

Site Manager Site Survey —

Site: Inland Hospital Rehabworks Department

Section Title	Last Update	Action
CCCE Sign Off	Never	

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	03/20/15 07:07 AM	
--------------------------------------	-------------------	--

Information For the Academic Program

Person Completing CSIF:
Amy Dyer, DPT

E-mail address of person completing CSIF:
adyer@emh.org

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):
Inland Hospital Rehabworks Department

Street Address

Address:
Dept of Physical Therapy
200 Kennedy Memorial Drive

City:
Waterville

State:
ME

Postal Code:
04901

Facility Phone

Phone Number:
207-861-3360

Ext:

PT Department Phone

Phone Number:
207-861-3360

Ext:

PT Department Fax

Phone Number:
207-877-0897

Clinical Center Web Address:

Director of Physical Therapy:
Sandy Myers P.T.

Center Coordinator of Clinical Education (CCCE) / Contact Person:
Amy Dyer, DPT

CCCE / Contact Person Phone:
207-861-3360

CCCE / Contact Person E-mail:

adyer@emh.org

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

03/20/15 07:07 AM

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:

EMHS

Contact Name:

Address

Address:

City:

Bangor

State:

ME

Postal Code:

04401

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

Amy Dyer, PT, DPT

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

03/20/15 07:07 AM

Clinical Site Accreditation/Ownership

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

<input type="checkbox"/>	Corporate/Privately Owned	<input type="checkbox"/>	Government Agency	<input checked="" type="checkbox"/>	Hospital/Medical Center Owned
<input type="checkbox"/>	Nonprofit Agency	<input type="checkbox"/>	PT Owned	<input type="checkbox"/>	PT/PTA Owned
<input type="checkbox"/>	Physician/Physician Group Owned	<input type="checkbox"/>	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

03/20/15 07:07 AM

Clinical Site Primary Classification

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

Ambulatory Care/Outpatient

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

<input checked="" type="checkbox"/> Acute Care/ Inpatient Hospital Facility	<input checked="" type="checkbox"/> Ambulatory Care/ Outpatient	<input type="checkbox"/> ECF/ Nursing Home/ SNF
<input type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Rehabilitation/ Sub-acute Rehabilitation
<input type="checkbox"/> School/ Preschool Program	<input type="checkbox"/> Wellness/ Prevention/ Fitness Program	<input checked="" type="checkbox"/> Other

Please explain:

We are an acute care hospital with an on-site out- pt. clinic and 3 offsite out pt. clinics- Waterville, Madison and Unity, Maine for offsite clinics- affiliations may be at any of these sites unless determined before assignment to be strictly in- pt. caseload.

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

03/20/15 07:07 AM

Clinical Site Location

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

Rural

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

03/20/15 07:07 AM

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Kennebec Valley Community College	Fairfield	ME	PTA	
University of New England	Portland	ME	PT	
Husson University	Bangor	ME	PT	
Hesser College	Manchester	NH	PTA	
Franklin Pierce University	Concord	NH	PT	
Rutgers/UMDNJ - Stratford	Stratford	NJ	PT	
University of Medicine and Dentistry of N.J.	Newark	NJ	PT	
Quinnipiac University	Hamden	CT	PT	
Simmons College	Boston	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Boston University	Boston	MA	PT	
The College of St. Scholastica	Duluth	MN	PT	

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

By A-Z:

By State:

- 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:

PT / 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.

Information About the Clinical Teaching Faculty

05/24/16 09:21 AM

Information About the Clinical Teaching Faculty

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

Name:

Amy Dyer

Email Address / CPI2 Login:

adyer@emhs.org

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

Please choose: ▼

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)

<input type="checkbox"/> OCS	<input type="checkbox"/> GCS
<input type="checkbox"/> PCS	<input type="checkbox"/> NCS
<input type="checkbox"/> CCS	<input type="checkbox"/> SCS
<input type="checkbox"/> ECS	<input type="checkbox"/> WCS

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

- | | |
|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Aquatic | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular |
| <input type="checkbox"/> Geriatric | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> 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:

Jean DiCiancia Anderson PT

Email Address / CPI2 Login:

jdicianciaanderson@emh.org

Present Position (Title, Name of Facility):

Team Leader - Unity Clinic

No. of Years as the CCCE

No. of Years of Clinical Practice

No. of Years of Clinical Teaching

No. of Years Working at this Site

23

Check all that apply:



PT



PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

ME

License/Registration Number:

P.T. 750

Highest Earned Physical Therapy Degree

Certificate in Physical Therapy

Highest Earned Degree

Bachelors degree

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:

Jersey City State College

Period of Study

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

From 1976 — To 1978

Major:

General Studies

Degree:

Institution:

Kean College/University of Medicine and Dentistry of N.J./ School of Health related Professions

Period of Study

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

From — To

Major:

Speech therapy/ Physical Therapy

Degree:

B.A./ P.T. Certificate

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

Employer:

Position:

Period of Employment

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

From — To

Employer:

University of Medicine and Dentistry

Position:

Staff P.T.

Period of Employment

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

From — To

Employer:

Hudson Heights Physical Therapy Assoc.

Position:

staff P.T.

Period of Employment

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

From — To

Employer:

Orthopedic Physical Therapy Center

Position:

staff P.T.

Period of Employment

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

From — To

Employer:

Inland Hospital

Position:

staff P.T./ Team Leader

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:

CPI Training Course

Provider/Location:

on-line

Date

Course:

Shoulder Dysfunction course

Provider/Location:

DVD of course co-worker attended.

Date

Course:

Managing Fibromyalgia Assessment and Treatment

Provider/Location:

Date

Course:

Movement: An intro. to Theory- Functional Treatment

Provider/Location:

Date

Course:

Temporomandibular Disorders

Provider/Location:

Date

Course:

Mulligan Techniques Workshop

Provider/Location:

Husson College

Date

4/00

Course:

Isernhagen Work Systems

Provider/Location:

Inland Hospital

Date

3/01

Course:

Documentation Seminar

Provider/Location:

Date

3/03

Course:

Manually Managing Pain

Provider/Location:

Date

9/04

Course:

Pilates for Rehab Pts.

Provider/Location:

Date

5/05

Course:

Kinesiotaping

Provider/Location:

Date

6/05

Course:

Tendonitis and Work Related M.S.D.'s

Provider/Location:

Date

10/05

Course:

Move Beyond Pain

Provider/Location:

Date

5/1/06

Course:

Improving Balance

Provider/Location:

Date

6/14/06

Course:

Walk Aide: An innovation in treatment of foot drop.

Provider/Location:

Me. General Medical Center

Date

9/21/06

Course:

Third Annual Wound Care Conference

Provider/Location:

Inland Hospital

Date

11/17/06

Course:

Advances in Orthopedic Care

Provider/Location:

Date

10/26/07

Course:

Effective examination and treatment of common shoulder injuries: the kinetic link

Provider/Location:

Date

8/26/07

Course:

Music Therapy in Healthcare Setting

Provider/Location:

E.M.M.C.

Date

3/19/07

Course:

Orthopedic Surgery Course

Provider/Location:

St. Mary's Hospital

Date

10/25/08

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

09/09/16 09:35 AM

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
Avila, Nicole	navila@emhs.org	
Coffin, PT, Robin	rcoffin@emh.org	
Cowan, Danielle	dcowan@emh.org	
Dyer, Amy C	adyer@emh.org	
Gurney, Christina	cgurney@emh.org	
Hertlein, Cheyenne	chertlein@emhs.org	

[Add New CI](#)

Displaying all 6 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

03/19/15 03:20 PM

Clinical Instructors

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

<input checked="" type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/training course
<input checked="" type="checkbox"/> Clinical competence	<input type="checkbox"/> Delegated in position description	<input checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input checked="" type="checkbox"/> Other (not APTA) clinical instructor credentialing	<input checked="" type="checkbox"/> Therapist initiative/volunteer
<input checked="" type="checkbox"/> Years of experience	<input type="checkbox"/> Other	

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

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

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:

48

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

48

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

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

Inpatient	Outpatient
10 Individual PT:	12 Individual PT:
Student PT:	Student PT:
10 Individual PTA:	12 Individual PTA:
Student PTA:	Student PTA:
10 PT/PTA Team:	PT/PTA Team:
30 Total patient/client visits per day:	24 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

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

Patient Lifespan

0-12 years

0%

13-21 years

1% - 25%

22-65 years

51% - 75%

Over 65 years

1% - 25%

Continuum of Care

Critical care, ICU, acute

1% - 25%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

76% - 100%

Home health/hospice

0%

Wellness/fitness/industry

0%

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

03/04/13 12:15 PM

Patient/Client Diagnoses

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

Musculoskeletal

76% - 100%

Which Musculoskeletal sub-categories are available to the student:

<input checked="" type="checkbox"/> Acute injury	<input type="checkbox"/> Amputation	<input checked="" type="checkbox"/> Arthritis
<input checked="" type="checkbox"/> Bone disease/ dysfunction	<input type="checkbox"/> Connective tissue disease/ dysfunction	<input checked="" type="checkbox"/> Muscle disease/ dysfunction
<input checked="" type="checkbox"/> Musculoskeletal degenerative disease	<input checked="" type="checkbox"/> Orthopedic surgery	<input type="checkbox"/> Other

Neuro-muscular

1% - 25%

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

<input type="checkbox"/> Brain injury	<input checked="" type="checkbox"/> Cerebral vascular accident	<input checked="" type="checkbox"/> Chronic pain
<input type="checkbox"/> Congenital/ developmental	<input type="checkbox"/> Neuromuscular degenerative disease	<input type="checkbox"/> Peripheral nerve injury
<input type="checkbox"/> Spinal cord injury	<input checked="" type="checkbox"/> Vestibular disorder	<input type="checkbox"/> Other

Cardiovascular-pulmonary

0%

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

<input type="checkbox"/> Cardiac dysfunction/ disease	<input type="checkbox"/> Fitness	<input type="checkbox"/> Lymphedema
<input type="checkbox"/> Peripheral vascular dysfunction/ disease	<input type="checkbox"/> Pulmonary dysfunction/ disease	<input type="checkbox"/> Other

Integumentary

0%

Which Integumentary sub-categories are available to the student:

<input type="checkbox"/>	Burns	<input type="checkbox"/>	Open wounds	<input type="checkbox"/>	Scar formation
<input type="checkbox"/>	Other				

Other (May cross a number of diagnostic groups)

1% - 25%

Which other sub-categories are available to the student:

<input type="checkbox"/>	Cognitive impairment	<input checked="" type="checkbox"/>	General medical conditions	<input checked="" type="checkbox"/>	General surgery
<input type="checkbox"/>	Oncologic conditions	<input type="checkbox"/>	Organ transplant	<input type="checkbox"/>	Wellness/Prevention
<input type="checkbox"/>	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

03/04/13 12:15 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	6	3	9
PTAs	2	3	5
Aides/Techs	3	1	2
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

03/04/13 12:21 PM

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

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

<input type="checkbox"/>	Other		
--------------------------	-------	--	--

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Balance	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Hemophilia clinic
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Neurology clinic	<input type="checkbox"/>	Orthopedic clinic
<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Preparticipation sports	<input type="checkbox"/>	Prosthetic/ orthotic clinic
<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Screening clinics	<input type="checkbox"/>	Seating/ mobility clinic
<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness	<input type="checkbox"/>	Women's health
<input type="checkbox"/>	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.

<input checked="" type="checkbox"/>	Administrators	<input type="checkbox"/>	Alternative therapies	<input type="checkbox"/>	Athletic trainers
<input type="checkbox"/>	Audiologists	<input type="checkbox"/>	Dietitians	<input type="checkbox"/>	Enterostomal / wound specialists
<input type="checkbox"/>	Exercise physiologists	<input type="checkbox"/>	Fitness professionals	<input type="checkbox"/>	Health information technologists
<input type="checkbox"/>	Massage therapists	<input checked="" type="checkbox"/>	Nurses	<input checked="" type="checkbox"/>	Occupational therapists
<input checked="" type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input type="checkbox"/>	Podiatrists
<input type="checkbox"/>	Prosthetists / orthotists	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Respiratory therapists
<input type="checkbox"/>	Social workers	<input type="checkbox"/>	Special education teachers	<input checked="" type="checkbox"/>	Speech/ language pathologists
<input checked="" type="checkbox"/>	Students from other disciplines	<input checked="" type="checkbox"/>	Students from other physical therapy education programs	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Vocational rehabilitation counselors	<input type="checkbox"/>	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 03/04/13 12:21 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:

<input checked="" type="checkbox"/>	Full days	<input checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
-------------------------------------	-----------	-------------------------------------	-----------	--------------------------	-------

Physical Therapist Intermediate Experiences:

<input checked="" type="checkbox"/>	Full days	<input checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
-------------------------------------	-----------	-------------------------------------	-----------	--------------------------	-------

Physical Therapist

<input checked="" type="checkbox"/>	Final Experience	<input type="checkbox"/>	Internship (6 months or longer)	<input type="checkbox"/>	Specialty experience
<input type="checkbox"/>	Other				

Physical Therapist Assistant First Experience:

<input checked="" type="checkbox"/>	Full days	<input checked="" type="checkbox"/>	Half days	<input checked="" type="checkbox"/>	Other
-------------------------------------	-----------	-------------------------------------	-----------	-------------------------------------	-------

Please explain:

out pt. clinics prefer not to accept first time affils.

Physical Therapist Assistant Intermediate Experiences:

<input checked="" type="checkbox"/>	Full days	<input checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
-------------------------------------	-----------	-------------------------------------	-----------	--------------------------	-------

Physical Therapist Assistant

<input checked="" type="checkbox"/> Final Experience	<input type="checkbox"/> Other
------------------------------------------------------	--------------------------------

PT

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

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

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

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

PTA

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

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

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

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

Average number of PT students affiliating per year.:

2

Average number of PTA students affiliating per year.:

3

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

Yes No

Please explain:

We have not had this situation arise- we would have to consider on an individual basis.

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

Unsafe would be to stop them from unsafe activity, meet with student/ coach them and involve ACCE if needed.

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.):

We would re-assign to one of our other clinic locations or to a different area (in-pt. vs. out-pt.)

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

03/04/13 12:21 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)

<input checked="" type="checkbox"/> At end of clinical experience	<input checked="" type="checkbox"/> At mid-clinical experience	<input checked="" type="checkbox"/> Beginning of the clinical experience
<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Other

Please explain:

as needed, as required by their school.

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

<input checked="" type="checkbox"/> As per student request in addition to formal and ongoing written & oral feedback	<input checked="" type="checkbox"/> Ongoing feedback throughout the clinical	<input checked="" type="checkbox"/> Student self-assessment throughout the clinical
<input checked="" type="checkbox"/> Written and oral mid-evaluation	<input checked="" type="checkbox"/> Written and oral summative final evaluation	<input type="checkbox"/> 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

11/03/15 02:24 PM

Student Requirements

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

Yes No

Please explain:

varies based on C.I.'s schedule

Do students receive the same official holidays as staff?

Yes No

Please explain:

Does your clinical site require a student interview?

Yes No

Please explain:

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

8:00 AM

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

Please explain:

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

Yes No

Please explain:

Flu shot required- if not, student must wear a mask while in facility.

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:

<input type="checkbox"/> Child clearance	<input type="checkbox"/> Criminal background check	<input type="checkbox"/> 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

Please explain:

Is the student responsible for the cost of required clearances?

Yes No

Please explain:

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

Please explain:

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

On site hospital orientation.

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

11/03/15 02:24 PM

Special Information

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

Yes No

Please explain:

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

Please explain:

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

Yes No

Please explain:

As per school policy.

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

Yes No

Please explain:

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

11/03/15 02:24 PM

Student Schedule

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

Varied schedules

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

Varied dependent on clinic and C.I. schedule. Please contact our facility for specifics.

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"