

## Site Manager Site Survey —

### Site: Therapy Works of Community Hospital

Section Title	Last Update	Action
CCCE Sign Off	Never	
<b>CCCE Sign Off</b>		
<div><b>CCCE Sign Off:</b> Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	03/06/15 10:15 AM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Whitney Rogers		
<b>E-mail address of person completing CSIF:</b> wrogers001@regis.edu		
<b>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):</b> Therapy Works of Community Hospital		
<b>Street Address</b>		
<b>Address:</b> 2004 N. 12th Street		
<b>City:</b> Grand Junction		
<b>State:</b> CO		
<b>Postal Code:</b> 81501		
<b>Facility Phone</b>		
<b>Phone Number:</b> (970) 256-6378		
<b>Ext:</b>		
<b>PT Department Phone</b>		
<b>Phone Number:</b> 970-256-6378		
<b>Ext:</b>		
<b>PT Department Fax</b>		
<b>Phone Number:</b> 970-241-3176		
<b>Clinical Center Web Address:</b> <a href="http://www.yourcommunityhospital.com/Rehabilitation_Services.cfm">http://www.yourcommunityhospital.com/Rehabilitation_Services.cfm</a>		
<b>Director of Physical Therapy:</b> Terri Brown, PT, DPT		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Megan Fitzsimmons		
<b>CCCE / Contact Person Phone:</b>		

970-256-6378

CCCE / Contact Person E-mail:

mfitzsimmons@gjhosp.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

03/06/15 10:15 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:**

Colorado West Healthcare, d/b/a Community Hospital Therapy Works

**Contact Name:**

Terri Brown, PT, DPT

**Address**

**Address:**

2004 N. 12th Street

**City:**

Grand Junction

**State:**

Colorado

**Postal Code:**

81501

**Phone**

**Phone Number:**

(970) 256-6378

**Ext:**

**Fax**

**Phone Number:**

(970) 241-3176

**E-mail:**

tbrown@gmail.org

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Terri Brown, 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

03/06/15 10:15 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 type="checkbox"/>	Hospital/Medical Center Owned
<input checked="" 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.

03/06/15 10:15 AM

### Clinical Site Primary Classification

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

Acute Care/Inpatient Hospital Facility

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 checked="" type="checkbox"/>	Home Health	<input checked="" 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 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 Location

03/06/15 10:15 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

03/06/15 10:15 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	
AT Still University of Health Sciences	Mesa	AZ	PT	
Regis University	Denver	CO	PT	
University of Colorado	Aurora	CO	PT	
University of St. Augustine - San Diego	San Marcos	CA	PT	
University of St. Augustine - FL	St Augustine	FL	PT	
Pueblo Community College	Pueblo	CO	PTA	
San Juan College	Farmington	NM	PTA	
University of Massachusetts - Lowell	Lowell	MA	PT	

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

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

By A-Z: Any

By State: Any

ACCE Demo University,	
ACCE Demo University,	
ACCE Demo University,	
ACCE PTA Demo,	
ASA College, FL	
Academy for Nursing and Health Occupations, FL	
Adventist University of Health Sciences, FL	
Alabama State University, AL	
Albany State University-Darton College, GA	

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

08/24/16 05:11 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:

Terri L. L. Brown

Email Address / CPI2 Login:

tbrown@gjhosp.org

Present Position (Title, Name of Facility):

Director, Therapy Works

No. of Years as the CCCE

13

No. of Years of Clinical Practice

18

No. of Years of Clinical Teaching

17

No. of Years Working at this Site

7

Check all that apply:



PT



PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

CO

License/Registration Number:

8853

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

Please explain:

Certified Functional Capacity Evaluator

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:**

Certified Functional Capacity Evaluator

**Summary of College and University Education**

(Start with most current)

**Institution:**  
Indiana University

**Period of Study**  
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)  
From 08/1992 &mdash; To 05/1996

**Major:**  
Physical Therapy

**Degree:**  
Bachelor of Science in Physical Therapy

**Institution:**  
A.T. Still University

**Period of Study**  
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)  
From 03/2005 &mdash; To 06/2007

**Major:**  
Physical Therapy

**Degree:**  
Transitional Doctor of Physical Therapy

**Summary of Primary Employment**

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

**Employer:**  
Community Hospital

**Position:**  
Director of Therapy Works

**Period of Employment**  
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)  
From 01/2007 &mdash; To Current

**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:

Jennifer McKenzie

Email Address / CPI2 Login:

jmckenzie@gjhosp.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

Masters in Physical Therapy ▼

Highest Earned Degree

Masters 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)

<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  &mdash; 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  &mdash; 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.

05/24/16 04:45 AM

☒ This section has been completed.  
**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
Brito, Megan	mbrito@gjhosp.org	
D. Henderson, Jenni D	jhenderson@gjhosp.org	
Eads, Mary E	meads@gjhosp.org	
Gilroy, Michael	mgilroy@gjhosp.org	
Ginaven, Brittany	brittanyginaven@gmail.com	
Hoch, Charles R	choch@gjhosp.org	

L. Brown, Terri L	tbrown@gjhosp.org
McKenzie, Jennifer	jmckenzie@gjhosp.org
Sande, Heidi	heidi.sande@gjhosp.org
Stinnett, Nathan	nstinny@gmail.com
Stone, Emily	estone@gjhosp.org
<div> Add New CI Displaying all 11 Clinical instructor </div>	

**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	07/01/14 12:56 PM
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### Clinical Instructors

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

<input checked="" type="checkbox"/>	APTA Clinical Instructor Credentialing	<input checked="" 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 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 type="checkbox"/>	No training	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program	<input 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	07/01/14 01:03 PM
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### 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:

40

Psychiatric center:

Intensive care:

6

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

46



**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

07/01/14 01:03 PM

**Number of Patients/Clients**

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

Inpatient	Outpatient
8 Individual PT:	32 Individual PT:
6 Student PT:	8 Student PT:
10 Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
24 Total patient/client visits per day:	40 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

07/01/14 01:03 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**

1% - 25% ▼

**13-21 years**

1% - 25% ▼

**22-65 years**

26% - 50% ▼

**Over 65 years**

51% - 75% ▼

**Continuum of Care****Critical care, ICU, acute**

76% - 100% ▼

**SNF/ECF/sub-acute**

Please choose: ▼

**Rehabilitation**

Please choose: ▼

**Ambulatory/outpatient**

76% - 100% ▼

**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

07/01/14 01:03 PM

**Patient/Client Diagnoses**

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

**Musculoskeletal**

51% - 75% ▼

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

**Neuro-muscular**

26% - 50% ▼

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

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

**Cardiovascular-pulmonary**

1% - 25% ▼

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

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

**Integumentary**

1% - 25% ▼

**Which Integumentary sub-categories are available to the student:**

<input type="checkbox"/>	Burns	<input checked="" 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 checked="" 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 checked="" 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

07/01/14 01:03 PM

## Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	8	0	6
PTAs	0	1	1
Aides/Techs	0	0	0
<b>Other:</b> OT, SLP, office	3	5	8

### Section Sign Off:

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

Information about the Clinical Education Experience

07/01/14 01:05 PM

## Information About the Clinical Education Experience

Special Programs/ Activities/ Learning Opportunities

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

<input checked="" 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 type="checkbox"/>	Cardiac Rehabilitation
<input checked="" 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 checked="" type="checkbox"/>	Employee Intervention	<input checked="" type="checkbox"/>	Employee Wellness Program
<input checked="" type="checkbox"/>	Group Programs/ Classes	<input checked="" type="checkbox"/>	Home Health Program	<input checked="" 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 checked="" type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input checked="" type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input type="checkbox"/>	Pediatric - General
<input checked="" type="checkbox"/>	Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/>	Pediatric - Neurological Emphasis	<input checked="" type="checkbox"/>	Prevention/ Wellness
<input type="checkbox"/>	Pulmonary Rehabilitation	<input checked="" type="checkbox"/>	Quality Assurance/ CQI/ TQM	<input checked="" type="checkbox"/>	Radiology
<input type="checkbox"/>	Research Experience	<input checked="" type="checkbox"/>	Screening/ Prevention	<input type="checkbox"/>	Sports Physical Therapy
<input checked="" type="checkbox"/>	Surgery (observation)	<input checked="" type="checkbox"/>	Team Meetings/ Rounds	<input checked="" type="checkbox"/>	Vestibular Rehabilitation
<input type="checkbox"/>	Women's Health/ OB-GYN	<input checked="" 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 checked="" type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	Balance	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input checked="" 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 checked="" type="checkbox"/>	Screening clinics	<input type="checkbox"/>	Seating/ mobility clinic
<input type="checkbox"/>	Sports medicine clinic	<input checked="" 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 checked="" type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Enterostomal / wound specialists
<input checked="" type="checkbox"/>	Exercise physiologists	<input checked="" type="checkbox"/>	Fitness professionals	<input checked="" 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 checked="" type="checkbox"/>	Psychologists	<input checked="" type="checkbox"/>	Respiratory therapists
<input checked="" 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

07/01/14 01:05 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 type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist

##### Intermediate Experiences:

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist

<input checked="" type="checkbox"/>	Final Experience	<input checked="" 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 type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist Assistant

##### Intermediate Experiences:

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist Assistant

<input checked="" type="checkbox"/>	Final Experience	<input type="checkbox"/>	Other		
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#### 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 checked="" type="checkbox"/>	July	<input checked="" 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 type="checkbox"/>	January	<input type="checkbox"/>	February	<input type="checkbox"/>	March
<input type="checkbox"/>	April	<input type="checkbox"/>	May	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	August	<input type="checkbox"/>	September
<input type="checkbox"/>	October	<input type="checkbox"/>	November	<input 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 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
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Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

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

Average number of PT students affiliating per year.:

8

Average number of PTA students affiliating per year.:

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

☒ Yes      ☐ No

Please explain:

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

CI discussion with student to clarify expectations ==> Involvement of CCCE ==> Contact ACCE for recommendations ==> Dismissal if performance does not improve

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.<br/>(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

07/01/14 01:05 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 type="checkbox"/> Other

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

07/21/16 08:20 AM

### Student Requirements

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

☒ Yes      ☐ No

Please explain:

Work hours are dependent on the CI'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:

Students coming for short internship experiences are not required to be interviewed. Students who are here for 6 months or more will be required to interview.

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

7:30 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:

Influenza shot during flu season (October through April) Hep B series

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

Please explain:

Cultural diversity

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
<input type="checkbox"/> HIPAA education	<input type="checkbox"/> OSHA education	<input type="checkbox"/> Proof of student health clearance
<input type="checkbox"/> 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

Please explain:

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.):

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

Compliance Contact Person Name:

Terri Brown, PT, DPT

Compliance Contact Person Phone Number

Phone Number:

970-256-6378

Ext:

Compliance Contact Person Email:

tbrown@gjhosp.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.

Special Information

07/21/16 08:20 AM

### Special Information

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

☒ Yes ☐ No

Please explain:

Subject will be determined by the CI and student.

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:

Student will be encourage to do additional work based on on patient load or continue education regarding unfamiliar diagnosis.

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

☒ Yes ☐ No

Please explain:

Based on School and facilities 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

07/21/16 08:20 AM

**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:**

The student will be expected to follow the same work schedule as their CI, which could be 5 x 8 hrs (M - F) or 4 x 10 hrs each week. This varies with each therapist. All therapists are on an inpatient weekend coverage rotation schedule. If a student's CI is scheduled to cover a weekend, the student will also be expected to work with their CI on that weekend. The CI and student will take a day off the week prior to and the week after the worked weekend to avoid overtime hours and burnout.

**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"