

Site Manager Site Survey —

Site: Touro Infirmary - New Orleans

Section Title	Last Update	Action
CCCE Sign Off	06/14/18 09:48 AM	
CCCE Sign Off		
CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input checked="" type="checkbox"/> This survey has been reviewed.		
Information For the Academic Program	06/14/18 09:48 AM	
Information For the Academic Program		
Person Completing CSIF: Stephanie Gioe		
E-mail address of person completing CSIF: stephanie.gioe@lcmchealth.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): Touro Infirmary - New Orleans		
Street Address		
Address: 1401 Foucher Street 1525 St. Charles-NRC and BIAC rehab 70130		
City: New Orelans		
State: LA		
Postal Code: 70115		
Facility Phone		
Phone Number: (504) 897-7011		
Ext:		
PT Department Phone		
Phone Number: (504) 897-8135		
Ext:		
PT Department Fax		
Phone Number: (504) 897-8938		
Clinical Center Web Address: www.touroinfirmary.com		
Director of Physical Therapy: Jessica Broussard - Acute & Outpatient Rehab Services		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Stephanie Gioe, P.T.		

CCCE / Contact Person Phone:

504 897-7000 ext.64563 or 504-897-8135

CCCE / Contact Person E-mail:

stephanie.gioe@lcmchealth.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

06/14/18 09:48 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:

Louisiana Childrens Medical center

Contact Name:

Greg Feirn

Address

Address:

200 Henry Clay

City:

New Orleans

State:

La

Postal Code:

Phone

Phone Number:

504-899-9511

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

Danielle Degree

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

06/14/18 09:48 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.

Clinical Site Primary Classification

06/14/18 09:48 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 type="checkbox"/> Industrial/Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input checked="" 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

06/14/18 09:48 AM

Clinical Site Location

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

Urban

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

06/14/18 09:48 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	
Medical University of South Carolina	Charleston	SC	PT	
Nova Southeastern University	Ft.Lauderdale	FL	PT	
Old Dominion University	Norfolk	VA	PT	
Texas Woman's University	Houston	TX	PT	
University of South Alabama	Mobile	AL	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
University of Mississippi at the Medical Center	Jackson	MS	PT	
University of St. Augustine - FL	St.Augustine	FL	PT	
University of Florida	Gainesville	FL	PT	
The University of Alabama at Birmingham	Birmingham	AL	PT	
University of South Alabama	Mobile	AL	PT	
LSUHSC	New Orleans	LA	PT	
ACCE Demo University			PT	
ACCE Demo University			PT	
LSUHSC	-Shreveport	LA	PT	
Louisiana State University HSC in New Orleans	New Orleans	LA	PT	
Louisiana State University HSC in Shreveport	Shreveport	LA	PT	

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

By A-Z:

By State:

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

Program Name:

City:

State:

PT / PTA:

Add Clear

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		
Albany State University-Darton College, GA		
Allegany College of Maryland, MD		
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

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

Name:
Stephanie Gioe

Email Address / CPI2 Login:
stephanie.gioe@lcmhealth.org

Present Position (Title, Name of Facility):
Clinical Specialist-PT

No. of Years as the CCCE
16

No. of Years of Clinical Practice
41

No. of Years of Clinical Teaching
36

No. of Years Working at this Site
22

Check all that apply:

<input checked="" type="checkbox"/> PT	<input type="checkbox"/> PTA
--	------------------------------

Licensing/Registration Status
Licensed/Registered

State of Licensure/Registration
Please choose:

License/Registration Number:
Pt-00272

Highest Earned Physical Therapy Degree
Bachelor 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:
Texas Woman's university

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

Major:
Physical Therapt

Degree:
Bachelor's of Science

Institution:
University of New Orleans

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

Major:
Education

Degree:
Masters in Curriculum and Instruction

Summary of Primary Employment

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

Employer:
Touro Infirmary

Position:
Clinical Specialist-PT

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

Employer:

Touro

Position:

Senior PT

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:

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

Course:
Provider/Location:
Date

Course:
Provider/Location:

Date

Course:

Provider/Location:

Date

Course:

Provider/Location:

Date

Course:

Provider/Location:

Date

Course:

Provider/Location:

Date

Course:

Provider/Location:

Date

Course:

Provider/Location:

Date

Name:

Email Address / CPI2 Login:

Present Position (Title, Name of Facility):

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

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)

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:

Email Address / CPI2 Login:

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:

Email Address / CPI2 Login:

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)

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:

Email Address / CPI2 Login:

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:

Email Address / CPI2 Login:

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)

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.

Clinical Instructor Information
This section has been completed.

06/08/18 02:45 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
Abel, Alyssa	Alyssa.Abel@lcmchealth.org	
Baldwin, Barbara	Barbara.Baldwin@lcmchealth.org	
Banta, Robbie J	Robbie.Banta@lcmchealth.org	
Basinger, Stefanie	stefanie.basinger@touro.com	
Baum,DPT, Erica	Erica.Baum@touro.com	
Becnel, Miles	Miles.Becnel@lcmchealth.org	
Berthelot, Joshua K	Joshua.Berthelot@LCMCHHealth.org	
Bienvenu, Chelsea	Chelsea.Bienvenu@lcmchealth.org	
Chapetta King, Lauren	lauren.king@lcmchealth.org	
Ciolino, brad	Brad.Ciolino@lcmchealth.org	
Digeronimo, Kenneth	Kenneth.Digeronimo@lcmchealth.org	
Founds, Betty O	Betty.founds@lcmchealth.org	
Gallant, Paul	stephanie.gioef@lcmchealth.orgt	
Gatti, Alexandra	gatti.alexandra@lcmchealth.org	
Gaudet, Pegi	Margaret.Gaudet@lcmchealth.com	
Haffner, Mike	Mike.Haffner@lcmchealth.org	
Hill, Ryan T	ryan.hill@lcmchealth.org	
Hill, Susan	Susan.Hill@lcmchealth.org	
Komman, Janice Z	Janice.Kornman@touro.com	

Mahoney, Rebecca	rebecca.mahoney@lcmchealth.org
Maurin, Amanda	Amanda.Maurin@lcmchealth.org
Parsons, PTA, Kathym	kathy.parsons@lcmchealth.org
pederson, sarah	stephanie.gioef@lcmchealth.org
Rodriguez, Kelly	Kelly.Rodriguez@lcmchealth.org
Salerno, Renee	Renee.Salerno@lcmchealth.org

Add New CI

Displaying Clinical Instructor 1 - 25 of 31 in total

Previous 1 2 Next

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

06/08/18 02:46 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 type="checkbox"/> Other (not APTA) clinical instructor credentialing	<input 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 type="checkbox"/> Clinical center inservices	<input checked="" 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

06/02/17 04:50 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:

260

Psychiatric center:

0

Intensive care:

22

Rehabilitation center:

65

Step down:

0

Subacute/transitional care unit:

0

Extended care:

0

Other specialty centers:

0

Total Number of Beds:

347

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

06/02/17 04:50 PM

Number of Patients/Clients

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

Inpatient	Outpatient
28 Individual PT:	75 Individual PT:
6 Student PT:	7 Student PT:
28 Individual PTA:	14 Individual PTA:
6 Student PTA:	7 Student PTA:
0 PT/PTA Team:	0 PT/PTA Team:
68 Total patient/client visits per day:	103 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

06/02/17 04:50 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

0%

13-21 years

1% - 25%

22-65 years

51% - 75%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

26% - 50%

SNF/ECF/sub-acute

0%

Rehabilitation

26% - 50%

Ambulatory/outpatient

26% - 50%

Home health/hospice

0%

Wellness/fitness/industry

1% - 25%

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

06/02/17 04:50 PM

Patient/Client Diagnoses

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

Musculoskeletal

26% - 50%

Which Musculoskeletal sub-categories are available to the student:

<input checked="" type="checkbox"/> Acute injury	<input checked="" type="checkbox"/> Amputation	<input checked="" type="checkbox"/> Arthritis
<input checked="" type="checkbox"/> Bone disease/ dysfunction	<input checked="" 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

51% - 75%

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 checked="" 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 checked="" type="checkbox"/> Cardiac dysfunction/ disease	<input type="checkbox"/> Fitness	<input checked="" 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 checked="" 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 checked="" 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

06/02/17 04:50 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	32		32
PTAs	1		
Aides/Techs	7		7
Other: Flex PT & PTA	8		8 Touro

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

04/27/17 04:41 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 checked="" 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 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 checked="" 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 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 type="checkbox"/> Screening/Prevention	<input type="checkbox"/> Sports Physical Therapy
<input type="checkbox"/> Surgery (observation)	<input type="checkbox"/> Team Meetings/Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input type="checkbox"/> Women's Health/OB-GYN	<input type="checkbox"/> Work Hardening/Conditioning	<input type="checkbox"/> Wound Care
<input checked="" type="checkbox"/> Other		

Please explain:

Musculoskeletal & Neurological

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 checked="" type="checkbox"/> Prosthetic / orthotic clinic
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Screening clinics	<input checked="" 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 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 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 type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input checked="" 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 checked="" 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

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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
---	------------------------------------	--------------------------------

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 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
---	------------------------------------	--------------------------------

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 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
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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 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

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 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 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

Average number of PT students affiliating per year.:

13

Average number of PTA students affiliating per year.:

2-3

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

Yes No

Please explain:

Will work with student as needed on an individual basis.

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

Have meetings with the clinical instructor, clinical coordinator and the academic coordinator from the student's facility. Will also come up with a written plan or action.

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

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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 type="checkbox"/>	At end of clinical experience	<input 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 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

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Student Requirements

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

Yes No

Please explain:

On the first day the student must arrive at 8:00 a.m. for orientation and CI's schedule.

Do students receive the same official holidays as staff?

Yes No

Please explain:

Mardi Gras Thanksgiving, Christmas

Does your clinical site require a student interview?

Yes No

Please explain:

N/A

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:

Hepatitis B

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

Fax to rehab educator Maureen Herring LOTR (she will send requirements)

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

Yearly MD clearance

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
<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:

If required by school and all Louisiana schools.

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

Please explain:

Prior to first day in clinic. Tulane Drug Analysis Lab Poydras street New Orleans, LA 70112 504-333-6163

Is medical testing available on-site for students?

Yes No

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

On-site orientation

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

Compliance Contact Person Name:

Stephanie Goe, PT

Compliance Contact Person Phone Number

Phone Number:

504-897-8135

Ext:

Compliance Contact Person Email:

stephanie.goe@lcmchealth.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

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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

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

Please explain:

Is the student responsible for emergency health care costs?

Yes No

Please explain:

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

Please explain:

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

Please explain:

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

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Student Schedule

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

Standard 8 hour day ▼

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

Follow CI schedule on unit. Some PT's work 4-- 10 hr. days

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"