Welcome to the University of Utah Hospital & Clinics for your clinical education experience!! We look forward to your having an exceptional learning experience. Please contact us if we can provide you with any further information!

Clinical Education Manual
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University Health Care

The University Hospital is located in the northeast corner of Salt Lake City. Salt Lake City is a beautiful and vibrant metropolis surrounded by the Wasatch Mountains on the east and the Oquirrh Mountains on the west. Students who come to the University of Utah find themselves in an area noted for its safety, warm hospitality, rich history, bustling economy, and majestic natural beauty. The foothills of the Wasatch Mountains form a stunning backdrop to the University of Utah offering students unparalleled access to natural recreation activities, and excellent public transportation keeps the University in close touch with Salt Lake’s vibrant arts, entertainment, and sports venues.

University of Utah Hospital

- Patients: The hospitals and clinics logged 23,130 admissions, 872,872 outpatient visits, and 31,982 emergency department visits in the fiscal year 2004
- Specialties: The A tertiary care referral center for the Intermountain West, University Hospital is known for programs in orthopedics, stroke, ophthalmology, cancer, newborn intensive care, radiology, fertility, cardiology, genetic-related diseases, and organ transplant. The hospital also is a nationally verified Level 1 trauma center
- University Hospital’s Intermountain Burn Center, the only burn treatment facility in the region, has more than 5,000 clinic visits annually and admits more than 300 critically ill burn patients of all ages from Utah and the Intermountain West
- The AirMed patient-transport service (3 helicopters and 2 fixed-wing airplanes) completes some 1,800 missions yearly in Utah and neighboring states

University Hospital serves as the clinical training ground for more than 1,670 students in health sciences disciplines, including 200 junior and senior medical students, 600 medical residents, fellows, and interns, approximately 530 nursing students, 45 pharmacy students, 20 dental students and residents, and 34 physician assistants, in addition to more than 250 students in the College of Health’s programs of speech pathology, foods and nutrition, occupational and physical therapy, and audiology.

Huntsman Cancer Institute

- Has a broad portfolio of research with particular emphasis on the genetics of cancer, studies that take advantage of the largest genetic database in the world
- Only National Cancer Institute (NCI)-designated cancer center in Intermountain West. Features research, education, and patient care programs and facilities, among them the Huntsman Cancer Hospital
- Treats all types of adult cancer using an interdisciplinary approach to care that includes treatment, genetic counseling, educational resources, and pain and palliative care
- Houses the Huntsman Cancer Learning Center, which contains one of the nation’s largest collections of cancer-related information for patients, their loved ones, and the general public
- Three high-risk cancer clinics provide information for studies on the genetics and inheritance of melanoma, breast, and colon cancer

**John A. Moran Eye Center**

- Largest eye-care and vision-research center between the Mississippi River and West Coast. 10 satellite clinics provide patients with a wide range of eye-care services
- Basic science research focused on the areas of artificial vision, ophthalmic genetics and genetic therapies, retinal cell regeneration and transplantation, and development of greater understanding of the retina and retinal cell development
- Recognized world leader in clinical research for the design of intraocular lenses used in cataract surgery, as well as complications associated with cataract surgery
- Graduate physician training program is consistently ranked as one of the top 10 residency programs in the United States by *Ophthalmology Times* magazine
- Home to the Utah Lions Eye Bank, which provides donor tissue for vision-restoring corneal transplants to more than 500 recipients every year from Utah and Wyoming

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**The Eccles Institute of Human Genetics** is known worldwide for its interdisciplinary research. Gene targeting was developed at Eccles and remains a major focus of study.

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In the intermountain area, we have the reputation for providing high-quality, life-saving medical care. If there is a burn victim or a newborn in distress in the region, the call for help will most likely come to our hospital. From organ transplants to artificial joints, people in surrounding states know this is where they will get the finest quality and effort available.

The people of Utah are vitally important to University Health Care. With Utah's larger families and the ability to genetically study multiple generations, the best of the best find their way to the University to do genetic research that is simply unparalleled. Were it not for the people and the vastness of Utah, our doctors and medical students would not receive the variety of training they do.

Like its urban counterparts, University Hospital sees its share of gunshot wounds and drug overdoses. But how many big city training centers have to deal with a rancher injured by a combine, a skier with a severe compound fracture, or a hiker who has fallen two hundred feet?

Utah is a better place because of what we do, and we are better at what we do because of Utah and its people. It is a message we must take every opportunity to spread-to Utah, the Intermountain West, and the world.

*Lorris Betz, M.D., Ph.D.
Sr. Vice President for Health Sciences
Executive Dean, School of Medicine
CEO University Health Care*
**Frequently Asked Questions about Salt Lake City and Utah:**

**Q: What is there to do in Salt Lake City?**
A: Salt Lake's activities and resources cater to a wide range of interests. The outdoors are just a part of what the area has to offer. For those who desire the cultural scene, Salt Lake is home to professional and nationally recognized symphony, opera, theater, ballet, and film. Sports fans can enjoy professional hockey, soccer, baseball, and Utah Jazz basketball. Other activities include community festivals and art markets, excellent shopping, dining, and museums - not to mention all that the University of Utah contributes as well. Salt Lake City is an exceptionally vibrant and livable city!

**Q: How safe is Salt Lake City?**
A: Salt Lake has an excellent safety record. According to a recent FBI report "Crime in the United States, 2002" Salt Lake is one of the safest large cities in America, with significantly fewer crimes being committed in Salt Lake than the national average. According to FBI statistics, Salt Lake is safer than other western cities of comparable size including San Diego, Los Angeles, San Francisco, Portland, Seattle, Denver, Phoenix, Reno, Las Vegas, Albuquerque, and Sacramento.

**Q: What's the population of Salt Lake City?**
A: Salt Lake City is the largest city in the state of Utah, and has a population of 180,000. Salt Lake City itself covers only 111.1 square miles, while the Salt Lake Metro Area covers approximately 737 square miles (Salt Lake County). Salt Lake County's population is 914,000, making it the most populous region in Utah. The population along the whole Wasatch Front (Ogden to Provo) totals about 1.5 million people. Utah's total population is about 2.3 million.

**Q: What's the weather like?**
A: July is Salt Lake's hottest month with an average maximum in the low 90s. January is the coldest month with an average minimum around 20ºF. Salt Lake City has a semi-arid continental climate, with four distinct seasons--from green springs, to beautiful summers, to an explosion of brilliant foliage in fall, and the famous Utah snow blanketing the mountains and valley in the winters. The low humidity and year-round sunshine provide a favorable climate whatever the season. Each season brings its own beauty (and recreational activities) to Utah. For more information, visit: [http://www.slcgov.com/info/area_info/weather.htm](http://www.slcgov.com/info/area_info/weather.htm)

**Q: What's the elevation of Salt Lake City?**
A: Salt Lake City sits at about 4,300 feet above sea level, with the highest point within city limits being 9,410 feet at Grandview Peak. The Wasatch Mountains to the east have peaks of 10,000 to 12,000 feet high. The Oquirrh Mountains to the west are about 9,500 feet high.

**Q: What's up with the Great Salt Lake?**
A: Salt Lake City sits on an area once covered by giant prehistoric Lake Bonneville that stretched over parts of Utah, Idaho, and Nevada. Portions of the ancient lake's shoreline are still recognizable along the foothills; in fact, the Shoreline hiking trail passes just behind the University. When Lake Bonneville diminished, it left what is now the Great Salt Lake--the second-largest saltwater lake in the world. The Great Salt Lake is eight times saltier than the
The Great Salt Lake is a natural lake located in the northwestern part of the U.S. state of Utah. It is the largest lake in the Western United States, and the fourth-largest natural lake in North America. The lake is brackish and hypersaline, meaning it is salty and has a high concentration of minerals, making it inhospitable to most marine life. The lake is also known for its significant role in the state’s climate, as it moderates cold northwest winds and causes what is known as the "lake effect" which increases precipitation. It is also an important part of the region's weather patterns.

Q: What about the predominant religion?
A: As the world headquarters of The Church of Jesus Christ of Latter-day Saints (the Mormons), Salt Lake has a large population who belong to that faith. It also has very strong communities from all major faiths and denominations. In the Salt Lake Valley, active congregations of over 30 different denominations meet weekly. All major world religions are represented in Utah as well as many non-denominational houses of worship.

Q: What are the demographics of Salt Lake?
A: Utah has the youngest population in the nation, with the median age being 26.7 years compared to the national average of 35.2 years. Utah also holds one of the highest birth rates in the nation, the second lowest death rate, the highest literacy rate, and the healthiest population. (see http://www.slcgov.com/info/area_info/ )

Q: What time zone is Utah in?
A: Utah is in the Mountain Time Zone, and observes Daylight Savings Time. It is two hours behind New York, and one hour ahead of California.

Q: How do I find out more about Utah's recreational opportunities?
A: Many people have heard about the nine major ski resorts within an hour's drive of downtown Salt Lake City. But there are other limitless outdoor activities that Utah has to offer, including cross-country skiing, snowboarding, biking, camping, hiking, watersports, rock climbing, canyoneering, fishing, whitewater rafting, backpacking, and much more. For the outdoor enthusiast there is no better place for quick access to everything from serene alpine peaks to Utah's unparalleled red rock country. The best way to find Utah's sweet spots is to ask the locals, and then just get out and explore for yourself (making sure you're well prepared). The University's Outdoor Recreation Program is a great source of information, and they can point you in the direction of the best guidebooks. Additionally, they rent gear, host seminars, and plan group adventures. Other good resources are the local outdoor gear shops; a smaller or more technical store usually has more knowledgeable staff than a general sports equipment store.

Q: Where are some places to stay in Salt Lake?
A: The University Guest House is a convenient location for campus activities, but hundreds of accommodations are available throughout the Salt Lake valley. Click here to find out more about where to stay when you're checking out the University or just visiting Salt Lake City.

Q: How do I get around in Salt Lake?
A: Whether you're a student at the U or just visiting, you're encouraged to take advantage of UTA's (Utah Transit Authority) extensive light rail and bus system throughout the valley. Cars are convenient (especially if you want to drive up the canyons), but public transportation is easy around the valley, and so economical and environmentally friendly!
Q: Do I need a car to get to the ski resorts?
A: Registered students attending the University of Utah have free access to the public transportation system, which means that cars are not necessary to get around. UTA buses will get you to the mouth of Big or Little Cottonwood canyons. However, ski buses are not included in free student fares, so a fee is required to ride the bus to the ski resorts. Students who have a season pass to one of the resorts may also have free access to the ski busses. Unfortunately, there is no bus service at this time to the Park City area. Out of state students pay normal UTA bus fares.

Other Helpful Web Links:

Salt Lake City: http://www.slcgov.com/

Downtown SLC Events & Happenings: http://apps1.slcgov.com/General/CalendarInternet/LiveItUp_Event_Client.asp

Utah Travel Council: http://www.utah.com/

Things to Do: http://thingstodo.com/states/UT/

National Park Service: http://www.nps.gov/

Utah Weather: http://www.slcgov.com/info/area_info/weather.htm

Campus Recreation: http://www.utah.edu/campusrec/

Places to Stay: http://www.utah.edu/newstudents/places_to_stay.htm

Public Transportation:
  Campus Shuttle: http://www.parking.utah.edu/shuttles.htm
  Utah Transit Authority: http://www.rideuta.com/default.aspx
Mission & Vision

University Hospital

Mission
The University Health Care supports the mission and vision of the University of Utah and serves the public by improving health and quality of life through excellence in education, research, and clinical care. We educate competent and caring practitioners, educators, and scientists for the state of Utah and beyond.

- We advance knowledge through innovative basic and clinical research and scholarship and translate our discoveries into applications that help people.
- We provide compassionate, state-of-the-art clinical care to our patients.
- We anticipate and respond to the needs of our communities through outreach, advocacy, and service.

Vision
A health care center distinguished by excellence, leadership, and interdisciplinary collaboration.

Values
- Compassion
- Collaboration
- Diversity
- Integrity
- Responsibility
- Excellence

Rehabilitation Services

Mission
We are committed to providing excellence and advocacy in Physical Rehabilitation, returning our patients to home/play/work, and redefining wholeness in a healing and caring environment, through innovation, quality, education, and research and by serving our community.

Vision
We are a state of the art facility and program, attracting and retaining the best faculty, staff and students to produce exemplary patient outcomes. We accomplish this through clinical, research and educational collaboration with financial vitality and excellence in rehab leadership. Resulting in a nationally recognized Center of Excellence passionately connected to our community.
**Therapy Clinical Education Program Philosophy**

The clinical education philosophy is an adjunct to and is built upon the University Of Utah Hospitals & Clinics Rehabilitation Services Mission, Vision & Values.

The Rehabilitation Services clinical education program fosters an environment that will provide our students with an open, collaborative, and meaningful clinical experience. Sites will foster student development toward autonomous, competent, efficient and effective patient/client management based upon the educational level of the student. Understanding their role as patient/family advocate and educator, students will develop as members of a highly skilled and specialized health care team. Quality clinical experiences involve the interaction and integration of the educational program, the student, and the clinical educators. All members make contributions, communicate and cooperate.

Regardless of the stage of development, the primary responsibility of the student is to perform skills and fulfill tasks consistent with the welfare of the patient/client. The needs of the patient/client *always* come first. The clinical education program provides opportunities for the student to:

- Observe, apply, synthesize and integrate the knowledge required for his/her professional practice
- Correlate academic knowledge with clinical practice
- Develop patient/client management, administrative, supervisory, education and research skills appropriate to professional practice

The clinical education experience will:

- Allow the student to practice, apply, and integrate knowledge and skills
- Expand academic knowledge base
- Develop clinical competencies
- Identify role models
- Foster communication and interpersonal skills necessary to function as a professional
- Foster self-assessment and reflection skills to promote self-directed, problem-centered learning
- Provide a wide variety of learning experiences to aid in developing a well-rounded, multifaceted professional
- Foster clinical reasoning skills

**Student Model:**
The student may learn and participate in different educational models. Students may learn in a 1:1 instructor:student model or in a collaborative multi-student model. The clinical experiences allow for progressive assumption of staff therapist roles and responsibilities. The student will best achieve professional growth through being an active learner and participating in the planning, implementation and evaluative phases of the clinical experience. The student is encouraged to question, explore and extend their didactic knowledge by interaction with members of the interdisciplinary patient care team. The student is responsible for recognizing and acting upon his/her educational and experiential needs. A high standard of patient care and professionalism is expected and fostered, commensurate with the student’s educational preparation. The student is expected to display an appropriate level of independence, be a critical thinker and problem-solver, bring relevant experiences to the learning situation, seek relevant
concepts and connections, and demonstrate a sense of responsibility and active professionalism in a variety of clinical circumstances throughout the internship/fieldwork.

The clinical education faculty is responsible for providing learning experiences consistent with the student’s preparation, needs and objectives, and consistent with the needs of the patients and the organization. Supervision will be provided consistent with regulatory agencies and the needs of the student, yet fostering continual development. The faculty foster a positive learning environment that is student friendly, challenging but not overwhelming, providing a variety of experiences to promote a solid, well-rounded experiential foundation for autonomous, competent, efficient and effective entry-level patient/client management. We also promote independence, self-evaluation, reflection, and self-confidence through experience. The clinical education program will foster a scholarly approach to learning as being a necessary lifelong process.

Clinical Education Teaching Constructs

Clinical education:
- Fosters characteristics of adult learning: self-direction, readiness to learn, problem-centered, integrating prior experience, reflection, autonomy
- Fosters development within the cognitive, psychomotor and affective domains of learning
- Generally moves from simple to more complex problems
- Moves from the general to the more specific
- Applies knowledge of normal to the pathologic/abnormal
- Fosters growth and development of professionalism and interpersonal skills
- Utilizes and fosters the application of the teaching-learning process
- Identifies that students may begin at different levels of preparation and experience
- Identifies that learners may progress at different rates
- Promotes student development from the novice to entry-level clinician from a perspective that any therapist has the potential to achieve expert practice
- Offers exposure to situations, acquisition of skills and integration of knowledge, experience and skill
- Offers opportunities for application, analysis, synthesis and evaluation of theoretical knowledge that are challenging but not overwhelming and uses evidence-based decisions
- Based on knowledge that is multi-dimensional and comes from various sources
- Turns content knowledge into craft knowledge through a thoughtful self-assessment and reflective process
- Moves from being more dependent on the clinical instructor toward independence and autonomy
- Fosters connection between context-specific learning experiences
- Foster and value innovation, creativity and alternative perspectives
- Provide an objective evaluation of student clinical performance
- Provides supervision consistent with regulatory agencies, student needs, yet fostering continual development.
- Provides feedback to the student that is descriptive, informative and non-judgmental

Equal Opportunity & Affirmative Action:

Equal opportunity in education in the University of Utah Rehabilitation Services Clinical Education Program is a moral and legal obligation. We are committed to pursuing affirmative action efforts to strengthen the participation of women, minorities, veterans, and persons with disabilities. We are further committed to upholding the multiple Federal and State laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, or Vietnam era veteran’s status.
Roles and Responsibilities

Academic Clinical Coordinator of Clinical Education (ACCE), Academic Fieldwork Coordinator (AFC) or Director of Clinical Education (DCE).

The ACCE/AFC/DCE is a member of the academic institution’s professional program faculty whose primary duties are the development, coordination and evaluation of the clinical education program. This person coordinates student placements to clinical sites, communicates with the clinical site, facilitates the development of the clinical site’s educators, and maintains current information on the clinical sites. The ACCE/AFC works closely with the student and the clinical site to ensure quality clinical education. Some of the typical responsibilities include, but are not limited to:

- Communication with CCCE regarding curriculum, changes, faculty expertise, student selection, student performance, etc.
- Assigning students to clinical sites
- Communication with the students regarding the programs goals and objectives for the clinical experience
- Development of the clinical site instructors
- Maintains current files on each clinical site
- May teach within the didactic component of the physical therapy curriculum
- May provide direct patient care
- Monitors student performance in the clinic
- Facilitates the management of the challenging student in the clinical internship
- Establishes a legal agreement with the clinic site

Manager for Staff Development & Research/ Center Coordinator of Clinical Education (CCCE)/ Center Fieldwork Coordinator

The Manager for Staff Development & Research is the individual in Rehabilitation Services who oversees all education activities (staff, students, patients, families) for the department. This individual’s primary duties are the development, coordination and evaluation of the site-based clinical education program. The manager, as the CCCE, works closely with the CECs, CIs, Students and Academic programs to ensure quality clinical education that meets the needs of all constituents. Some of the typical responsibilities include, but are not limited to:

- Coordination of the hospital clinical education program across all disciplines
- Establishes a legal agreement with the academic program
- Development of clinical instructors and CECs as teachers
- Maintains current files on each academic program
- Communication with the academic program regarding curriculum, student assignment, site availability, site faculty expertise, student selection, student performance, site information, etc.
- Communication with the students regarding application process and site information
- May teach within the didactic component of the physical therapy curriculum
- May provide direct patient care
- Monitors student performance in the clinic
- Facilitates the management of the challenging student as necessary
- Sets overall clinical education policies
- Oversees general aspects of the program that go across disciplines

Clinical Education Coordinator (CEC)

The Clinical Education Coordinator is an individual selected by the clinical site to coordinate specific clinical education opportunities for students at the specific clinical site. This individual is responsible for assignment of students to their clinical instructors. Also, this individual determines CI readiness, and evaluates clinical education experiences.
The CEC works closely with the student, CCCE, and the academic program to ensure quality site-based clinical education. Some of the typical responsibilities include, but are not limited to:

- Coordination of the site-based clinical education program for a specific discipline
- Assigns students to specialty internships
- Development of the site clinical instructors
- May teach within the didactic component of the academic curriculum
- Provides direct patient care
- Monitors student performance in the clinic
- Facilitates the management of the challenging student

**Clinical Instructor (CI)**
Clinical instructors are therapists who serve as the primary clinical instructor and supervisor for a student on his/her clinical internship/fieldwork.

The CI works closely with the student and the CCCE to ensure quality site-based clinical education. Some of the typical responsibilities include, but are not limited to:

- Communication with the CCCE, CEC and the academic program when necessary, regarding curriculum, student assignment, site availability, site faculty expertise, student selection, student performance, etc
- Orients students to the specific clinical site
- May teach within the didactic component of the academic curriculum
- Provides direct patient care
- Supervises student’s patient/client management, including therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes.
- Coordinates student learning experiences
- Monitors student performance in the clinic
- Facilitates the management of the challenging student
- Completes all student performance evaluation forms

**Student**
Students are interns from accredited programs in physical therapy, occupational therapy and recreational therapy accepted into a short-term respective clinical education internship/fieldwork program.

The student works closely with the CI, CEC, CCCE and ACCE to ensure a successful clinical educational experience. Some of the typical responsibilities include, but are not limited to:

- Communication with the CI, CEC, CCCE, and ACCE
- Professional behavior consistent with the profession’s standards and codes for ethical and professional conduct
- Completion of academic based objectives for the clinical internship
- Completion of general and site-specific clinical education objectives
- Completion of all student-based performance evaluation forms
- Completion of a site evaluation
- Providing responsible patient/client management, including therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes

**Communication and Handling Student Difficulties**
Students having difficulties or challenges should first try to resolve issues directly with their primary clinical instructor. If after trying this avenue, either the student or the CI is not satisfied with the result, the issue should be brought forth to the CEC or CCCE. If issues can not be resolved at the site, the ACCE is contacted. The CCCE keeps the ACCE apprised of any student issues or concerns. Concerns regarding students, as well as student concerns should be raised as early in the internship as possible in order to facilitate a successful internship outcome.
**Therapy Clinical Education Sites**

University Hospital  
50 N. Medical Drive  
Salt Lake City, UT  84132  

**Acute Care Therapies – (PT, PTA, OT, OTA, SP, TR)**  
**Location:** Office located in the Rehabilitation Center which is in the School of Medicine Building, First Floor (Rm 1R  )  
**Patient Care Practice:** Serving as the region’s only Level I Trauma Center, the therapists serving the acute sections of the hospital will treat patients from all areas. This includes: multiple ICUs with patients with multi-system involvement; surgical patients following cardiac, vascular, GI, and thoracic surgery; medical patients with nephrology, gastroenterology, neurologic and general medical issues; and orthopedic trauma.

**Rehabilitation Center Therapies - (PT, PTA, OT, OTA, SP, TR)**  
**Location:** Office located in the Rehabilitation Center which is in the School of Medicine Building, First Floor (Rm 1R  )  
**Patient Care Practice:** Inpatient and outpatient population includes, but is not limited to: SCI – traumatic/medical; TBI; amputee; stroke; MS; major deconditioning; seating issues; arthritis; myelopathies; Guillain Barre; polytrauma; encephalopathy; pulmonary; and oncology.

**Schedule:** Students will complete their clinical hours on the same schedule as his/her clinical instructor. This may include 8-hour or 10-hour days, weekends or holidays. In general, typical therapy hours are 8:00 AM – 5:00 PM. Specific clinical hours will be outlined in your welcome letter sent with this manual.

**Contacts**  
**CCCE**  
Reva Rauk, PT, PhD, NCS  801-585-3330  

**Acute Care Therapies**  
**Physical Therapy**  
Randy Carson, PT  801-585-2119  
**Occupational Therapy**  
Christopher Noren, OT  801-581-2733  
**Therapeutic Recreation**  
Jody Jacobs, CTRS  801-581-2635  
**Speech Pathology**  
Norma Milstead, MS, CCC-SLP  801-581-2635

**Rehabilitation Center**  
**Physical Therapist students**  
Randy Carson, PT  801-581-2365  
**Physical Therapy Assistant students**  
Christopher Noren, OT  801-581-2733  
**Occupational Therapy**  
Christopher Noren, OT  801-581-2733  
**Therapeutic Recreation**  
Shauna Smith, CTRS  801-581-2635  
**Speech Pathology**  
Denise Noda, MS, CCC-SLP  801-581-2733

**Pre-therapy Observational students or volunteers**  
Reva Rauk, PT, PhD, NCS  801-585-3330

**Rehab Services Manager for Staff Development & Research**  
Reva Rauk, PT, PhD, NCS  801-585-3330

**Maps**  
University Hospital Floor Plan:  [http://www.map.utah.edu/website/HSdemo/HSmap.html](http://www.map.utah.edu/website/HSdemo/HSmap.html)  
Campus Map: [http://www.map.utah.edu/](http://www.map.utah.edu/)
Types and Levels of Students Accepted

Internship/Fieldwork Agreement
Legal agreements between the University of Utah Hospital and the student’s educational program must be in place prior to the student arriving for an internship/fieldwork or other clinical education experience. Please contact the Rehab Center Manager for Staff Development and Research for further information.

Admission into any internship/fieldwork program is pre-arranged by the therapy Director of Clinical Education or Fieldwork Coordinator from the student’s college or university.

The clinical education program accepts students at all levels from the University Of Utah College Of Health’s Physical Therapy, Occupational Therapy and Recreational Therapy program as well as students from outside entry-level professional programs. Part time and full time experiences are offered and coordinated with the academic programs clinical education coordinator, depending on the site, educational program and availability.
General Student Objectives

Objectives for individual student experiences in the Rehabilitation Services Department are provided by the sponsoring school and pertain to cumulative areas of student competency, as well as specific objectives provided at each clinic site promoting skill emphasis in a given clinic area. In addition, the on site clinical education faculty have a general set of objectives applicable to all interning students, regardless of preparation level. These objectives are shared with the students either prior to their internship/fieldwork, or during their orientation.

The student will:
1) Participate as an active learner and partner in the planning, preparation, implementation, and evaluation of the clinical education experience.

2) Apply critical thinking and problem solving processes in varied clinical situations spanning direct patient/client management, administration, consultation, research, and educational tasks.

3) Demonstrate a readiness to learn, openness to possibilities, and recognize there may be more than one answer or solution to a problem.

4) Will seek out relevant concepts and draw connections between concepts and contexts.

5) As a result of a careful self-evaluation and reflection process, identify areas of clinical practice in which further emphasis is needed and/or preferred and outline professional strengths. The student will negotiate with the instructor, and when indicated, the Manager for Staff Development & Research, a plan with needed components of the clinical experience. The student will fulfill responsibilities defined in the negotiation process within opportunities available during the internship/fieldwork period.

6) Consistently demonstrate patient/client management practices and professionalism commensurate with competencies outlined by the clinic site, the sponsoring school and the professional association (APTA, AOTA, ATRA, ASHA). In other words, the student will prove consistent competence.

7) Demonstrate administrative skills compatible with the normal organizational practices of the clinic site.

8) Maintain ethical and legal practices consistent with his/her professional association (APTA, AOTA, ATRA, ASHA).

9) Complete a student project, which may take on a number of different forms dependent on the specific requirements of the specific discipline. Examples include but are not limited to:
   a) Staff inservice
   b) Facilitating staff journal club meeting
   c) Case Report
   d) Administrative project
   e) Educational project
   f) Consultative project
   g) Critical inquiry project
Internship/Fieldwork Requirements

Clinical Training Agreements
Legal agreements between the University of Utah Hospitals & Clinics and the student’s academic educational program must be in place prior to a student arriving on site for an internship or fieldwork experience of any length.

Academic Good Standing
All students entering a clinical experience must be in good academic standing within their respective academic professional educational program. Student must provide proof of academic standing during the pre-experience process.

Immunizations
Prior to beginning a clinical experience, students at University of Utah Hospitals & Clinics (UUHC) are responsible for obtaining the necessary immunizations and/or documentation of their immunizations and submitting this documentation to Rehab Services prior to their first day of clinical experience.

ALL STUDENTS MUST COMPLY WITH THE FOLLOWING HEALTH/IMMUNIZATION REQUIREMENTS:

1. A tuberculin skin test within twelve (12) months of internship END DATE, which includes written documentation* of the TB skin test result in millimeters, read 48 to 78 hours after the test was placed. If the test is positive, or prior skin tests were positive, documentation of a chest x-ray result is required.

2. Rubeola (Measles) and Rubella immunity: Documentation* of two MMRs (Measles, Mumps, Rubella immunizations), since 1970; or documentation* of disease by physician or other health care provider; or documentation* of blood titer or antibody screen results showing immunity is required.

3. Tetanus and Diphtheria booster – student to provide date of immunization within last ten years.

4. Hepatitis B Vaccine – The OSHA Bloodborne Pathogen Standard rule requires that any student who may have occupational exposure to blood, bodily fluids or other potentially infectious materials as a routine part of their responsibilities must: within 10 days of start date begin their hepatitis B vaccination series, or prove they have been vaccinated or are immune, OR sign a Hepatitis B vaccination declination (available from Marian Smith).

*Documentation: Photocopy of a medical record or immunization record signed by your health care provider.

STUDENT CLINICAL EXPERIENCE IS CONDITIONAL UPON COMPLETION OF THE ABOVE HEALTH REQUIREMENTS. You may not begin your internship/fieldwork experience until this information is complete.

Blood, Tissue and Body Fluid Pathogen Training
Students must provide evidence of having completed training in universal precautions ensuring the appropriate handling of blood, tissue and body fluids.
CPR (cardiopulmonary resuscitation) Training
All students MUST provide documentation of CPR certification/recertification valid throughout the clinical experience. This MUST include Adult, Child and Infant choking and CPR, with AED training. You may not begin your internship/fieldwork experience until documentation of this training is received.

Students can take a CPR class through the University of Utah prior to their experience. Please schedule these through Debie Dipo @ 801-585-2800. The 2-hour recertification class fee is $25 and the 6-hour New Provider course fee is $40. If you are selecting a class in the community, please select an American Heart Association provider (http://www.americanheart.org) and select the BLS for Healthcare Providers Course.

General and Professional Liability Insurance
Students or the academic program must provide evidence of comprehensive general liability insurance and professional liability insurance or properly reserved self-insurance for the student participating in the clinical education program.

Health Insurance
Students must maintain and provide evidence of medical health insurance and/or workers compensation insurance effective throughout their participation in the clinical education program.

Health Insurance Portability and Accountability act of 1996 (HIPAA) Training
Students will be required to complete the University of Utah’s online training protecting patient health information and be required to sign a Confidentiality and Information Security Agreement. Students are prohibited from removing patient information from the facility without approval and without proper de-identification pursuant to HIPAA.

** http://www.uuhsc.utah.edu/privacy/training ** - at the bottom of the page you will see "start training." At the end of the training module, fill in your name and print the certificate. You must bring a copy of the certificate with you or send in with your packet of forms ahead of time.

Background Check
All students must provide documentation of a background check. If the program does not provide background checks, the student can obtain a background through the University of Utah for a fee of $27.00 plus any additional fees required by the County's that are checked. Contact Debie Dipo at 801-585-2800 to arrange.

Drug Screens
All students must provide documentation of a drug screen. If the program does not provide background checks, the student can obtain a background through the University of Utah for a fee. Please contact Debie Dipo at 801-585-2800 to arrange.
**Suggest Topics to Review Prior to Internship/Fieldwork/or Externship**
(This listing is incomplete and in process)

**Physical Therapy – Rehab**

ASIA Evaluation
Specific interventions for SCI
Cognitive/Perceptual assessments
Visual/Vestibular testing & treatment
Conversion Disorder

**Physical Therapy – Acute**

**Occupational Therapy – Rehab**

**Occupational Therapy – Acute**

**Speech-Language Pathology – Rehab**

Dysphagia exam (MBS, FEES) and treatment
Mild Brain Injury
Right hemispheric brain injury/stroke
Conversion Disorder

**Speech-Language Pathology – Acute**

Dysphagia exam (MBS, FEES) and treatment

**Therapeutic Recreation - Rehab**
Policies

Behavioral Standards

Students are held to the same behavioral standards as University Health Care staff. Students will need to sign their commitment to these standards prior to beginning their clinical experience.

The Behavior Standards of the University of Utah Hospitals and Clinics reflect our commitment to providing excellent service to our patients and families. They provide a clear understanding of the organization's expectation for excellence in our healthcare service to the community. With each of us making a personal commitment to these standards, this organization will embody a compassionate corps of individuals providing the best health care possible for our patients and the community.

Service Attitude

The University of Utah Hospitals and Clinics exists to serve the community, providing the best health care services possible. We believe that a culture of quality service is the heart of our organization. We recognize and respect our patients as unique individuals. We commit to treating every patient promptly and competently with courtesy, respect, and compassion.

I will:

- Have a sense of ownership in providing the best possible care demonstrating pride in the work that we do
- Use direct eye contact while introducing myself and addressing others
- Be patient and understanding
- Value our patients' time and provide prompt services
- Keep patients informed regarding their plan of care including time frames and changes
- Speak highly of patients, other employees or departments, refraining from making excuses or blaming
- Escort anyone who is lost or find someone who can assist
- Sincerely apologize and seek remedies when expectations are not met
- Seek to know the functions of my job thoroughly so that I can effectively take care of the patient's or family's needs
- Do the little things that make a difference

Advocacy

At the University of Utah Hospitals and Clinics, we are committed to serving our patients by ensuring that they receive the best possible care. We value listening to our patients, seeking to fully understand the concerns and needs of our patients, and are actively committed to making sure that their health care needs are met.

I will:

- Advocate for our patients by effectively communicating their needs to staff, family members, or community agencies/providers
• Be committed to working with patients in finding solutions when barriers to treatment arise
• Be informed of community efforts and available programs that provide additional resources or opportunities for growth and education to patients and the community
• Facilitate patients' coordination of care among health care providers
• Be active in fostering awareness in the community of the University of Utah Hospitals and Clinics' healthcare services
• Speak highly of this organization to patients, families, and staff

Privacy

At the University of Utah Hospitals and Clinics, we respect our patients' right to privacy and dignity. We are committed to fostering a secure and trusting environment. We will treat all information as confidential, and are aware of the importance it plays in providing the best care possible.

I will:

• Respect the patients' right for privacy and access only the information necessary to serve them
• Always communicate with patient and families in a private manner
• Never discuss patient information or hospital business in a public area
• Follow the release of information and privacy policies, reporting any breach or potential breach to the Privacy Office
• Address conflict with others privately and respectfully
• Knock prior to entering a patient's room
• Provide a robe or gown for patients when necessary
• Close curtains or doors when talking with or examining patients

Communication

The result of effective communication is better understanding. At the University of Utah Hospitals and Clinics, we are dedicated to ensuring effective communication to our patients, families, and other constituents as well as within our organization.

COMMUNICATION TO OUR PATIENTS, FAMILIES, OR OTHER CONSTITUENTS

We recognize the importance of understanding and effectively communicating the clinical, emotional, and financial impacts of illness. We commit to communicate clearly in order to achieve better understanding.

I will:

• Listen and seek clarification
• Explain things clearly, using the appropriate language level
• Respect cultural and age differences
• Seek translation services when appropriate or desired
• Use printed materials as appropriate
Always be respectful and seek to confirm understanding
Ask if there is anything else I can do
Direct the patients and/or their families to appropriate resources

COMMUNICATION WITHIN OUR ORGANIZATION

The aims and objectives of the organization will be communicated at all levels on an ongoing basis to ensure that there is a common understanding and vision of the organizational priorities.

I will:

- Be open, courteous, and respectful
- Responsibly communicate to my work area all information that I am responsible for sharing
- Speak respectfully and positively of leadership and peers
- Demonstrate and expect personal responsibility for the success of the organization
- Never gossip
- Never use offensive language
- Always look for ways to communicate constructively

E-MAIL COMMUNICATION

E-mail facilitates rapid and widespread communication within our organization. We are committed to using this tool appropriately.

I will:

- Use e-mail to communicate appropriately
- Be responsible to read and answer as promptly as appropriate
- Be courteous and respectful when communicating with e-mail
- Put the subject in the available space and will use PHI (Protected Health Information) when information refers to patients
- Will adhere to the University of Utah Information Resources Policies and Procedures

Teamwork

As University of Utah Hospitals and Clinics Employees, we are joined in the common goal of providing the best care to our patients and community. We believe that through teamwork, respecting co-workers, and recognizing each person's valued contribution, we are able to meet this goal. We are committed to a workplace that fosters healthy and supportive relationships.

I will:

- View myself as a team member in all my work
- Recognize the interdependence of departments within the organization and work to make everyone successful
- Ask for guidance or help when necessary
- Report to work on time as scheduled and be mindful of others' time and schedules
• Follow policies and procedures when performing my responsibilities
• Work in collaboration with my co-workers, being positive in finding solutions to problems and supporting a blame-free environment
• Take responsibility for my decisions, actions, and performance welcoming constructive feedback and suggestions
• Acknowledge team members for a job well done
• Talk with co-workers in a discrete and respectful manner if I have a grievance or concern
• Mentor students and new employees and welcome them to our University team
• Ensure optimal care of patients by communicating information to co-workers

Etiquette

At the University of Utah Hospitals and Clinics, our patients take priority. In each interaction, including general, elevator, and telephone contacts, we recognize and value the importance of courtesy.

GENERAL ETIQUETTE

I will:

• Always introduce myself, using direct eye contact and address the patient by name
• Anticipate the patients' needs, seeking to be proactive rather than reactive
• Always make sure that the patients' needs have been met before I leave the room
• Provide an expected time frame for services to be accomplished
• Inform the patient of the actions I have taken
• Respond to a call light, regardless of my position, and relay a message when appropriate
• Speak with the appropriate voice level and tone

ELEVATOR ETIQUETTE

I will:

• Smile and speak to fellow passengers
• Give patients and visitors first priority when waiting for an elevator
• Respect patients' privacy during transport, being aware of their personal comfort
• Make room for others and press the "door open" button for them
• Face patients in wheelchairs toward the opening doors
• Allow passengers to exit before getting on

TELEPHONE ETIQUETTE

I will:

• Answer the phone promptly with a smile
• Answer each call by identifying myself and my department and offering to help
• Minimize the immediate request to hold
• If necessary, ask permission to place the call on hold
• Thank the caller for holding when returning to the line
• Give the extension number to which the call is being transferred
• Speak to the staff member to whom I am transferring the call
• At the conclusion of the call, use the caller's name when offering further assistance
• Know how to use the phone system

Appearance

At the University of Utah Hospitals and Clinics, we express respect and pride in serving our patients and their families, through our personal appearance as well as through the appearance of our facility.

PERSONAL APPEARANCE

Our appearance reflects a competent, professional and approachable attitude to our patients. We demonstrate our respect for patients by dressing professionally. Our manner and expression convey our concern for our patients and our willingness to help them.

I will:

• Dress professionally and discreetly, adhering to the hospital and department dress code policies for proper uniform/clothing, jewelry, and cologne
• Wear my identification badge at all times, clearly visible, above the waist with the photo facing outward while in the facility
• Practice good personal hygiene

FACILITY AND ENVIRONMENT

We take pride in our work area and do our best to maintain an uncluttered and litter-free workplace.

I will:

• Dispose of litter both inside and outside the facility rather than walk by it
• Keep my work area clean and organized
• Return equipment to its proper place
• Make sure that spills are cleaned up
• Take time to clear patient rooms of unnecessary equipment and clutter
• Report every situation that requires repair, cleaning, or maintenance

Safety

Safety is the responsibility of every employee at University of Utah Hospitals and Clinics. We are committed to improving safety for our patients, families, and employees. We support a blameless culture in which everyone is encouraged and expected to participate in ensuring that errors are reported and systems are improved to prevent errors. Processes are created to maximize safety within the organization. Safety policies are in place and are reviewed regularly.
I will:

- Be aware of all protective processes in place to ensure safety to the patients
- Make every effort to observe safety check points
- Help create systems and processes to ensure safety
- Speak up when safety may be at stake
- Ask for help with something I do not understand
- Report all events or potential events to Patient Safety Net
- Be aware of all safety procedures including but not limited to:
  - Fire management and evacuation
  - Hazardous spills
  - OSHA requirements
  - Immunization requirements
  - Employee injuries
- Stay current with my annual Safety Training
- Use good hand hygiene
- Be familiar with all machinery that I use and how to use it safely
- Report all machinery that is not functioning properly
- Know the meaning of and how to respond to the different safety codes

**Innovation and Professional Growth**

The University of Utah Hospitals and Clinics values research, learning, innovation, and professional growth. By fostering these values we commit to providing the best health care available.

I will:

- Commit to professional growth by participating in continuing education, attending in-services, conferences, or other educational opportunities
- Support an environment conducive to shared learning
- Seek out and participate in educational opportunities to enhance my skills and share information with co-workers
- Commit to being educated and to educating
- Seek for creative solutions to problems and foster creativity in others

**University of Utah Hospitals and Clinics Code of Ethics**

The University of Utah Hospitals and Clinics (UUHC) is committed to integrity as a core value of our organization. We define integrity as being true to our professional, ethical and legal standards. These guidelines are designed to assist staff in making ethical choices when confronted with difficult situations. As health care providers, our requirements are often more exacting than those mandated by law, reflecting our goal of conducting ourselves with the highest level of integrity. The willingness of each of us to raise ethical and legal concerns is essential. Ultimately, the responsibility for ethical behavior rests with each of us in the exercise of our independent judgment.
There are ethical considerations in everything that we do. Professional and ethical considerations are intimately intertwined. Every professional activity has an ethical dimension. Every ethical issue is made concrete in professional activity. Setting standards regarding our ethical conduct requires consideration of the nature, quality and delivery of our professional services.

Our conduct should be consistent with the following ethical standards:

- Be true to ourselves. Our conduct should reflect the highest personal ethical and moral standards.
- Be true to our organization. Our conduct should be consistent with our Mission, Vision, and Values as well as our policies and procedures and our commitment to Total Quality Management.
- Be true to the law. Our conduct should be consistent with all legal and regulatory standards.
- Be true to our industry. Our conduct should be consistent with standards established in our industry, achieved through ongoing dialogue in which we actively participate and contribute, including but not limited to standards established by our accrediting and regulatory agencies.
- Be true to those we serve. Our conduct should meet the realistic expectations of the individuals and communities whom we serve, and our understanding in this regard should be achieved through ongoing dialogue with such individuals and communities.
- Be true to the society in which we function. Our conduct should reflect our concern for the well being of the greater society in which we function through participating in ongoing dialogue within that society and making consistent contributions to community wellness and well being, as our resources allow.

We are expected to recognize and void activities and relationships that involve or might appear to involve conflicts of interest, and behavior that may cause embarrassment or compromise the integrity of UUHC, our employees, our patients, or our community.

The following principles are intended to guide employees in recognizing these situations:

- We will adhere to the highest ethical standards of conduct in all business activities and will act in a manner that enhances UUHC’s standing as an ethical contributor within the community.
- We will abide by the letter and spirit of all applicable laws and regulations and will act in such a manner that the full disclosure of all facts related to any activity will reflect favorable upon UUHC. All information we disclose will be both truthful and complete to promote the understanding of any interested party.
- We will deal fairly and honestly with those who are affected by our actions and treat them as we would expect to be treated should the situations be reversed.
- We will communicate honestly about the expected benefits and risks of, as well as alternatives, to any treatment.
- We will base clinical decisions on identified patient health care needs.
- We will undertake only those activities that will withstand public scrutiny and not pursue any course of action involving a violation of the law or these principles.
- We will promote relationships based on mutual trust and respect and provide an environment in which individuals may questions a practice without fear of adverse consequences.
- Each of us will disclose any potential conflict of interest we may have regarding our responsibilities to UUHC and will remove the conflict as required.
We expect outside colleagues, e.g. vendors, consultants and others whose actions could be attributed to UUHC, to adhere to the same standards in their dealings with us and with others on our behalf.

These guidelines help all of us better understand what we believe to be in the best interest of our employees, patients, those with whom we do business and the public at large. Ultimately, however, we must depend on our own individual judgment in determining the correct course of action. Consider the following factors when working toward a satisfactory answer to a complicated situation:

- Is my action consistent with UUHC practices?
- Could my action give the appearance of impropriety?
- Will the action bring discredit to any employee or UUHC if disclosed fully to the public?
- Can I defend my action to my supervisor, other employees and to the general public?
- Does my action meet my personal code of behavior?
- Does my action conform to the spirit of this Code?

Always use good judgment and common sense. This Code is intended to reflect our collective good judgment and common sense. Whenever any of us sees a situation where this purpose does not appear to be served by the Code, we have the responsibility to bring the concern to the attention of our supervisor or one of the following departments:

- Hospital administration 521-2380
- Ethics Committee 339-5050
- Human Resources / Employee Relations 581-2119
- Office of General Counsel 581-5115
- Risk Management 585-2031

Commitment to Equal Opportunity and Nondiscrimination

The University of Utah is an "Equal Opportunity Employer," and is fully committed to the principle of nondiscrimination in all employment-related practices and decisions, including, but not limited to, recruitment, hiring, supervision, promotion, compensation, benefits, termination, and all other practices and decisions affecting university employment status, rights, and privileges. A more complete description of the university’s commitment to equal opportunity and nondiscrimination can be found on site at http://www.admin.utah.edu/ppmanual/2/2-6.html

Sexual Harassment

Mutual respect, consideration, and courtesy are expected of everyone. It is the policy of the University of Utah to maintain an academic and work environment free of sexual harassment for students, faculty, staff and participants. This policy also identifies which consensual relationships are prohibited and what actions should be taken to resolve such situations. A more complete description of the university’s sexual harassment policy can be found on site at http://www.admin.utah.edu/ppmanual/2/2-6a.html
UUHC Professional Image Standard (Dress Code)

PERSONAL IDENTIFICATION
The student should wear their name badge provided by their academic program. The name badge must be worn in a visible location of the upper torso. ID badges are to be free of pins, stickers, or any other material that might interfere with wearer identification.

PERSONAL HYGIENE
Students are expected to be neatly groomed, free of body odor, and should avoid wearing strong fragrance. Students should be considerate of co-workers and patients, as they may be sensitive to strong fragrance.

PERSONAL APPEARANCE AND SAFETY

This Standard is used to convey a professional appearance. Staff must also dress in a manner that promotes safety. Follow these guidelines:

<table>
<thead>
<tr>
<th>Type</th>
<th>Safety</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirts</td>
<td>Safety</td>
<td>Acceptable</td>
<td>Unacceptable</td>
</tr>
<tr>
<td></td>
<td>Casual collared shirts</td>
<td>Golf or polo shirts</td>
<td>T-shirts/ sweatshirts</td>
</tr>
<tr>
<td></td>
<td>Sweaters</td>
<td>Turtlenecks</td>
<td>Shirts with large lettering</td>
</tr>
<tr>
<td></td>
<td>Blouses with modest necklines</td>
<td></td>
<td>Midriff-bare tops</td>
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<td></td>
<td></td>
<td></td>
<td>Tank Tops</td>
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<td></td>
<td>Sheer or revealing</td>
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<td></td>
<td></td>
<td></td>
<td>Tight or backless clothing</td>
</tr>
<tr>
<td>Pants</td>
<td>Trousers</td>
<td>Cotton Twill</td>
<td>Knee length pants</td>
</tr>
<tr>
<td></td>
<td>Cotton Denim</td>
<td>Colored Denim</td>
<td>Shorts</td>
</tr>
<tr>
<td></td>
<td>Denim ? when approved department uniform</td>
<td></td>
<td>Sweat Pants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Blue Denim when not approved uniform</td>
</tr>
<tr>
<td>Skirts/Dresses</td>
<td>Casual dresses/skirts</td>
<td>Denim skirts</td>
<td>Skirts with hems above mid-thigh</td>
</tr>
<tr>
<td></td>
<td>Denim skirts</td>
<td>Mid-length split skirts</td>
<td>Spaghetti-strap dresses</td>
</tr>
<tr>
<td></td>
<td>Skorts</td>
<td></td>
<td></td>
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<tr>
<td>Footwear</td>
<td>No open-toed shoes in patient care areas</td>
<td>Loafers</td>
<td>Bare feet</td>
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<tr>
<td>(dictated by</td>
<td></td>
<td>Boots</td>
<td>Thongs</td>
</tr>
<tr>
<td>safety regulations)</td>
<td></td>
<td>Flats</td>
<td>Slippers</td>
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<tr>
<td></td>
<td></td>
<td>Leather deck shoes</td>
<td>Open-toed shoes without socks or hose in patient care areas</td>
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<tr>
<td></td>
<td></td>
<td>Casual socks</td>
<td>Sandals without socks or hose in patient care areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Athletic shoes</td>
<td></td>
</tr>
<tr>
<td>Hair</td>
<td>Tied back neatly to avoid patient contact</td>
<td>Neat and clean</td>
<td>Hair that comes in contact with patients or employees</td>
</tr>
<tr>
<td></td>
<td>during care or transportation</td>
<td></td>
<td>Distracting color/style</td>
</tr>
<tr>
<td>Jewelry</td>
<td>Does not create safety hazard</td>
<td>Jewelry and accessories should be conservative, including size, amount and style.</td>
<td>Distracting style</td>
</tr>
<tr>
<td></td>
<td>Does not interfere with work</td>
<td>Cultural piercing as approved by the supervisor</td>
<td>Visible body piercing, other than ears.</td>
</tr>
<tr>
<td>Tattoos</td>
<td>Visible tattoos which are distracting or unprofessional</td>
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</tbody>
</table>
| **Fingernails** | **All employees:** Clean and neatly trimmed fingernails.  
Employees providing patient care, including ancillary, service & maintenance staff: Short, natural nails; nail polish that is not chipped or damaged. |
| To avoid harm to patients or other staff members | **All employees:** Fingernails that are dirty or are not neatly trimmed.  
Employees providing patient care, including ancillary, service & maintenance staff: Artificial or acrylic nails; natural nails that could puncture gloves and/or injure patients; chipped or damaged nail polish. |

**DISCIPLINE**

Failure to comply with this policy will result in disciplinary action up to and including termination of the clinical experience.

**Attendance and Tardiness**

Regular attendance in the clinic for all students is a crucial component in the delivery of quality clinical education experiences and patient care. While the expectation is that students are actively engaged in the schedule they agreed to when accepting the internship, perfect attendance is not always possible. Absences will be dealt with on an individual basis in consultation with the student’s academic program.
Health and Safety

Emergency Information
Further information and training regarding emergency procedures will be given on site.

CODE BIO: 1-2222
Initiated if a patient presents to the hospital with a suspected or diagnosed potentially highly infectious disease or a disease which could be considered a bioweapon such as small pox, SARS, Anthrax or Viral Hemorrhagic fever

POWDERY SUBSTANCE / SUSPICIOUS PACKAGE OR LETTER: 1-2295 (Hospital Security). Do not touch the substance, handle or move the package or letter!!!

CODE RED - FIRE
“RACE” = Rescue, Activate (the nearest fire alarm), Contain the fire, Extinguish

CODE YELLOW = DISASTER

CODE PURPLE ALERT = SECURITY EMERGENCY 1-2222
There is an eminent danger to the safety or well being of any staff, patient, visitor or individual unit.

CODE PINK = INFANT ABDUCTION 1-2222

CARDIAC ARREST 5-2222

OTHER INFORMATION:
Hospital Security 1-2295
University Police 5-2677 (5-COPS)
Hospital Operator 1-2121
Disaster Information 5-8888
Trouble Report 1-2241
(Facilities & Engineering)

Maltreatment of the Vulnerable Adult or Child

All staff and students have a duty to report any maltreatment of a vulnerable adult or child.

Cellular Phones

The use of cellular telephones is now permitted inside the University Hospital, however they may be restricted in patient care areas. Please watch for signs and be respectful of those around you.
**Latex Allergy**

In the event a patient, staff, or student have a latex allergy, please let us know and review on site UUHC’s latex allergy and sensitivity policy at:


**Hazardous Materials and Waste Management**

The safe handling of hazardous chemicals in the University Hospitals and Clinics is managed by a four element program. Each employee is expected to understand their role in meeting the requirements of this program, so that materials can be used safely within our environment of care. The **Hazard Communication Coordinator** (HCC) for each unit is responsible for the successful operation of the program. The duties of the HCC are outlined under the "written program" section. The four aspects of the **hazard communication program**, which will be discussed in turn, are: Labeling, Material Safety Data Sheets, Training and The written program. For further information on site see:


**Smoke Free Environment**

The University Hospital and Clinics provides a comprehensive, equitable smoking policy which meets and respects the needs of patients, visitors, students, and staff, both smokers and non-smokers, while complying with state laws and regulations (i.e. the Utah Indoor Clean Air Act). Rationale - Primary and involuntary smoking are both harmful; we are a health promoting institution.

A. In accordance with the Utah Indoor Clean Air Act, smoking is prohibited within all public buildings comprising the University Hospitals and Clinics and the U of U School of Medicine, including the 4th floor open atrium within University Hospital.

B. Smoking is prohibited within 25 feet of all building openings, including; doors, windows ventilation intakes, etc. of all buildings comprising the University of Utah Hospitals and Clinics and the School of Medicine.

C. Smoking is prohibited in all designated partially enclosed areas, (such as under awnings and overhangs), in courtyards, and bus/shuttle enclosures.

D. Smoke free corridors are established by policy at main hospital entrances. Smoking is prohibited within 50 feet of designated hospital entrances to include:
   a. the main hospital entrance,
   b. entrances to the Emergency Department located in the bldg. 529 pavilion,
   c. entrances on the west side of University Hospital and the School of Medicine;
   d. e.g. A-level entrances near the Credit Union and the bldg. 521 loading dock
   e. the south end of the School of Medicine, bldg. 521.

E. Smoking is prohibited in the UTA bus shelter north of the main hospital entrance and along the entire length of the sidewalk that leads from the bus shelter to the main hospital entrance, (approximately 300 feet).

F. Smoking is prohibited in all of the Browning Plaza, by employees, patients, visitors or students.
G. Smoking is permitted in smoking shelters constructed for that purpose and all other areas not prohibited by law or policy.

H. Smoking is prohibited in all patient rooms. Patients who are mobile will be directed to the appropriate smoking areas. Patients who are non-ambulatory may be transported to the Rehabilitation Unit patio to smoke in an area more than 25 feet from the door.

I. Patients determined to be psychologically impaired and not responsible will be escorted by UUHC staff to an appropriate location and will be observed for their safety while they smoke. The nurse responsible for the patient's care assesses the patient for his/her ability for safe smoking behaviors and appoints a care giver to accompany the patient when deemed necessary. This assessment and its outcome will be part of the nursing documentation. The care giver is to observe the patient from a distance of twenty-five feet.

J. Responsibility for enforcement of this policy lies with each individual employee, under the Utah Indoor Clean Air Act. Security Officers and Service Officers will monitor the Hospital exterior areas.

K. University Hospitals and Clinics Security Officers are authorized to educate those found smoking in inappropriate places, record their names and identity numbers and/or escort anyone refusing to comply with this policy off the hospital premises, in accordance with the Utah Indoor Clean Air Act. Employees not in compliance with the policy may also be referred to their supervisor for counseling and/or disciplinary action per University Policy.

L. Any person found in violation of this policy shall be financially responsible for any penalties which are incurred as a result of their refusal to comply with the Utah Indoor Clean Air Act and this University of Utah Hospitals and Clinics Policy.

M. There shall be no discrimination or adverse action against any employee or other person "because that person sought enforcement of provisions of law" and/or the University of Utah Hospitals and Clinics Smoking Policy and/or otherwise protests the smoking of others, in accordance with the Utah Indoor Clean Air Act (Title 26, Chapter 38, R392-510).

**UUHC Policy Manual**

For all other hospital policies, please review on site: [http://intranet.uuhsc.utah.edu/policy/](http://intranet.uuhsc.utah.edu/policy/)

The Policy Manual for Rehabilitation Services and Therapy Services can also be found at: [http://intranet.uuhsc.utah.edu/policy/](http://intranet.uuhsc.utah.edu/policy/)
Facility Resources

Cafeterias

Hospital Wasatch Spectrum Cafeteria
Located on A level at the south end of University Hospital

Hours:
Monday-Friday, 7:00 a.m.-2:00 a.m.
Weekends and Holidays, 8:00 a.m.-8:00 p.m.

Phone Numbers:
801-581-2203
Menu Hotline, 801-585-CAFÉ (2233)

University of Utah Nutrition Care Services

Hospital Espresso Bar
Located on Level A of University Hospital

Hours:
Monday-Friday, 7:30 a.m.-3:00 p.m. and 6:30 p.m.-2:00 a.m.

Starbuck’s at the Hospital
Located on the 1st level of the Eccles Critical Care Pavilion
Open 24-7

Local Restaurants

Marie Callender's Restaurant & Bakery
1313 S Foothill Drive
801-582-3210

PF Changs China Bistro
174 W 300 S
801-539-0500

TGI Fridays
1414 S Foothill Drive
801-582-7447

The Pie Pizzeria
1320 E 200 S
801-582-0193

Fast Food

Burger King
Located in the Wasatch Spectrum Cafeteria

Hours:
Monday-Friday, 6:00 a.m.-11:00 p.m.
Weekends and Holidays, 7:00 a.m.-8:00 p.m.

Einstein Bros Bagels
240 S 1300 E
801-583-1757

KFC
555 E 400 S
801-363-9652

McDonald's
200 S 700 E
801-532-9147

Subway
1314 S Foothill Drive
801-581-1322

Taco Bell
615 E 400 S
801-328-4499

Wendy's
562 E 400 S
801-328-4499
Health Care Services

Health care services can be obtained from any UUHC facility or Community Clinics. Students must have effective health care insurance coverage during their clinical experience. Please see http://uuhsc.utah.edu/uuhsc/patient/hospital.htm for available resources.

Pharmacy Services

Several UUHC pharmacies are conveniently located around the area. Please see http://uuhsc.utah.edu/pharmacy/patient/ for locations.

Library Services

Three major libraries are available on campus. University libraries are available to students during all open hours. Please refer to each library’s web site.

Marriot Library: http://www.lib.utah.edu/

Eccles Health Sciences Library: http://medlib.med.utah.edu/

Quinney Law Library: http://www.law.utah.edu/sjqlibrary/

Other:
Salt Lake City Public Library: http://www.slclpl.lib.ut.us/index.jsp

Computer Access

Students are granted computer access upon arrival to the University Hospital. Students can access computers at the hospital as well as any of the libraries.

Public/Special Transportation

Salt Lake City has an excellent public bus and light rail transportation system. Please see: http://www.rideuta.com/Default.aspx

Parking

The University Hospital Rehabilitation Services Administration will provide complimentary “E” permit parking for students. Please see Debie Dipo @ 585-2800 upon arrival at the hospital to apply for your parking pass.

Other parking is available for students on campus at a cost to students. Students may purchase prorated Temporary “U” passes from Commuter Services. Both “E” and “U” parking lots are a short walking distance from the hospital.
For the 2005 – 2006 academic year, the following prices are in effect for the Temporary “U” passes.

“U” = $5.00 / week

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Prices are subject to change. Contact Commuter Services for current information.

Please refer to the Parking Services web site for parking lot locations, permit sales, and parking regulations. You may locate Commuter Services at: Commuter Services
1901 E. South Campus Dr
Salt Lake City, UT 84112-4360 office location
Or talk to a real person at (801) 581-6415
E-mail is good too: comments@parking.utah.edu
Web Site: http://www.parking.utah.edu/index.htm

**Housing:**

**University Guest House**
Student Rate: $30/night, or roughly $900/month (normal rate is $40/night to equal roughly $1200/month). This includes maid service every 3rd day and a complimentary deluxe continental breakfast every morning. Each room comes equipped with a hairdryer, iron, ironing board, small fridge, microwave and a coffeemaker. The $30 rate would be a room with either one king bed or two queen beds.

Contact: Charity Best
Reservation/Registration Coordinator
Guest House & Conference Center
(801) 587-1005
cbest@guesthouse.utah.edu

**University Campus Housing**
Summer housing is available from May 22nd through August 6th. The rate would depend on the length of the stay. The rates range $18.00 to $23.00 per night.

Contact: Marci Healy
mhealy@guesthouse.utah.edu

**University of Utah Married and Graduate Student Housing**
Visiting interns are eligible to apply for married/graduate student housing.
Contact: http://www.apartments.utah.edu

**Staff members offering room available:**
Vicky Brunstetter: vbrunste@hsc.utah.edu or 801-561-9608.
Sue Sandwick: sue.sandwick@hsc.utah.edu or 801-856-8484
Bart Gillespie @ the VA Hospital: bart.gillespie@va.gov or bartmang@hotmail.com
University of Utah PT students offering room available:
Tessa Hale: Tessa.Hale@hsc.utah.edu or 801-558-0285
Alex Whitney: bikeral01@yahoo.com

Other accommodations:
Chamber of Commerce listing available upon request. Contact Reva Rauk, 801-585-3330 or reva.rauk@hsc.utah.edu.
Out of state students have also had good luck going through www.craigslistonline.com
Important and Frequently Used Terms

Clinical Education Terms

(Definitions and terms were taken and/or modified with permission from the APTA, Department of Education)

Definition of Clinical Education
Clinical Education is the process by which a student is given opportunities to learn to integrate knowledge, practice skills, develop attitudes, and reasoning skills in a clinical setting that promotes the development of an autonomous and competent therapist.

Terms

**ADA** (Americans with Disabilities Act) – The 1990 federal statute prohibiting discrimination against individuals with disabilities in employment, public accommodations, etc.

**Academic faculty** – Therapists employed by the academic institution’s professional program with primary responsibility in classroom and laboratory teaching

**ACCE** – Academic Coordinator of Clinical Education, Academic Fieldwork Coordinator, or Director of Clinical Education. The faculty member of the academic institution’s professional program whose primary duties are the development, coordination and evaluation of the clinical education program. This person coordinates student placements to clinical sites, communicates with the clinical site, facilitates the development of the clinical site’s educators, and maintains current information on the clinical sites.

**Administration** – The process of planning, directing, organizing and managing human, technical, environmental, and financial resources of a program, department or facility effective and efficiently,

**Affective** – Behaviors related to the expression of emotion, or attitudes.

**CCCE** – Center Coordinator of Clinical Education or Center Fieldwork Coordinator. An individual selected by the clinical site to act as a liaison between the ACCE and the clinical site. This individual is responsible for communicating with the ACCE regarding assignment of students to their clinical site. This individual’s primary duties are the development, coordination and evaluation of the site-based clinical education program. Also, this individual determines CI readiness, evaluates clinical education experiences and provides information about the clinical site to the academic program.

**Clients** – An individual who benefits from physical therapy consultation, professional advice and services, but is not necessarily sick or injured.

**Clinical Education Agreement** – A legal contract negotiated between the clinical site and the academic institution that specifies, role, responsibilities and liabilities regarding the student clinical education.
Clinical Education Experience – The direct “real life” situations of being immersed in therapy practice where a student is provided the opportunity to practice classroom knowledge, behaviors and skills in a clinical setting.

Clinical Education Program – Educational experiences based in the health care or clinical environment rather than in the academic environment; the collective sum of all clinical experiences provided for students.

Clinical Instructors (CI) – primary clinical instructor and supervisor for a student on his/her clinical internship/fieldwork.

Clinical Site – The health care site within the University Hospital that provides clinical experiences for students of the professional programs. Clients can also be families, caregivers, businesses, schools or others.

Cognitive – Behaviors or processes characterized by knowledge, awareness, reasoning and judgement.

Competent – Behaviors that demonstrate skill and proficiency in providing patient/client management) within the scope of the profession’s practice.

Competencies – A set of standard criteria, determined by practice setting and scope, by which the student’s performance is evaluated.

Collaborative learning – A form of indirect teaching in which students work, cooperating in solving problems that have been organized by the instructor. Typically a multiple student/single instructor model.

Criteria for Discharge – A specific set of conditions that outline the discontinuation of therapy services. These may include: (1) the anticipated goals and expected outcomes have been achieved, (2) the patient/client, caregiver or legal guardian declines to continue intervention, (3) the patient/client is unable to continue to progress toward goals because of medical or psychosocial complications or because financial/insurance resources have been expended, (4) the therapist determines the patient/client will no longer benefit from therapy services.

Diagnosis – A label encompassing signs, symptoms, syndromes or categories. The decision reached as a result of a diagnostic process, which is the evaluation of information obtained from the patient examination that is organized into clusters, syndromes, or categories.

Discharge – The discontinuation of therapy services that occurs at the end of an episode of care. Discharge does not occur with transfer, that is, when a patient is moved from one site to another within the same setting or across settings during a single episode of care.

Episode of care – All therapy services that are (1) provided by a therapist and under the direction and supervision of a therapist, (2) provided in unbroken sequence, (3) related to the therapy interventions for a given condition or problem, or related to a request from the patient/client, family or other health care provider. This may include transfer between sites within or across settings or reclassification of the patient/client diagnostic groups from one classification to another. Reclassification may alter the expected range of number of visits and
therefore may shorten or lengthen the episode of care. If reclassification involves a condition, problem or request unrelated to the initial episode, a new episode of care may be initiated. *Episode of therapy maintenance:* a series of occasional clinical, educational, and administrative services related to the maintenance of current function. *Episode of therapy prevention:* A series of occasional clinical, educational, and administrative services related to primary prevention wellness, health promotion and preservation of optimal function.

**Ethical and Legal Behaviors** – Behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed-on and adopted for that group.

**Evaluation** – The dynamic process in which the therapist makes clinical judgments based on the data gathered during the examination.

**Examination** – The process of obtaining a history, performing relevant systems reviews, and selecting and administering specific test and measures. A part of the evaluation process.

**Fieldwork** – Affiliation, internship, clinical placement, clinical rotation.

**Formative Evaluation** – The evaluations completed formally or informally that monitors student performance at specified or unspecified intervals during the internship/fieldwork. Feedback should detailed and specific for the identification of a student’s areas of strength and areas needing improvement, for planning of future learning experiences, and for individualizing student instruction.

**Function** – Activities identified by an individual as essential to support physical, social and psychological well-being and to create a personal sense of meaningful living.

**Functional Limitation** – Restriction of the ability to perform a physical action, activity or task in an efficient, typically expected, efficient or competent manner.

**Impairment** – A loss or an abnormality of physiological, psychological or anatomical structure or function. *Secondary impairment:* impairments originating from other pre-existing impairments.

**Intervention** – The purposeful and skilled interaction of the therapist with the patient/client and, when appropriate, others involved in care, using various methods and techniques to produce changes in the patient’s/client’s condition.

**Outcomes** – The results of patient/client management; relating to the remediation of functional limitations and disability, primary and secondary prevention, and optimization of patient/client satisfaction.

**Patients** – The individuals who, sick and/or injured, are the recipients of therapy direct intervention.

**Philosophy** – The theoretical framework provided for program purpose, organization, structure, goals and objectives.
Plan of Care – Statements specifying the anticipated long-term and short-term goals, the desired outcomes, predicted level of optimal improvement, specific interventions to be used, duration and frequency of the intervention required to reach the goals, and outcomes and criteria for discharge.

Prognosis – The determination of the level of optimal improvement that might be attained by the patient/client and the amount of time needed to reach that level.

Psychomotor – The motor activity or skill of “doing” a task that is preceded by, or related to, a mental, cognitive activity.

Re-examination – The process by which a patient/client status is updated following initial examination because of new clinical indications, failure to respond to interventions, or failure to establish progress from baseline data.

Secondary Care – The management of patients seen initially by another practitioner and then referred to therapy; secondary care is provided in a wide range of clinic sites.

Summative Evaluation – Evaluation of student performance carried out at the end of the internship/fieldwork. It gives the overall analysis of student performance for determining if the student has mastered essential skills for practice, for recognition of outstanding performance, for documentation of student performance and for clinical program and academic program accountability.

Supervision – A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee’s qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions. The APTA House of Delegates stated its position on definitions of levels of supervision, two of which relate to student supervision:

Direct Supervision: The clinical instruction is usually present and immediately available for direction and supervision. The CI will have direct contact with the patient during each visit as is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. This level of supervision applies to students who are competent and in the late stages of their education. The CI can be on the premises but does not necessarily have to be watching the student. The CI needs to be in the building for contact if needed. The CI must check on the patient within a 24-hour period from the time the student treated the patient. This means that a PTA could supervise a PTA student but a PT must be on the premises and the PT must check on the patient in 24-hours. Patients with Medicare insurance are an exception to this guideline. See Direct Personal Supervision below.

Direct Personal Supervision: – The PT (CI), or where allowable by law the PTA is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. This is “in-line-of-sight” supervision. The CI must have direct contact with the patient during each session. During a treatment session, the CI must be able to see the student performing the intervention and be available for guidance or correction. This is also the level of
supervision for students who have not demonstrated or do not have the skills to safely provide patient care under direct supervision. This is the level of supervision for students providing care for patients under Medicare insurance.

**Tertiary Care** – Highly specialized care, usually including a referral. Tertiary care may be defined by the setting (e.g., an organ transplant unit) or by the sophistication of the service.

**Treatment** – One or more interventions used to cure or ameliorate impairments, functional limitations, or disability or otherwise produce changes in the health status of the patient; the sum of all interventions provided by the therapist to a patient/client during an episode of care.

**Variety of Clinical Education Experiences** – Considers multiple variables when providing students with clinical learning experiences relative to patient care including. But not limited to, patient acuity, continuum of care, use of a therapist/assistant care delivery team, complexity of patient diagnoses and environment, and health care delivery system.

**References**


University of Utah
Rehabilitation Services

Memorandum of Agreement

“I have read and understood the contents of the:

Clinical Education Student Manual.

I agree to abide by the policies and procedures stated in the above-listed materials.”

___________________________  _________________________
Student’s Name (PRINT)    CI/CCCE Signature

___________________________
Student’s Signature

___________________________
Date