

Hello Students!

Thank you for your recent request for fieldwork at University of Michigan-Michigan Medicine. This letter serves as an introduction to the fieldwork policies and procedures. If you are accepted for fieldwork, you will receive an onboarding email from the Clinical Education Coordinator approximately 45 days prior to starting. These emails will have further details describing the below policies. You must be attentive and responsive to email correspondence- failure to follow the directions will result in loss of placement.

It is important you read this letter to be aware of our expectations. After you read this letter, please complete the attached application and submit it with your resume to

[PMR-TherapyClinEd@med.umich.edu](mailto:PMR-TherapyClinEd@med.umich.edu).

The team will review your application and respond with further instructions.

Your fieldwork experience includes learning about patients recovering from spinal cord injuries, brain injuries, strokes, amputations, transplants, and a variety of diseases. You will observe adults at University Hospital admitted to acute/medsurg or inpatient rehab services. We also treat pediatric patients admitted to rehab at C.S. Mott Children’s Hospital or receiving outpatient therapy at Pediatric Rehab Center (PRC).

Your exposure for fieldwork will include but is not limited to completing an assessment supervised, completing a case study, learning terminology, observing other disciplines, writing progress notes and planning a treatment session, leading a treatment session that is supervised, participating with community reintegration, attending and participating in group and individual treatment sessions, and exposure with animal facilitated therapy. Interventions include but are not limited to therapeutic art, therapeutic music, the use of technology in therapy, cognitive games, physical activities, therapeutic aquatics, horticulture, nutrition/ cooking group, relaxation/ guided imagery, community reintegration, and social activities.

***Below is information about our setting’s policies and procedures. It is an expectation that all students comply with the following:***

* Due to the acuity of our patients, students completing less than 20 hours are required to provide proof of the seasonal flu vaccination.  Students completing 21-60 hours need to provide immunization records including a 2-step TB test and flu shot (if in season). Clinical Coordinator will provide further details on these requirements.
* Students are responsible for paying for their parking/transportation. When parking near University Hospital, you may park in P2 for a fee: 4-6 hours is $3, 6-8 hours is $5. Beyond 8 hours is $20. As a student observer, please do not valet- this is reserved for patients and families. The Clinical Education Coordinator will also give you information regarding purchase of an orange student permit. You can access University Hospital at the Taubman Bus stop via the free UofM Blue Buses or for a fee with Ann Arbor Transportation Authority. Parking at outpatient clinics is free in the nearby lots- please do NOT Park in patient designated spots.
* **You are expected to follow the employee dress code. Staff, faculty and students:**
  1. will not wear jeans or jean styled pants, yoga pants, shorts, miniskirts, sundresses, logo’d tee shirts, tank tops, or leggings.
  2. will not wear perfume, cologne, or use heavily scented soaps, shampoos, conditioners, laundry detergent, or smell of cigarette smoke
  3. will remove chipped nail polish. Artificial nails/tips are unacceptable.
  4. will not have visible tattoos or facial piercings except earrings
* The dress code is conservative business casual. You are expected to wear closed toed shoes with socks and a sleeved shirt. You may also wear scrubs in the hospital setting. We are active so please dress in comfortable clothing for the hospital and within the community. Each UMHHC employee shall be responsible for practicing acceptable standards of personal hygiene and grooming.
* Headphones shall not be worn in public areas. This is a learning experience for you, so your cell phone or any wearable technology should be tucked away for the duration of your experience.

Please indicate the days and hours you will be present. We expect you to complete your hours as you have indicated and be punctual each day. If you miss more than 2 appointments without an approved excuse, your hours will be terminated.

Thank you for your interest in fieldwork at University of Michigan-Michigan Medicine. We look forward to helping you meet your educational goals!

Sarah McAllister, PT, CCCE

Center Coordinator of Clinical Education

University of Michigan-Michigan Medicine

smcallis@med.umich.edu



Physical Medicine & Rehabilitation

Therapeutic Recreation Student Fieldwork Application

Instructions: Please complete and return this application WITH your current resume to the Clinical Education Coordinator: Sarah McAllister at

[PMR-TherapyClinED@med.umich.edu](mailto:PMR-TherapyClinED@med.umich.edu)

Your application will be reviewed by the TR Team. They will contact you to confirm placement. If you are accepted, the Clinical Education Coordinator will begin onboarding emails 45 days prior to start. Your acceptance to this program is contingent on a clean Background Check and Drug Screen, which is initiated and fees covered by Michigan Medicine. Questions should be directed to the Clinical Education Coordinator.

Date of Application: Placement Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of your academic fieldwork instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Information:

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](mailto:parendal@emich.edu) Alternate Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fieldwork Setting you are seeking (check one): Adult Rehab

Pediatrics

1. Hours required to complete this experience: \_\_\_\_\_\_\_\_\_\_
2. Date you are available to begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Why did you choose to apply at the University of Michigan-Michigan Medicine?
4. Are there any commitments or engagements that will affect your attendance? (i.e. weddings, trips, etc.) If so, please explain.
5. What time frame (hours/week**/** weeks) would you need to complete your hours?

The following hours are available on a **minimum** of a 4-hour commitment per day.

Please indicate your tentative schedule request below:

**Mon Tues Wed Thurs Fri**

9:00 AM-6 PM 9:00 AM-6 PM 9:00 AM-6 PM 9:00 AM-6 PM 9:00 AM-6PM