



Physical Therapy Student Manual

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Maletta Pfeiffer and Associates Torrington Physical Therapy is an outpatient orthopedic private practice that provides service at 2 locations in Torrington, CT. We see patients with orthopedic, neurological, and vestibular diagnoses. Feel free to learn more about us on our website www.torringtonpt.com .

Our Mission:

Maletta Pfeiffer & Associates is driven to provide the highest quality in healthcare service. Our facility is constantly expanding its educational knowledge in order to better treat our patients. We provide educational seminars to increase public awareness in health and fitness, as well as disease prevention. We have led the field in first-class Physical Therapy care in Litchfield County and the surrounding areas for over 30 years, and will strive to maintain that standard. We understand that patient satisfaction and a return to their functional activities are the major goals.

Clinical Education:

Our Vision: To provide access to clinical education experiences for student's in our community.

Our Mission: To provide the opportunity for students to learn in an environment that focuses on the individual patient and quality of care.

Our Goals:

1. Facilitate student learning in an outpatient orthopedic setting.
2. Provide timely and appropriate feedback to enhance the student's learning.
3. Provide weekly meetings to discuss goals and progress using the weekly planning form provided by the APTA.
4. Mentor student's and provide challenges to further enhance their learning experience.

Absence Policy:

In accordance with the UHART policy you are responsible for arriving on all scheduled days and on time. If you need to arrange a day off for a reasonable circumstance it must be approved by the ACCE as well as the CI in advance. Make up of missed days is expected.

If you are ill, please contact your Clinical Instructor as early as possible at the number provided at orientation. Make up of missed days is expected.

If your Clinical Instructor is not at the clinic for whatever reason, you will spend your day with another therapist and still be expected to see their caseload when appropriate.

In the case of inclement weather, the student should contact the Clinical Instructor who will follow our office's weather policy. Make up of missed days is expected. *Closure of the University does not excuse the student from attending the clinical affiliation.

CCCE:

Dan Albanese, PT is your CCCE and can be contacted if any problems arise between you and your Clinical Instructor. He is in the office on Peck Road on Tuesday and Fridays and can be contacted by email at Dan@torringtonpt.com.

Cell Phone Usage:

Cell phones are only permitted during lunch breaks or emergencies. The student is not allowed to carry their phone with them while treating patients.

Dress Guidelines:

1. Appearance: Clothing should be neat and clean. No gum chewing allowed.
2. Upper Garments: No sleeveless, tank style tops, or spaghetti strap tops. No low-cut or tight fitting tops. No screened artwork or logos from other organizations. No T-shirts or sweatshirts. Dress blouses should be worn with a camisole underneath if sheer fabric.
3. Pants: No blue jeans. No skirts or dresses are appropriate for this setting. Khakis and/or dress pants of any color are appropriate.
4. Footwear: No open-toed shoes. Clean sneakers are allowed. Recommend supportive footwear as most of the day you will be standing/on your feet.
5. Jewelry: Avoid dangling jewelry. Recommend a watch to keep on schedule.
6. Identification: Wear your student name tag at all times.

7. Perfume/Cologne: Please refrain from wearing strong smelling perfume or cologne as this could be offensive to patients.

HIPPA Policy:

It is important that you keep all patient's names confidential that you work with during your clinical affiliation. Charts and/or forms with patient's names on them should not be left in the gym area at any time. Call patient's by their first names when calling them in from the waiting room.

In-Service:

You are required to present an in-service the last week of your clinical affiliation for the entire Physical Therapy staff. Your topic must be selected and approved by your Clinical Instructor by the midterm evaluation time. A projector is available for power point presentations if you choose to use this method of presenting. You will be responsible for bringing in a laptop to connect to the projector. You will also be responsible for providing handouts to the staff to help follow along with your presentation. You will be given 30-45 minutes for your presentation and expect it to fill this timeframe.

You may be asked to do additional research on relevant topics to further enhance your learning experience.

During your clinical affiliation, you will have the opportunity to shadow our vestibular specialist during an evaluation and/or treatment when the time allows.

Lunch:

You will be provided with a 30 minute lunch break daily, however due to the volume of patients we see daily you might have to utilize this time for documentation. There is a kitchen with a refrigerator, microwave, and toaster oven available to you as well as a Keurig machine for coffee or tea. Please bring your own utensils as we have a limited supply. We strongly recommend that you bring your own lunch as there would not be enough time to go get one. Snacks are allowed throughout the day when time allows in between patients.

Parking:

There is ample parking in the parking lot in front of our building.

Orientation Checklist

- _____ Review Student Manual
- _____ Work Hours, Parking, Meals
- _____ Introduction to staff
- _____ Tour of facility
- _____ Schedule of in-service
- _____ Date of Midterm and Final Evaluation
- _____ Discuss CPI
- _____ Utilization of office staff/aides
- _____ Review student objectives and goals
- _____ Discuss weekly planning forms
- _____ Discuss learning and teaching styles
- _____ Absence Policy
- _____ Working with other Physical Therapists
- _____ Obtain student's phone number/CI phone number
- _____ Cell Phone Usage
- _____ Meeting with CCCE
- _____ Scheduling
- _____ Expected Case Load
- _____ Billing
- _____ Documentation
- _____ Read HIPPA Policy

Student Signature _____ Date _____

CI Signature _____ Date _____