Site Manager Site Survey —

Site: Bethel Health and Rehabilitation Center

Section Title	Last Update	Action
CCCE Sign Off	Never	

CCCE Sign Off

CCCE Sign Off:

Click the box below to indicate that you have reviewed all sections of your clinical site survey.

☐ **This survey has been reviewed.**

Information For the Academic Program	01/30/15 12:40 PM	

Information For the Academic Program

Person Completing CSIF:

E-mail address of person completing CSIF:

Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field).:

Bethel Health and Rehabilitation Center

Street Address

Address:

13 Parklawn Drive

City:

Bethel

State:

CT

Postal Code:

06801

Facility Phone

Phone Number:

Ext:

PT Department Phone

Phone Number:

Ext:

PT Department Fax

Phone Number:

Clinical Center Web Address:

Director of Physical Therapy:

Center Coordinator of Clinical Education (CCCE) / Contact Person:

CCCE / Contact Person Phone:

CCCE / Contact Person E-mail:

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Information About the Corporate/Healthcare Systems Organization	01/30/15 12:40 PM	

Information About the Corporate/Healthcare Systems Organization

If your facility is part of a larger corporation or has multiple sites or clinical centers, include the contact information for the corporate/healthcare system organization.

Corporate/Healthcare System Organization:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Clinical Site Accreditation/Ownership | 01/30/15 12:40 PM

Clinical Site Accreditation/Ownership

Which of the following best describes the ownership category for your clinical site? (check all that apply)

☐	Corporate/Privately Owned	☐	Government Agency	☐	Hospital/Medical Center Owned
☐	Nonprofit Agency	☐	PT Owned	☐	PT/PTA Owned
☐	Physician/Physician Group Owned	☐	Other		

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Clinical Site Primary Classification | 01/30/15 12:40 PM

Clinical Site Primary Classification

Choose the category that best describes how your facility functions the majority (> 50%) of the time.

Please choose:

If appropriate, check ( ) up to four additional categories that describe the other clinical centers associated with your facility.

☐	Acute Care/Inpatient Hospital Facility	☐	Ambulatory Care/Outpatient	☐	ECF/Nursing Home/SNF
☐	Federal/State/County Health	☐	Home Health	☐	Industrial/Occupational Health Facility
☐	Multiple Level Medical Center	☐	Private Practice	☐	Rehabilitation/Sub-acute Rehabilitation
☐	School/Preschool Program	☐	Wellness/Prevention/Fitness Program	☐	Other

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Clinical Site Location	01/30/15 12:40 PM

Clinical Site Location

Which of the following best describes your clinical site's location

Please choose:

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Affiliated PT and PTA Educational Programs	Never

Affiliated PT and PTA Educational Programs

List all PT and PTA education programs with which you currently affiliate.

Program Name	City	State	PT / PTA

Select the program(s) your site is currently affiliated with:

By A-Z: Any

By State: Any

- ACCE Demo University,
- ACCE Demo University,
- ACCE Demo University,
- ACCE PTA Demo,
- ASA College, FL
- AT Still University of Health Sciences, AZ
- Academy for Nursing and Health Occupations, FL
- Adventist University of Health Sciences, FL
- Alabama State University, AL

If not found in the list, please enter the program information here:

Program Name:

City:

State: AB

PT / PTA: PT

Add Clear

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Information About the Clinical Teaching Faculty	05/24/16 02:44 PM

Information About the Clinical Teaching Faculty

Abbreviated Resume for Center Coordinators of Clinical Education - Please update as each new CCCE assumes this position.

Name:

Karen Blood

Email Address / CPI2 Login:

kbloodpt@gmail.com

Present Position (Title, Name of Facility):

No. of Years as the CCCE

Please choose:

No. of Years of Clinical Practice

Please choose:

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

Please choose:

Check all that apply:

☐	PT	☐	PTA	

Licensing/Registration Status

Please choose:

State of Licensure/Registration

Please choose:

License/Registration Number:

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

APTA Credentialed CI

◉ Yes ○ No

APTA Advanced Credentialed CI

○ Yes ◉ No

Other CI Credentialing

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply)

☐	OCS	☑	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

Period of Study

(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)

From — To

Major:

Degree:

Summary of Primary Employment

(For current and previous four positions since graduation from college; start with most current)

Employer:

Position:

Period of Employment

(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)

From — To

Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

Course:

Provider/Location:

Date

Name:

Patricia Gogliettino

Email Address / CPI2 Login:

triciag@bethelhealthcare.com

Present Position (Title, Name of Facility):

No. of Years as the CCCE

Please choose:

No. of Years of Clinical Practice

Please choose:

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

Please choose:

Check all that apply:

PT PTA

Licensing/Registration Status

Please choose:

State of Licensure/Registration

Please choose:

License/Registration Number:

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Please choose:

APTA Credentialed CI

Yes No

APTA Advanced Credentialed CI

Yes No

Other CI Credentialing

Yes No

ABPTS Certified Clinical Specialist (Check all that apply)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

Period of Study

(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)

From ☐ — To ☐

Major:

Degree:

Summary of Primary Employment

(For current and previous four positions since graduation from college; start with most current)

Employer:

Position:

Period of Employment

(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)

From ☐ — To ☐

Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

Course:

Provider/Location:

Date

☐

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Clinical Instructor Information | 05/24/16 02:44 PM

Clinical Instructor Information

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

CI Name Followed By Credentials	CI Username	Actions

Berkowitz, Amy	Amy_berkowitz@yahoo.com
Clark, Vicki	vclark6001@charter.net
George, Michelle	dahlhouse23@yahoo.com
Gonzalez, Isel	iselmgpt@yahoo.com
Lewis, Becky	raineybecky@aol.com
Mantegazza, Rena	plumcurl@comcast.net
Necco, Ela	n_elzbieta@yahoo.com
Norman, Hilary	hilaryadrienne@gmail.com

Add New CI Displaying **all 8** Clinical instructor

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Clinical Instructors | 01/30/15 12:40 PM

Clinical Instructors

What criteria do you use to select clinical instructors? (Check all that apply)

☐	APTA Clinical Instructor Credentialing	☐	Career ladder opportunity	☐	Certification/training course
☐	Clinical competence	☐	Delegated in position description	☐	Demonstrated strength in clinical teaching
☐	No criteria	☐	Other (not APTA) clinical instructor credentialing	☐	Therapist initiative/volunteer
☐	Years of experience	☐	Other		

How are clinical instructors trained? (Check all that apply)

☐	1:1 individual training (CCCE:CI)	☐	APTA Clinical Instructor Education and Credentialing Program	☐	Academic for-credit coursework
☐	Clinical center inservices	☐	Continuing education by academic program	☐	Continuing education by consortia
☐	No training	☐	Other (not APTA) clinical instructor credentialing program	☐	Professional continuing education (e.g., chapter, CEU course)
☐	Other				

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Information About the Physical Therapy Service | 01/30/15 12:40 PM

Information About the Physical Therapy Service

Number of Inpatient Beds For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care:

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Number of Patients/Clients	Never

Number of Patients/Clients

Estimate the average number of patient/client visits per day:

Inpatient	**Outpatient**
Individual PT:	Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
Total patient/client visits per day:	Total patient/client visits per day:

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Patient/Client Lifespan and Continuum of Care	01/30/15 12:40 PM

Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories:

Patient Lifespan

0-12 years

Please choose:

13-21 years

Please choose:

22-65 years

Please choose:

Over 65 years

Please choose:

Continuum of Care

Critical care, ICU, acute

Please choose:

SNF/ECF/sub-acute

Please choose:

Rehabilitation

Please choose:

Ambulatory/outpatient

Please choose:

Home health/hospice

Please choose:

Wellness/fitness/industry

Please choose:

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Patient/Client Diagnoses	01/30/15 12:40 PM

Patient/Client Diagnoses

Indicate the frequency of time typically spent with patients/clients in each of the categories:

Musculoskeletal

Please choose:

Which Musculoskeletal sub-categories are available to the student:

☐	Acute injury	☐	Amputation	☐	Arthritis
☐	Bone disease/dysfunction	☐	Connective tissue disease/dysfunction	☐	Muscle disease/dysfunction
☐	Musculoskeletal degenerative disease	☐	Orthopedic surgery	☐	Other

Neuro-muscular

Please choose:

Which Neuro-muscular sub-categories are available to the student:

☐	Brain injury	☐	Cerebral vascular accident	☐	Chronic pain
☐	Congenital/developmental	☐	Neuromuscular degenerative disease	☐	Peripheral nerve injury
☐	Spinal cord injury	☐	Vestibular disorder	☐	Other

Cardiovascular-pulmonary

Please choose:

Which Cardiovascular-pulmonary sub-categories are available to the student:

☐	Cardiac dysfunction/disease	☐	Fitness	☐	Lymphedema
☐	Peripheral vascular dysfunction/disease	☐	Pulmonary dysfunction/disease	☐	Other

Integumentary

Please choose:

Which Integumentary sub-categories are available to the student:

☐	Burns	☐	Open wounds	☐	Scar formation
☐	Other				

Other (May cross a number of diagnostic groups)

Please choose:

Which other sub-categories are available to the student:

☐	Cognitive impairment	☐	General medical conditions	☐	General surgery
☐	Oncologic conditions	☐	Organ transplant	☐	Wellness/Prevention
☐	Other				

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Staffing	Never

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs			
PTAs			
Aides/Techs			
Other:			

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Information About the Clinical Education Experience	01/30/15 12:40 PM

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

Please check all special programs/activities/learning opportunities available to students.

☐	Administration	☐	Aquatic Therapy	☐	Athletic Venue Coverage
☐	Back School	☐	Biomechanics Lab	☐	Cardiac Rehabilitation
☐	Community/Re-entry Activities	☐	Critical Care/Intensive Care	☐	Departmental Administration
☐	Early Intervention	☐	Employee Intervention	☐	Employee Wellness Program
☐	Group Programs/Classes	☐	Home Health Program	☐	Industrial/Ergonomic PT
☐	Inservice Training/Lectures	☐	Neonatal Care	☐	Nursing Home/ECF/SNF
☐	Orthotic/Prosthetic Fabrication	☐	Pain Management Program	☐	Pediatric - Classroom Consultation Emphasis
☐	Pediatric - Cognitive Impairment Emphasis	☐	Pediatric - Developmental Program Emphasis	☐	Pediatric - General
☐	Pediatric - Musculoskeletal Emphasis	☐	Pediatric - Neurological Emphasis	☐	Prevention/Wellness
☐	Pulmonary Rehabilitation	☐	Quality Assurance/CQI/TQM	☐	Radiology
☐	Research Experience	☐	Screening/Prevention	☐	Sports Physical Therapy
☐	Surgery (observation)	☐	Team Meetings/Rounds	☐	Vestibular Rehabilitation
☐	Women's Health/OB-GYN	☐	Work Hardening/Conditioning	☐	Wound Care
☐	Other				

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

☐	Arthritis	☐	Balance	☐	Developmental
☐	Feeding clinic	☐	Hand clinic	☐	Hemophilia clinic
☐	Industry	☐	Neurology clinic	☐	Orthopedic clinic
☐	Pain clinic	☐	Preparticipation sports	☐	Prosthetic/orthotic clinic
☐	Scoliosis	☐	Screening clinics	☐	Seating/mobility clinic
☐	Sports medicine clinic	☐	Wellness	☐	Women's health
☐	Other				

Health and Educational Providers at the Clinical Site

Please check all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

☐	Administrators	☐	Alternative therapies	☐	Athletic trainers
☐	Audiologists	☐	Dietitians	☐	Enterostomal / wound specialists
☐	Exercise physiologists	☐	Fitness professionals	☐	Health information technologists
☐	Massage therapists	☐	Nurses	☐	Occupational therapists

☐	Physician assistants	☐	Physicians	☐	Podiatrists
☐	Prosthetists / orthotists	☐	Psychologists	☐	Respiratory therapists
☐	Social workers	☐	Special education teachers	☐	Speech/language pathologists
☐	Students from other disciplines	☐	Students from other physical therapy education programs	☐	Therapeutic recreation therapists
☐	Vocational rehabilitation counselors	☐	Other		

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Availability of the Clinical Education Experience	01/30/15 12:40 PM

Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Check all that apply).

Physical Therapist
First Experience:

☐	Full days	☐	Half days	☐	Other

Physical Therapist
Intermediate Experiences:

☐	Full days	☐	Half days	☐	Other

Physical Therapist

☐	Final Experience	☐	Internship (6 months or longer)	☐	Specialty experience
☐	Other				

Physical Therapist Assistant
First Experience:

☐	Full days	☐	Half days	☐	Other

Physical Therapist Assistant
Intermediate Experiences:

☐	Full days	☐	Half days	☐	Other

Physical Therapist Assistant

☐	Final Experience	☐	Other	

PT

Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

PTA

Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September

☐	October	☐	November	☐	December

Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

Average number of PT students affiliating per year.:

Average number of PTA students affiliating per year.:

Is your clinical site willing to offer reasonable accommodations for students under ADA?

○ Yes ○ No

What is the procedure for managing students whose performance is below expectations or unsafe?:

**Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.
(Answer if the clinical center employs only one PT or PTA.):**

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Clinical Site's Learning Objectives and Assessment	01/30/15 12:40 PM

Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students?

○ Yes ○ No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

○ Yes ○ No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

☐	At end of clinical experience	☐	At mid-clinical experience	☐	Beginning of the clinical experience
☐	Daily	☐	Weekly	☐	Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

☐	As per student request in addition to formal and ongoing written & oral feedback	☐	Ongoing feedback throughout the clinical	☐	Student self-assessment throughout the clinical
☐	Written and oral mid-evaluation	☐	Written and oral summative final evaluation	☐	Other

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Student Requirements	07/21/16 08:54 AM

Student Requirements

Do students need to contact the clinical site for specific work hours related to the clinical experience?

○ Yes ○ No

Do students receive the same official holidays as staff?

○ Yes ○ No

Does your clinical site require a student interview?

○ Yes ○ No

Indicate the time the student should report to the clinical site on the first day of the experience.

Please choose:

Is a Mantoux TB test (PPD) required?

a) one step

Yes No

b) two step

Yes No

Is a Rubella Titer Test or immunization required?

Yes No

Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:

Yes No

How is this information communicated to the clinic? Provide fax number if required.:

How current are student physical exam records required to be?:

Are any other health tests or immunizations required on-site? If yes, please specify:

Yes No

Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.

Yes No

Indicate which of the following are required by your facility prior to the clinical education experience:

☐	Child clearance	☐	Criminal background check	☐	Drug screening
☐	HIPAA education	☐	OSHA education	☐	Proof of student health clearance
☐	Other				

Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.

Yes No

Is a child abuse clearance required?

Yes No

Is the student responsible for the cost of required clearances?

Yes No

Is the student required to submit to a drug test? If yes, please describe parameters.

Yes No

Is medical testing available on-site for students?

Yes No

Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.):

If an individual is responsible for Compliance items, please fill out the Compliance contact information below:

Compliance Contact Person Name:

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Special Information 07/21/16 08:54 AM

Special Information

Do you require a case study or inservice from all students (part-time and full-time)?

Yes No

Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?

Yes No

Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.

Yes No

Will the student have access to the Internet at the clinical site?

○ Yes ○ No

Is there a facility/student dress code?

○ Yes ○ No

Is emergency health care available for students?

○ Yes ○ No

Is the student responsible for emergency health care costs?

○ Yes ○ No

Is other non-emergency medical care available to students?

○ Yes ○ No

Is the student required to have proof of health insurance?

○ Yes ○ No

Is the student required to provide proof of OSHA training?

○ Yes ○ No

Is the student required to provide proof of HIPAA training?

○ Yes ○ No

Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?

○ Yes ○ No

Is the student required to be CPR certified? (Please note if a specific course is required).

○ Yes ○ No

Can the student receive CPR certification while on-site?

○ Yes ○ No

Is the student required to be certified in First Aid?

○ Yes ○ No

Can the student receive First Aid certification on-site?

○ Yes ○ No

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

Student Schedule	07/21/16 08:54 AM

Student Schedule

Indicate which of the following best describes the typical student work schedule:

Please choose:

Describe the schedule(s) the student is expected to follow during the clinical experience:

Is physical therapy provided on the weekends?

○ Yes ○ No

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☐ **This section has been completed.**

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"