FIRST WEEK OF CLINICAL EXPERIENCE (CCCE/CI):

- Introduction to department staff and personnel
- Introduction to key facility personnel
- Review of organizational structure of the department
- Job descriptions for all PT personnel/sample performance evaluation (if appropriate)
- Tour of the facility
- Tour of the department
- Orientation to department and facility policies and procedures including but not limited to:
  - Fire safety
  - Patient emergencies – codes and procedures
  - Employee safety
  - Patient incidents
  - Employee/student incidents
  - Availability of emergency services
  - Explanation of daily routine including but not limited to:
    - Scheduling procedures
    - Procedures for treatment charges
    - Documentation for telephone management
    - Designation of student work area
    - Facility protocol for obtaining a patient’s informed consent to participate in physical therapy services

CLINICAL INSTRUCTOR

- Review various types of learning experiences available to student; e.g., specialized services, new technologies, surgical observations
- Review student’s responsibilities and the CI’s expectations for the student
- Review relevant objectives for the Clinical Education experience level
- Establish objectives for the student and potential time frames for achievement
- Establish plans for providing feedback (formal and informal)
- Schedule tentative time for student midterm and final evaluation

REMINDERS FOR CIs:

- Keep the ACCE apprised of any concerns regarding student performance via email (required for records: mgeyer@irsc.edu) and call if necessary 772-462-7772
- Document areas of student performance (positive and negative), this will make evaluation easier and assist you in providing accurate feedback to the student
- Solicit feedback from the student
- Continually assess student progress in relation to established goals and reinforce learning in known weak areas

Student Signature: ________________________________ Date: ____________

CI/CCCE Signature: ________________________________ Date: ____________