acute, and neuro); PT 700 and PT 701 do not count toward the required 9 weeks.

**Q:** I want to work in a rural hospital. Would that count towards an OP experience or an IP acute experience?

**A:** If one of the 9 week internships is in a rural setting which can provide the student with a mix of OP ortho and IP experience, then it would count toward an acute experience. However, if the rural experience
is OP ortho with a mix of Home Health or Skilled Nursing Facility (SNF), that would not meet the acute requirement.

Q: What is entry level and what does this mean?
A: Entry level is defined in the Clinical Performance Instrument (CPI) as:

- A student who is capable of functioning without guidance or clinical supervision managing patients with 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.
- The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner. A student must demonstrate entry level competence in each of the final 4 week internships as indicated in the CPI along with being entry level in the Generic Abilities (GA’s). The GA’s are a list of key professional components in which all students need to be proficient.

Q: What if I am not entry-level in the CPI and/or GA’s at the completion of each of the 4 final internships?
A: There are varying interventions which assist a student in meeting the requirements of entry level on the CPI. Students and Clinical Instructors (CI’s) are required to contact the DCE at midterm of the 4 week and the four final internships. It is expected that the DCE will be contacted earlier if there are concerns early on in the internship process (by either the CI or student). A plan of action is put into place (if needed) which may include learning contracts, specific goals, a site visit, teleconference, etc. The areas of concern are then revisited on a regular basis which is outlined by the student, CI, and DCE.

A student may need to remediate all or portions of their internship if concerns continue to be present at the end of the internship and remedial interventions have not been successful. On rare occasions, students fail an internship and may need to complete the course when it is offered the next year.

Q: How and where do I find out about the specific facilities with which the UW Madison PT program has contractual agreements? (Please note this is NOT what has been offered for the current year)
A: By this point you should have received an email invitation to fill out your profile from the external company Exxat who provides us with our clinical education database. If you have not, please talk with Jeanne. To ensure you continue to receive messages from the company please add noreply@exxat.com to your address book.

Once you are logged in, you can view by selecting:

Map of Affiliation
   a. Site Name and address
   b. If you clinic on the site name you will be able to gain a significant amount of information about the facility including
      a. Site requirements beyond what UW DPT program requires (if any)
b. Site specific documents
c. PTSE (archived documents)
d. And any other site specific information

Q: What does all of this information "do" for me?

A: The information provides insight into the following:

a. The type of patients will you work with at this facility

b. Who may be your CI (from the CSIF)

c. What requirements need to be completed prior to my arrival?

d. Do they offer housing?

e. Etc.
Part II: In-service Preparation for internship site selection

Procedure for Internship Selection for Class of 2019

We will be discussing the process for clinical education site selection for your 2 week and 4 week clinical internships.

Procedure for Clinical Internship Site Selection (Calendar year 2017)-Class of 2019

1.) The commitment forms for 2016 Clinical Education Placements were mailed March 1. The return date for the facilities was April 15. The facilities either offer us a "reserved" placement, a "First Come First Served (FCFS)" placement, or were unable to offer us any placements. A FCFS placement means that the placement has been offered to more than one school and whichever DCE calls the facility with a student’s name first, gets the placement.

2.) To view the available placements for PT 700 and PT 701
   - Log into Exxat
   - Click on My Wish List
   - This will provide you with Session Labels
   - Click on the blue hyperlink for the desired course (700 and 701) this will provide you with an overall look at what type of placements are available
   - Click on Select Spots to see it in more detail
     o You may make the site a favorite
     o You may add it to your wish list
     o If it is a FCFS placement see step #3

3.) Procedure for Signing Up for Clinical Internships-Class of 2018
   Many facilities mark the “first come, first served” (FCFS) box. This means that the slot has been offered to more than one school, and whichever DCE calls the facility with a student’s name first, gets the slot. To avoid losing many of those slots by waiting until July to pick, they will be available to all students through June 29, 2015 at 8:00 AM. Inform Jeanne in writing by June 29 at 8:00AM if you are interested in a FCFS placement (as indicated on the clinical education database.) The “FCFS” placement will remain available if it is not selected at this time. The “reserved” slots will be selected until in July. Again, the placement will be available upon request if no one selects it by the initial deadline.

If more than one person interested, all parties will be informed and those that continue to be interested will have their names drawn from a hat. Once the placement is secured, your name will be sent that same day to the clinic to determine if it is still and confirmed. Once a placement is confirmed with a facility IT CANNOT BE CHANGED!! The FCFS slot is available to anyone after the initial 48 hour period if it is not reserved.

*** This is a good example of how helpful it can be to talk with your classmates. Discussions will help with knowledge of where others are thinking of going and if others are interested in the same placements, which in turn can help you decide whether or not to take a FCFS offering.
This information will be manually updated when a student secures a first come first served FCFS placement in order to reflect this placement is no longer available. Once a FCFS placement is secured by a student it will no longer show up on the list of available sites when ranking your preferences.

Lottery Process:

Each student will be asked to request at least 5 and up to 10 preferences. Each lottery is run separately so that you may be able to change your preferences after you find out the results of the previous lottery. *PT 700 and PT 701 will be run on separate days.* PT 700 will run on July 14 and PT 701 on July 15. You may need to select all or none of your internships at that time, depending on if you have committed to FCFS placements. You will not need to enter a placement, if it has been reserved for you through the FCFS process.

The reserved slots will be confirmed late summer/early fall with the clinical facilities. You will have until that date to change your placement ONLY if a new commitment form comes in that was not in the initial pool of sites AND if you have not committed to a FCFS internship. **Placements will not be changed for other reasons.** Everyone will be informed when a late commitment form is returned and if you have not confirmed a FCFS, you will have the ability to put your name in the hat for the new facility.

The site selection process will be completed early August. There will most likely be some students who do not receive any of their preferences. Each of these situations will be discussed with the individual to determine the next best option out of the remaining sites. Any remaining acute or neuro placements will be utilized; therefore, the DCE reserves the right to intervene as needed.

If you are interested in an internship at a facility that has not yet submitted their commitment form for 2017 I will ask that you send me an email indicating the facility, location, type of internship, and dates of internship; upon receipt of this information I will follow up with facility and inquire about the placement for you. However, I will not request additional placements from facilities that have returned commitment forms and have either offered placements for other internships but not PT 700 or PT 701 or are not accepting students this year. **Be sure you are comfortable having me contact the facility. The placement becomes yours if it is available.**

To review and decide if a placement is of interest to you:

- Utilize the PTSES (student evaluations of clinical experience-archived documents) for updated information – Which will provide you with previous student evals. Students who indicated a preference for rural experiences on their application will be given priority to complete an internship in at a rural facility. We are unable to request additional placements if a facility offered internships for time periods other than PT 700 and PT 701.

**A few very important points to consider as you move through the process**

1.) *You must complete at least one, 9-week internship in an acute care setting, neuro setting, and an outpatient ortho. A rural hospital with in-patient (IP) / Out-patient (OP) mix is acceptable to meet*
the requirement of an IP experience; neither PT 700 or PT 701 count toward hours in any of the following environments, PT 700 and PT 701 are introductory internships.

Definitions:
Acute: IP, IP rehab, IP Ortho.
Neuro: IP neuro, IP rehab, OP neuro, Skilled Nursing Facility (SNF), pediatrics, brain injury facilities, home health

2.) Once you select a FCFS slot, **IT IS YOURS** you **CANNOT** change your mind, trade, etc. Facilities do not like placements to be cancelled; they are not even very fond of changing names. Once a commitment is made to a FCFS placement it is a done deal. Feel free to discuss with me your thoughts about a site and make sure you want this placement before you throw your name in the hat. Do not give me your name in writing to be considered for a FCFS placement if you are not completely sure of your decision.

3.) The odds of all your internships occurring in the Madison area are very slim. Be cognizant that even those with hardships (defined as having a person in their immediate family who is dependent upon them) will most likely find themselves commuting to a facility.

4.) I reserve the right to step in and assist with the “negotiation” process and am happy to help (if I can).

5.) **I reserve the right to assign a clinical as indicated, and WILL, should the need arise.**

**Other Helpful Hints**
As the sites get posted, review the information about the site on Exxat, the evaluation forms by previous students, and ask the PT 2s and 3s if they have been to the facility.

Most importantly, remember one thing: you get out of a clinical what you put into it, regardless of the facility. Wherever you go, we expect you to be a pro-active, adult learner and good representative of our Program!

**Summary of Steps**
1. Review the Exxat Database to gain knowledge regarding the following:
   a. Review the Map of Affiliation, in brief, to determine if there are any facilities that are of significant interest to you.
   b. Compare the facilities that are of interest to you to those that have returned commitment forms. Is there a match?
   c. Of those facilities that have returned commitment forms, did they offer a placement for the Jan or May internships (will be listed under the associated wish lists?)
   d. If they offered a placement for a Jan or May internship, is it reserved or FCFS?

      If it is reserved, then you may or may not want to consider placing it as one of your top seven preferences.

      i. This can be determined by reviewing information specific to that facility; including special requests, the CSIF, and past evaluations
e. If it is a FCFS and you are certain you want this placement as your first preference (upon review of the facility specific information as noted above), then contact the DCE in writing to inform the DCE of your interest no later than June 22, 2015 by 8:00AM.

**Additional Items for 2016 Site Selection (1st years)**

1. There will not be an opportunity to add/change offered placements once a facility has returned its commitment forms. For example, if the facility offered one placement for PT 700 and you really want to go there for PT 701, you cannot make a request to change the placement. Requesting changes to offerings or adding new offerings creates increased demands on an already busy CCCE and jeopardizes offerings for future placements.

2. Early Requests: The facilities listed below would like to know up front who would be interested and when they would be interested in coming to their facilities so they can best meet the student’s needs. I need to know if you are interested in these slots by June 29, 2015, because these facilities may have not have submitted a commitment form. A commitment form was sent only if a prior student requested a specific placement. Therefore, if you are interested in one of the placements below, you need to inform Sue in writing. You **CANNOT** change your mind if the site is able to accommodate your request.

Concentra-multiple sites nationwide (OP/Work Hardening)
Consonus Rehab: skilled nursing facilities (neuro) [http://www.consonuslife.com/rehab](http://www.consonuslife.com/rehab)
Extendicare/ProStep
Genesis Health Care (National Contract- Skilled Nursing Facilities)
Kindred Care/PeopleFirst (nursing home)
Ministry HealthCare Facilities
NovaCare/Select Medical-sites nationwide (OP Ortho facilities)
RehabVisions/ Select Medical, -hospital network with sites in NE, IL, IA, MO, KS, ND, MN, TX, OK, UT and WA (Acute, IP, OP)

3. You will not be able to seek out and add new sites if you don’t get one of your five preferences. You must pick from one of the remaining sites available on the list. Why? For several reasons: 1. asking current sites to add more placements for students places increased stress on their staff. 2. Asking sites to take students when they initially did not offer a placement again puts the facility in a position of increased demands and places stresses on the relationship between the facility and us. 3. Often times, facilities have taken students in the distant past, but contracts are no longer valid; therefore, there is a risk of not having a contract in place prior to the student arriving.

4. We do not develop contracts with facilities for 2 or 4 week internships. Contracts may be considered for one of the final-four internships if approved by the DCE. There are currently over 600 facilities from which to choose internships from and unless there is something very unique about the facility, there should be limited need for new contracts.
Process for Indicating Preferences for Clinical Education Lottery

1. My Wish List
2. Click the Blue hyperlink for the appropriate session
3. Select Spots
   a. Add spot
4. Rank Spots by clicking on the arrows and save rank
5. Review and Submit—once you are ready—check the box and submit Wishlist (once it is submitted it CANNOT be changed)

Additional Tips

1. You may qualify for a hardship for PT 702-PT 705; but not for PT 700-PT 701. Two hardships may be used during two of your final-four internships (if you meet the hardship definition). A hardship ensures you will receive one of your top, five preferences for the specified internship.
2. To apply a hardship to a particular lottery:

   A. Indicate a hardship by talking with Jeanne
   B. Apply for two of your four, final internships by discussing this with Jeanne
Appendix C
LEARNING MODULE

Two-Week Internship:

The student must complete the following 5 components related to patient care. Depending on the setting, it may not be possible to complete all of the components on the same patient; the student could complete the components on different patients. Additional patient cases can be applied at the discretion of the clinical instructor (CI) and student (see p. 2 for details of each component). The components can be completed at a pace appropriate to the clinic and the student (i.e., one every other day, two per week, etc.).

1. Pathophysiology
2. Physical Therapy Examination: History, and Tests and Measures
3. Documentation
4. Reimbursement and Cost of Care
5. Pharmacology

Along with these 5 components, students must continue to demonstrate the following 4 mandatory behaviors:

1. Safety toward themselves, their patients, and to follow all appropriate precautions.
2. Professional ethics: Demonstrate a positive regard for patients/peers during interactions, move toward cultural competence, adhere to ethical and legal standards of practice, maintain appropriate appearance, attire, conduct, and demeanor, and demonstrate an awareness of patient's rights.
3. Professional behavior: Takes the initiative to recognize and maximize learning opportunities, implement constructive criticism, and be a positive contributor to the environment.
4. Effective communication skills in both written and verbal formats in a timely, precise manner.

Comments (from Clinical Instructor) on the above 4 "mandatory" behaviors:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Evidence of successful completion will be demonstrated by completion of the component checklist and comments on the above section and the last page, and signatures by CI and student. This packet will be handed in with other forms* that the student completes (and are reviewed and signed by the CI) at the end of the internship.

* Other forms include: Generic Abilities, APTA Evaluation of Facility and CI, Student Objectives
1. Pathophysiology
   - **Purpose:** The student will identify the primary and/or secondary pathophysiology of medical and/or physical therapy diagnosis and identify the impact the pathophysiologies have on physical therapy.
   - **Process:**
     - CI and student select a patient(s) and the students further investigate the associated pathophysiologies associated with the medical and/or physical therapy diagnosis for one patient.
     - CI and student discuss what has been discovered.

2. **Physical Therapy and Examination: History and Tests and Measures**
   - **Purpose:** The student performs a complete history on a patient/client and will then identify the affected body structures/functions and limitations in activities and participation the patient/client may exhibit and either hypothesize or demonstrate how to test these limitations.
   - **Process:**
     - Obtains an accurate history of current problem
     - Identifies problems related to body function, structure, activity and participation level.
     - Performs a system review and incorporates relevant past medical history.
     - Generates an initial hypothesis.
     - Generates an alternative hypothesis.
     - Selects an appropriate test and measure to confirm or disconfirm the hypotheses.
     - Demonstrates appropriate psychomotor skills when performing tests and measures.

3. **Documentation**
   - **Purpose:** The student will complete various aspects of documentation as it relates to the clinical setting.
   - **Process:**
     - The student will complete all or at least portions of documentation appropriate to the clinical setting. Preferably, a minimum of one note will be an initial evaluation. Other notes may be weekly notes, progress notes, discharge notes, etc.
     - The CI and student will review the note(s) written by the student and provide suggestions for improvement as needed. A mock note can be written if the documentation is computerized and the student does not have access to the system or if the student is working with patients who have Medicare B insurance coverage.
     - Documentation should provide evidence of clear decision-making in regards to physical therapy examination (history-taking and tests and measures), along with physical therapy evaluation (assessment and plan).

4. **Reimbursement and Cost of Care**
   - **Purpose:** The student will develop an understanding of fiscal responsibility of physical therapists.
   - **Process:** The CI and student will select one patient to:
     - Calculate the physical therapy charges on a patient (as able to).
     - Describe third party payor coverage.
     - Discuss findings with the CI.

5. **Pharmacology**
   - **Purpose:** The student will understand the impact of over-the-counter and prescription medications on physical therapy.
   - **Process:**
     - The CI and student will determine the chief/ major medications a patient is currently taking.
     - Discuss their indications, drug interactions (if appropriate), and their impact on physical therapy services.
Check Sheet:

<table>
<thead>
<tr>
<th>Component Skill</th>
<th>CI's Signature/Initials</th>
<th>Date</th>
<th>Student Signature/Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pathophysiology</td>
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<td>2. Physical Therapy Examination: History and Tests and Measures</td>
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<td>3. Documentation</td>
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<td>4. Reimbursement and Cost of Care</td>
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<td>5. Pharmacology</td>
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Comments on the above 5 component skills:
_____________________________________________________________________________________
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Is the student performing at a level that is satisfactory for his/her current level of education?

_____ Yes

_____ No

If no, please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Student Signature: _______________________________ Date ___________

Clinical Instructor Signature: _______________________________ Date ___________
Appendix D
BENEFITS FOR CLINICAL FACULTY

- Clinical faculty who regularly supervise UW Madison students are eligible for an Honorary Associate/Fellow appointment. This is a two year appointment offering the following benefits:
  - access to the UW Madison library catalogue and databases (full text articles)
  - Access to campus athletic facilities at a discounted rate
  - Reduced bus pass

- CIs are eligible for to attend free ethics workshops

- Clinical Instructors in Wisconsin are eligible for CEU hours equivalent to 1 hour of CEU credit for every hour of student supervision. The maximum that can be credited toward licensure is 15 CEU hours biennially. The CI should keep verification of eval (CPI) summary with student’s names removed. The Program will provide a certificate upon request.

- The Clinical Education Program Coordinators will email all Clinical Instructors at a designated time every year to remind of Benefits Eligibility. Clinical Instructors may, at any time, contact the DCE or Clinical Education Program Coordinator to initiate this process at an earlier or later time depending on individual need.
I, _________________________________, a student in the Doctor of Physical Therapy Program have read and understand the policies & procedures of the Physical Therapy Program as described in the CLINICAL EDUCATION POLICIES, the CLINICAL INTERNSHIP SELECTION PROCESS, a copy of which I received on _________________(DATE); and the Clinical Education Handbook found online http://ortho.wisc.edu/Home/DoctorofPhysicalTherapy/ClinicalEducation.aspx

I understand that I should contact the Director of Clinical Education (DCE) if I have any future questions about the content of these documents.

_____________________________   __________________
Signature                                      Date