

Orientation Manual
for
Physical Therapy Students



WEILL CORNELL MEDICAL CENTER
DEPARTMENT OF REHABILITATION MEDICINE

Center Coordinators of Clinical Education

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For directions to the NewYork-Presbyterian Hospital and a map go to

<http://www.nyprehabmed.org>

Appendices

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Cardiac Arrest Procedure (*reviewed upon arrival*)

Fire Safety Plan (*reviewed upon arrival*)

Administration/Organization Chart (*reviewed upon arrival*)

Conferences, Meetings, and Rounds (*reviewed upon arrival*)

Our Hospital

The NewYork-Presbyterian Hospital/Weill Cornell Medical Center is an academic medical center located on the Upper East Side of Manhattan. It consists of the NewYork-Presbyterian Hospital, a voluntary non-profit acute care general hospital, and Weill Cornell Medical Center. The New York Hospital opened in 1791 as the city's first hospital and is the second oldest hospital in the country. The Medical Center is a major center for training and research in the medical sciences. In addition to educating and training physicians, the hospital maintains a school to train surgeon's assistants as well as affiliation agreements with other institutions for the continuing education of other health professionals, such as you.

NewYork-Presbyterian Hospital/Weill Cornell occupies more than three-square city blocks. There are clinical departments in all major areas of medical science, with such specialty facilities as the regional Neonatology center, the Burn Center and the Rogosin Kidney Center. The remodeled Samuel J. Wood Library and C. V. Starr Biomedical Information Center were expanded in 1990 to better serve the Cornell University and NewYork Hospital personnel. All departments provide services to both in and outpatients. In addition, there are two psychiatric facilities, the Payne Whitney Psychiatric clinic, located in the main hospital, and the Westchester Division in White Plains. Each of these facilities is an administrative Division of The Society of the NewYork Hospital.

**NewYork-Presbyterian Hospital/Weill Cornell Medical Center
Department of Rehabilitation Medicine-Physical Therapy Student Manual**

In 1997, The New York Hospital and Columbia Presbyterian Hospital merged to form NewYork-Presbyterian Hospital, the University Hospital of Columbia and Cornell. The combined hospitals have a capacity of 2,369 beds in NewYork City and 322 beds in Westchester, with an occupancy rate of about 94%. There are approximately 4,650 physicians and 13,300 employees at the NewYork Presbyterian Hospital with about 826,000 outpatient visits in the Ambulatory Care Clinics.

NewYork-Presbyterian Hospital and the Cornell Medical College have entered into formal and informal institutional and departmental affiliation agreements with various medical institutions and organizations in order to enrich their patient care, education, and research activities. The network of over 50 affiliations include our York Avenue neighbors, Hospital for Special Surgery, Memorial Sloan-Kettering Cancer Center, and Rockefeller University, as well as North Shore University Hospital, Jamaica Hospital, DeWitt Nursing Home, The Winifred Masterson Burke Rehabilitation Hospital in Westchester, and NewYork Hospital Center-Queens.

Also in 1997, NewYork-Presbyterian Hospital/Weill Cornell opened its new inpatient hospital wing called The Greenberg Pavilion. This pavilion has eight inpatient floors with 776 beds. It is the most eastern portion of the hospital and is connected to the "old" building of the hospital and college via several corridors. The operating rooms are located on the third floor. The Emergency Department is located on the first floor and accessed from the 68th Street entrance.

Our Department

The Department of Rehabilitation Medicine is located on the 16th-18th floors of the Hospital's Baker Towers. These floors house the doctors' offices, physical therapy offices, outpatient treatment areas, therapeutic pool, conference room, an occupational therapy treatment area with an ADL set-up and a 22 bed inpatient rehabilitation unit (IRU) located on the 16th and 17th floors. In addition, there are several treatment gyms and inpatient therapy offices located in the Greenberg Pavilion for the acute care services. Most inpatient physical therapy treatments are performed at the bedside or the satellite gyms.

Patients with a variety of diagnoses are treated. Depending on their needs, patients are treated either on the sixteenth floor (IRU), eighteenth floor (outpatient) or at the bedside (inpatient). The rehabilitation staff includes attending physiatrists, physiatry residents, a Coordinator of Rehabilitation Services, physical therapists, occupational therapists, a speech therapist, recreation therapists, administrative assistants and rehab aides. The names and positions of those persons currently working in the Department of Rehabilitation Medicine are available for your review. Speech therapy is also available within the Hospital's Department of Otorhinolaryngology.

Physical Therapy

A. Physical Therapy Rotations and Services:

The Physical Therapy department is comprised of over 75 PT's in staff level and supervisory positions. Staff therapists work in different clinical areas and

rotate to other areas to expand their knowledge of various patient populations.

They rotate through the following services every eight months:

1. GYM: Baker Tower, F-1800

Types of Patients: Outpatients with a variety of diagnoses, including patients with vestibular and balance problems, neurological impairment such as CVA or MS; orthopedic injuries such as post-fracture, sprains, foot pain including plantar fasciitis, and medical-surgical problems including amputees and burn patients.

Interventions: The main emphasis is on therapeutic exercise including Bobath, NDT, PNF, and Rood; and gait and mobility training. Biomechanical foot evaluations and orthotic prescription is available and there is a weekly prosthetics and orthotics clinic, as well as a spasticity management clinic.

Equipment/Modalities: Balance Master™, UBE™, BAPS™ board, Pro-Fitter, trampoline, therapeutic balls; cardiovascular equipment such as Nordic-Track™, bicycles, stairmaster, and treadmill; mats, parallel bars, stairs, and other ambulation devices including Lite Gait™ system for supported ambulation, walkers, crutches and canes. Thermal and electrical modalities are used in the gym as well.

2. OUTPATIENT: Baker Tower, F-1800

Types of Patients: Outpatients with musculoskeletal problems e.g., cervical and lumbar spine conditions, muscle and joint dysfunction, in the neck, back and extremities.

Interventions: Treatment consists of manual techniques, therapeutic exercise, patient education and modalities. Other treatment techniques, such as joint and soft tissue mobilization, and ergonomic interventions are also utilized.

Equipment/Modalities: Electrical stimulation, ultrasound, iontophoresis, TENS, heat, ice, mechanical traction, exercise equipment in the gym, including Nordic-Track™, treadmill and stair master.

3. THERAPEUTIC POOL: Baker Tower, F-1829

Types of Patients: Inpatients and outpatients who have pain or difficulty in movement as a result of arthritis, muscle spasm, radiculopathy, orthopedic injury and in some cases, neurological disorders.

Interventions: Relaxation exercises, ROM, strengthening and ambulation can be done with greater ease in the 98° water.

Equipment/Modalities: An exercise table, chairs and parallel bars are in the pool, in addition to floatation and resistive equipment. Patients can be transferred into and out of the pool with a hydraulically controlled chair or stretcher lift if necessary.

4. INPATIENT REHABILITATION UNIT: Baker Tower 17th Floor

The twenty-two bed nursing unit is located on the 17th floor of the Baker Tower; the patients are treated bedside or in the 16th floor Rehab gym.

Types of Patients: Amputees, CVA and other neurological patients, acute orthopedic patients, medically complex patients, cardiopulmonary and

burn patients, etc., who require a comprehensive acute rehabilitation program. The facility opened in 2003 and is CARF accredited.

Interventions: May include pre-prosthetic and prosthetic training, general conditioning exercises, neurological facilitation techniques, gait training, vestibular and balance training etc., with emphasis on safe, functional transfer to home or appropriate setting.

Equipment/Modalities: Exercise bicycles, UBE™, BAPS™ board, therapeutic balls, treadmill, mats, parallel bars, stairs, Lite Gait™ and other ambulation devices including walkers, canes, etc. Thermal and electrical modalities may also be used in the Rehab Center.

5. FRACTURE: Greenberg Pavilion - Primarily 8 Central

Types of Patients: Inpatients who require orthopedic surgical intervention e.g. internal/external fixation, hemiarthroplasty, ligamentous repair, meniscectomy, and other fracture/injuries that require traction, bed rest, etc.

Interventions: Functional mobility and ambulation training, therapeutic exercise, ROM, patient education and modalities such as ice.

Equipment/Modalities: Ambulation devices including walkers, crutches and canes are used to assist patients. Weights, bledsoe braces and CPM devices may also be used.

6. NEUROLOGY/NEUROSURGERY: Greenberg 6th Central

Types of Patients: Inpatients with neurological diseases/disorders, including brain and spinal cord tumors, strokes, degenerative diseases, head trauma, spinal cord injuries, s/p spinal surgery, etc.

Interventions: Treatment includes activities to improve functional mobility and independence. Treatment approaches include NDT and forces use paradigm to regain function.

Equipment/Modalities: A mat table, temporary orthoses and other equipment are available in the gym area located on the 6th floor.

8. MEDICAL/SURGICAL: All the medical/surgical floors, including the ICU's.

Types of Patients: Inpatients with general or specific weakness, problems with range of motion or difficulty with mobility as a result of medical/surgical problems.

Interventions: Mobility training including bed mobility, transfer training and ambulation, therapeutic exercise, range of motion, as well as neuromuscular facilitation techniques.

Equipment/Modalities: Ambulation devices.

9. BURN CENTER: Inpatients-Greenberg 8th floor, bedside or 8th floor gym.

Types of Patients: Inpatients who have been burned and/or sustained injuries due to smoke inhalation, as well as patients who are admitted for reconstructive or contracture release surgery.

Interventions: The goals of treatment are to prevent contracture and deformity. Treatments consist of ROM, anti-contracture positioning, fabrication of splints, exercise and ADL as indicated. Treatment begins on the day of admission.

Outpatients- Baker Tower, F18

Types of Patients: Those burn patients who have been discharged from the Burn Center but need continued therapy on an outpatient basis.

Interventions: ROM, splinting, functional activities and scar management techniques (pressure garments, inserts, face masks).

Equipment/Modalities: Same as F-18 Gym. Splints, positioning aids, built-up utensils, restorators, pulley, small weights and ambulation devices are available.

10. HANDS: Baker Tower, F-1826

Types of Patients: Patients with upper extremity injuries including fractures, tendon injuries, repetitive strain injuries and burns that need continued therapy on an outpatient basis.

Interventions: Patients with injuries of the hand, wrist, elbow and shoulder benefit from interventions including ROM, splinting, functional activities and scar management techniques, as indicated. Various types of exercise, muscle re-education, joint mobilization are also utilized.

Equipment/Modalities: These include hot and cold modalities, paraffin, ultrasound/phonophoresis, electrical stimulation and pulsatile lavage for selective wound debridement. The BTE Primus™ and Valpar 9™ are used for work hardening and ROM.

11. CARDIOPULMONARY PT: Greenberg Pavilion 4th floor

Types of Patients: Medical and surgical patients with acute compromised cardiac conditions, including coronary artery bypass grafts, valve

repair/replacements, aneurysm repairs and pediatric congenital anomalies.

Pulmonary conditions include s/p thoracotomy, COPD and pneumonia.

Interventions: Postural drainage, percussion, vibration, breathing exercises and/or therapeutic exercises, suctioning, functional mobility and gait training.

Equipment/Modalities: Incentive spirometers, stethoscopes.

12. PEDIATRIC THERAPY: Baker Tower, F-1820 or bedside on the pediatric floors including the neonatal and pediatric intensive care units. Babies are also screened at the Peri-Natal Follow-Up Clinic.

Types of Patients: Outpatient infants and young children who have abnormal sensory-motor development or who are at risk, and pediatric inpatients with a variety of musculoskeletal or neurologic diagnoses.

Interventions: The interdisciplinary team of PT's and OT's uses various neurodevelopmental evaluation and treatment techniques.

Equipment/Modalities: Mats, balls, toys, etc.

B. Conference and Rounds:

Conference, meetings and rounds schedules will be discussed upon your arrival. You will be attending clinical group inservices and meetings, specific to the services that you will be working on during your affiliation. Students will be responsible for reporting their patient's status at the appropriate conferences.

C. Hours:

Most therapists work 8:30am-4:30pm, Monday through Friday. Evening hours are offered for outpatients. We provide weekend coverage for inpatients. In addition, the Burn Center provides seven day per week coverage for inpatients. Staff therapists are required to work weekends. Schedules are determined by the supervisors. As a student, you will work the same schedule as your CI during the week but are not responsible for weekend coverage.

D. Physical Therapy Student Affiliations:

The Physical Therapy Department at the NewYork-Presbyterian Hospital accepts physical therapy students from the following schools:

Columbia University	Hunter College	Temple University
Ithaca College	Mercy College	Graduate Center-CUNY
SUNY HSC at Stony Brook	Touro College	Quinnipiac College
George Washington University	Utica College	New York University
SUNY HSC at Syracuse	College of Staten Island	Long Island University
Thomas Jefferson University		

E. Dress Code: Students should follow the dress code listed on this page.

**Dress Code for Clinical Rehabilitation Medicine Staff
NewYork-Presbyterian/Weill Cornell Medical Center**

POLICY: All staff should have neat conservative clothing with visible identification

PURPOSE: To present a professional appearance

APPLICABILITY: Physical therapy and occupational therapy staff treating patients

PROCEDURE:

- Professional, conservative dress and hem length; neat and tidy appearance
- Business, casual for men (e.g. collared shirts, ties optional)
- Shoes or clean leather sneakers (in basic colors); No open-toed shoes with bare feet
- Identification tags must be visible
- Lab coats are encouraged, especially at bedside
- No blue jeans or faded colored jeans
- No walking shorts or "capri" pants
- No leggings
- Legs should be appropriately covered
- "Scrubs" may be worn by staff working with patients at bedside who may have the potential for becoming soiled with bodily secretions during treatment
- "Scrub" color must be royal blue (except on the burn service)
- All staff are responsible for the purchase of his/her own "scrubs" (except on the burn service)
- Hair should be neat and pulled back if needed when working with patients
- Fingernails should be appropriate to ensure the comfort of the patient during handling. No artificial nail enhancements are permitted.

RESPONSIBILITY: Physical and Occupational Therapy Managers, Rehabilitation Coordinator

Other Information for Students

A. Student Supervision

NewYork-Presbyterian Hospital's physical therapy clinical coordinator will coordinate your affiliation with your school and oversee your experience. You will be assigned to a primary supervisor (CI) prior to your arrival.

Depending on the service you are assigned to, you may have a secondary supervisor as well. Please see Responsibilities of the Clinical Coordinator, the Primary Clinical Instructor and the Secondary Clinical Instructor (*Appendices i, ii and iii*).

Students are encouraged to give frequent feedback with regard to the type and amount of supervision they are receiving. This will enable supervisors to individualize as well as optimize the learning experience.

B. Student Orientation

On the first morning of your affiliation the clinical coordinator will give you a general orientation to NewYork-Presbyterian Hospital, the Department of Rehabilitation Medicine and a tour of the department. Your clinical instructor will give you an orientation to your assigned rotation(s). Locker assignment, department policies, emergency procedures, etc., will be reviewed with you on the first day.

C. Rotation Assignments

Students will be assigned to services they request whenever possible. Specialty experiences unique to NewYork-Presbyterian Hospital will be provided on a limited basis. This will be dependent upon availability, staffing and student performance.

D. Work Assignments

1. Documentation: Students will be expected to write notes following the NewYork-Presbyterian Hospital's format and policies. Please refer to NOTEWRITING GUIDELINES FOR PHYSICAL THERAPY.
2. Student Presentations: A student presentation is required of all full-time students. This will provide you with a valuable learning experience since it requires independent research, integration of theoretical and clinical knowledge and an opportunity for public speaking. The presentation will be scheduled during clinical inservice time whenever possible. Please refer to Guidelines and Procedures for Student presentations (*Appendix iv*).
3. Other Assignments: Students may be given other assignments by their supervisors as well. You are expected to complete them by the assigned date.

E. Student Evaluations

You will receive a mid-term and final evaluation from your clinical instructor(s) using the Clinical Performance Instrument (CPI). The evaluation criteria used are the clinical objectives set by your school for your particular level of education and experience. In NewYork State, students are also required to perform a self-evaluation.

In addition, weekly summary planning forms will be completed and discussed by the CI and student.

F. Student's appraisal of the affiliation

At the end of the affiliation, you will complete the enclosed Physical Therapy Student Affiliation Appraisal (*appendix v*), so that the Physical

Therapy Department can continue to monitor and upgrade the quality of its student program. Any constructive criticism or suggestions pertaining to your experience at The NewYork Presbyterian Hospital, however, should be discussed immediately with your supervisor or with the clinical coordinator so as to maximize your learning experience at NewYork-Presbyterian Hospital.

G. Educational Materials

Books, Journals, tapes, etc., are also available at the Cornell University Medical College Library, which is located on the first floor of the medical school (entrance at 69th Street and York Avenue).

H. Lateness/Illness/Absence

NewYork-Presbyterian Hospital will abide by your school's policies for lateness, illness and absence. If you will be late or absent, please call your supervisor or the clinical coordinator by 8:30 a.m.

I. Meals

Meals can be purchased in the hospital cafeteria, which is located in the basement, (discount with I.D.) or in nearby delicatessens and restaurants. If you wish to bring your lunch, you may use the refrigerators located in the physical occupational therapy areas or in the staff lounge for inpatient units in the Greenberg Pavilion.

J. Housing:

Students are responsible for arranging their own housing. In rare instances, housing may be available through Cornell or the hospital. There is a rental fee. You may request a housing application from:

Housing Office
Weill Cornell Medical Center
420 East 70th Street
New York, NY 10021
(212) 746-1001 or NYPH Real Estate at (212) 746-1968.

Some students have arranged to stay at the local YMCA (212) 756-9600 or YWCA (212) 755-4500.

K. Miscellaneous:

1. Students must respect the confidentiality of all patients they treat or encounter and any records they have access to and are required to sign a confidentiality agreement on their first day.
2. For emergency procedures, Cardiac arrest and Fire Safety Procedures will be reviewed upon your arrival.
3. Approximately one month prior to your affiliation, the clinical coordinator should be able to tell you what areas you will be working in. There is always a possibility of last minute changes due to staffing or departmental concerns. It is expected that you have your class notes and/or books available for your own reference.

Clinical Education Philosophy Statement

The therapists at NewYork-Presbyterian Hospital believe the clinical affiliation period is a critical link between the academic and professional career of the physical therapy student. We are committed to providing quality learning experiences and guidance for the student to develop his/her skills in becoming a vital, responsible member of the profession.

Legal Responsibilities of the Clinical Site

1. The student's performance will be communicated to the student prior to evaluation on that performance.
2. The student will be treated fairly and given feedback regarding his or her performance.
3. The clinical instructors will show that they have not acted arbitrarily or capriciously.
4. The problem solving process will be documented, as well as the student's behavior and response to feedback.
5. The ACCE/DCE, CCCE, CI and student will be involved in any contract associations and decision making.
6. Patients will be informed of and consent to health care services delivered by a student prior to delivery.

Responsibilities of the Clinical Coordinator (CCCE)

1. To schedule students from the affiliating physical therapy schools each year.
2. (a) To assign each student to a supervising therapist and make up a schedule of which rotations the student will work on while at NewYork-Presbyterian Hospital.

(b) To schedule the student's inservice and midterm and final evaluations.
3. To send each student an orientation manual and information before they arrive.
4. To review salient points in the orientation manual with the student on the first day of their affiliation.
5. To give the student a general orientation to the services they will work on while at NewYork-Presbyterian Hospital and to discuss their individual needs.
6. To review with each student the objectives of their school for them.
7. To review with the student the hospital's expectations of them.
8. To give the student a tour of the Rehabilitation Department.
9. To arrange for an I.D. and locker key for the student.
10. To introduce the student to the primary supervisor and the staff.
11. To orient, educate and advise therapists who are working with students about supervision, writing evaluations, etc.
12. To meet with the supervising therapist about their student throughout the affiliation.
13. To review student evaluations before they are given and to be present during an evaluation if there is a problem.
14. To communicate with the academic coordinator if problems arise with student performance. At any time during the affiliation, the ACCE may be contacted to discuss performance concerns related to the criteria in the APTA Clinical

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Performance Instrument (CPI) or in the student manual. Follow up decisions/plans are made in conjunction with ACCE and may include learning contracts, termination of affiliation and extending the affiliation time to allow for improvement.

15. To speak with the academic coordinator regarding the student's performance if an on-site visit is made or if requested of them at another time.
16. To have the student complete the affiliation appraisal before their completion of the affiliation.
17. To complete information the schools may need for accreditation,
18. To handle the school contracts with the Coordinator of Rehabilitation Medicine when they need to be reviewed.
19. To attend seminars and workshops about clinical education.
20. To continuously improve the quality of the student program at NewYork-Presbyterian Hospital.

Responsibilities of the Primary Clinical Instructor

1. To check the student's schedule daily, to make the clinical coordinator aware of any necessary changes, and to assist in making these changes.
2. To introduce the student to the therapists and other staff they will be working with.
3. To give the student orientation to the service on which they are working.
4. To inform the student about what is expected of them at the beginning of the affiliation.
5. To provide the student with as many learning experiences as possible; periodically reviewing the components of the CPI to ensure all or most of them are being addressed.
6. To give the student frequent constructive feedback.
7. To encourage open communication and exchange of ideas with the student.
8. To inform the clinical coordinator of any special requests or needs that the student may have.
9. To keep the clinical coordinator informed about the student's progress and impressions they may have of the student.
10. To counsel the student regarding any difficulties or problems that may arise.
11. To assist the student with topic selection, research and content for student presentation.
12. To collect feedback about the student from all therapists who work with him/her.
13. To prepare the verbal midterm and the written final evaluation in a timely fashion, and present them to the clinical coordinator before presenting them to the student.

The evaluations should reflect the opinions of all the therapists involved, based on their written evaluations. The student's evaluation should be based on the school's objectives for each student's particular level of education.

14. To conduct the scheduled verbal midterm and scheduled written final evaluation. To allot and schedule time appropriately to prepare and conduct written evaluations.
15. To have the student explain his/her feelings about the affiliation and to communicate this to the clinical coordinator if he/she is not present at the time of the final evaluation.
16. To speak with the academic coordinator regarding the student's performance if a site visit is made.

Responsibilities of the Secondary Clinical Instructor

1. To give the student a specific orientation to the service on which they are working with the student.
2. To inform the student about what is expected of them as soon as possible.
3. To encourage open communication and exchange of ideas with the student.
4. To give the student frequent and constructive feedback.
5. To provide the student with as many learning experiences as possible; periodically reviewing the components of the CPI to ensure all or most of them are being addressed.
6. To keep the primary supervisor informed of the student's progress. To meet with the primary supervisor.
7. To write evaluations of the student following the school's evaluation form and objectives for the student.
8. To share the responsibilities of the clinical education experience with the primary supervisor, student school, and CCCE.

Guidelines for PT Student Presentations

- I. Physical Therapy students affiliating at NewYork-Presbyterian Hospital
- II. Student may present:
 - A. A topic of interest related to physical therapy and to the patient population of NewYork Presbyterian Hospital or,
 - B. A case presentation, if the student has encountered a particularly complicated or interesting patient or,
 - C. The student's masters or doctoral thesis topic.
- III. Choosing a Topic: After the student's first or second week at NewYork-Presbyterian Hospital, and following discussion with his/her supervisors, the student will present topics for the inservice presentation, and will decide on an appropriate topic with the clinical coordinator.
- IV. Preparation:
 - A. On the first day of the affiliation, the student will be given a schedule of dates for required submission to the clinical coordinator of presentation outline and the first and second drafts.
 - B. Prepare the Talk
 1. If it is a topic you are presenting, it should include:
 - a. Overview of what you will talk about
 - b. A description and explanation of the topic
 - c. A review of the research done on the subject, if it exists;
 - d. Clinical application of the material;
 - e. Summary
 2. The following is an outline of what should be included in a case study:
 - a. A brief introduction and overview of what will be covered;
 - b. A brief description of the patient's medical and social history
 - c. including current problems;
 - d. A discussion of the disease entity, injury or disability that is the cause of the patient's current problem.
 3. If your thesis is presented, it should include:
 - a. A brief overview of the topic to be covered;
 - b. The hypothesis and null-hypothesis;
 - c. A review of the literature pertaining to the topic;

- d. Your research methodology;
 - e. Conclusions drawn from the research;
 - f. Potential clinical application.
- C. Audiovisual Aids
1. A slide projector, overhead transparency viewer, VCR and laptop are available for the presentation. The Department will supply overhead transparencies. Slides and videotapes are the responsibility of the student.
 2. Hardcopies of the outline should be handed out to the staff at the beginning of the presentation. A prepared bibliography, while not necessary, would be beneficial to the Department.
 3. Notify the Clinical Coordinator of audiovisual and/or copying needs at least three to four days in advance of the presentation.
- D. Review your presentation with your supervisor for feedback and *suggestions*.

Physical Therapy Student Affiliation Appraisal

1. Was your orientation to our department sufficient?

2. Was there enough opportunity for learning? (*Comment on each*)
 - a. Number of patients to treat:
 - b. Educational materials available:
 - c. Professional conferences and meetings:

3. What was the quality of your supervision in terms of:
 - a. Were goals and expectations of you explained early on?
 - b. Were you given adequate information about your patients prior to your first encounter with them?
 - c. Were you given adequate responsibility in treating patients?
 - d. Sufficient knowledge imparted to you:
 - Theoretical knowledge
 - Clinical skills
 - Integration of academic and clinical knowledge
 - e. Was independent pursuit of knowledge encouraged?
 - f. Were you given frequent feedback?
 - g. Were you given constructive feedback?
 - h. Was feedback given in a tactful, sensitive way?

4. Climate of the Department:

- a. How did you find the attitudes of the staff, in relation to:
 - Students
 - Patients
 - Peers
 - the profession
 - b. Were freedom of expression and open communication encouraged?
 - c. Did you feel comfortable here?
5. In what ways could this affiliation have been improved?
6. What do you consider the strengths of the education program at NewYork-Presbyterian Hospital?

Additional Comments:

Physical Therapy Affiliate Data Sheet

Name: _____ School/Level: _____

Dates of affiliation at NewYork-Presbyterian Hospital/Weill Cornell Medical Center:

Permanent Address:

Telephone: _____

E-mail address: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Address: _____

_____ Telephone: _____

Do you have any physical limitations that might affect your ability to perform the duties required of you as a PT student while on this affiliation?

Previous work or volunteer experiences related to physical therapy (include type of employment and length of time employed):

Please list all scheduled affiliations:

Dates	Facility	Patient Population