

Site Manager Site Survey —

Site: Boston Medical Center

Section Title	Last Update	Action
CCCE Sign Off	06/04/18 03:36 PM	

CCCE Sign Off

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

This survey has been reviewed.

Information For the Academic Program	06/04/18 03:36 PM	
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Information For the Academic Program

Person Completing CSIF:
Sarah Won

E-mail address of person completing CSIF:
sarah.won@bmc.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):
Boston Medical Center

Street Address

Address:
732 Harrison Avenue F1

City:
Boston

State:
MA

Postal Code:
02118

Facility Phone

Phone Number:
617-638-8000

Ext:

PT Department Phone

Phone Number:
617-414-3401

Ext:

PT Department Fax

Phone Number:
617-414-4724

Clinical Center Web Address:
www.bmc.org

Director of Physical Therapy:

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

CCCE / Contact Person Phone:
617-414-3401

CCCE / Contact Person E-mail:

sarah.won@bmc.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

06/04/18 03:36 PM

Information About the Corporate/Healthcare Systems Organization

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

Corporate/Healthcare System Organization:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

Section Sign Off:

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

This section has been completed.

Clinical Site Accreditation/Ownership

06/04/18 03:36 PM

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/Privatey 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

06/04/18 03:36 PM

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 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 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 06/04/18 03:36 PM

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 06/04/18 03:36 PM

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Boston University	Boston	MA	PT	
Drexel University	Philadelphia	PA	PT	
Ithaca College	Ithaca	NY	PT	
MGHIHP	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Simmons College	Boston	MA	PT	
University of Rhode Island	Kingston	RI	PT	
Quinnipiac University	Hamden	CT	PT	
University of Indianapolis	Indianapolis	IN	PT	
University of Miami	Coral Gables	FL	PT	
Bay State College	Boston	MA	PTA	

<p>Select the program(s) your site is currently affiliated with:</p> <p>By A-Z: Any ▼</p> <p>By State: Any ▼</p> <table border="1" style="width: 100%;"> <tr><td>ACCE Demo University,</td><td style="text-align: center;">+</td></tr> <tr><td>ACCE Demo University,</td><td style="text-align: center;">+</td></tr> <tr><td>ACCE Demo University,</td><td style="text-align: center;">+</td></tr> <tr><td>ACCE PTA Demo,</td><td style="text-align: center;">+</td></tr> <tr><td>ASA College, FL</td><td style="text-align: center;">+</td></tr> <tr><td>AT Still University of Health Sciences, AZ</td><td style="text-align: center;">+</td></tr> <tr><td>Academy for Nursing and Health Occupations, FL</td><td style="text-align: center;">+</td></tr> <tr><td>Adventist University of Health Sciences, FL</td><td style="text-align: center;">+</td></tr> <tr><td>Alabama State University, AL</td><td style="text-align: center;">+</td></tr> </table>	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	+	<p>If not found in the list, please enter the program information here:</p> <p>Program Name: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: AB ▼</p> <p>PT / PTA: PT ▼</p> <p style="text-align: right;"><input type="button" value="Add"/> <input type="button" value="Clear"/></p>
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	+																		

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 06/04/18 03:43 PM

Information About the Clinical Teaching Faculty

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

Name:

Sarah Won

Email Address / CPI2 Login:

sarah.won@bmc.org

Present Position (Title, Name of Facility):

Sarah Won, DPT, BMC

No. of Years as the CCCE

6

No. of Years of Clinical Practice

9

No. of Years of Clinical Teaching

8

No. of Years Working at this Site

9

Check all that apply:

PT PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

18381

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Professional Doctor in Physical Therapy

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

Geriatric

Pediatrics

Integumentary

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

Boston University

Period of Study

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

From — To

Major:

PT (Health Studies)

Degree:

Bachelor of Science

Institution:

Boston University

Period of Study

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

From — To

Major:

PT

Degree:

DPT

Summary of Primary Employment

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

Employer:

Boston Medical Center

Position:

Staff PT

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:

Full Time Student x 14 weeks

Provider/Location:

BMC

Date

Section Sign Off:

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

This section has been completed.

Clinical Instructor Information

06/04/18 03:43 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
Andrews, Tiffany	tiffany.andrews@bmc.org	
Arouchon, Jessica R	jessica.arouchon@bmc.org	
Belizaire, Pedro	P_belizaire@hotmail.com	
Berger, Clark H	clark.berger@bmc.org	
Blazina, Katie	Katie.Blazina@BMC.org	
Bresler, Helen R	helen.bresler@bmc.org	
Bronson, Taylor	Taylor.Bronson@bmc.org	
Buller, Kristina	kristina.buller@bmc.org	
Burus, Jennifer D	jenburus@hotmail.com	
Cahill, Shana	shanacahill@yahoo.com	
Cahill, Shana	shana.cahill@bmc.org	
Capron, Sarah	sarah.capron@bmc.org	
Chapman, Daniel A	daniel.chapman@bmc.org	
Clark, Karen	Karen.Clark@bmc.org	
Constantine, Courtney	courtney.constantine@bmc.org	
Cummings, Morgan	morgan.cummings@bmc.org	
Diloreti, Ryan	ryan.diloreti@bmc.org	
DiTullio, Carol M	carol.ditullio@bmc.org	
Dunn, Kristin	kristin.dunn@bmc.org	
Duran, Lauren	Lauren.Duran2@bmc.org	
Goldman, Nini j	Nini.Goldman@bmc.org	
Hansberry, Shayna	shayna.hansberry@bmc.org	
Hill, DPT, Amy	Amy.Hill3@va.gov	
Hindsberger, Alison	Alison.hinsberger@bmc.org	
Iacobone, Nicole	nicole.iacobone@bmc.org	

[Add New CI](#)

Displaying Clinical instructor 1 - 25 of 47 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 06/04/18 03:44 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 checked="" 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 checked="" type="checkbox"/>	Academic for-credit coursework
<input checked="" type="checkbox"/>	Clinical center inservices	<input checked="" type="checkbox"/>	Continuing education by academic program	<input checked="" type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	No training	<input 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 07/16/12 09:34 AM

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:

389

Psychiatric center:

Intensive care:

95

Rehabilitation center:

Step down:

24

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

508

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 07/16/12 09:34 AM

Number of Patients/Clients

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

Inpatient	Outpatient
8 to 12 Individual PT:	17 Individual PT:

Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
812	17
Total patient/client visits per day:	Total patient/client visits per day:

Section Sign Off:

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

This section has been completed.

Patient/Client Lifespan and Continuum of Care	07/16/12 09:34 AM
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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

26% - 50%

22-65 years

51% - 75%

Over 65 years

26% - 50%

Continuum of Care

Critical care, ICU, acute

76% - 100%

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	07/16/12 09:34 AM
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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 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

76% - 100%

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

76% - 100%

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

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

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)

26% - 50%

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 checked="" 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

07/16/12 09:34 AM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	not available	not available	not available
PTAs	not available	not available	not available
Aides/Techs	0	0	0
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

07/16/12 09:53 AM

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input checked="" type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input checked="" 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 checked="" 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 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 checked="" type="checkbox"/> Hand clinic	<input type="checkbox"/> Hemophilia clinic
<input type="checkbox"/> Industry	<input type="checkbox"/> Neurology clinic	<input checked="" 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 checked="" type="checkbox"/> Seating/mobility clinic
<input checked="" 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 checked="" type="checkbox"/> Dietitians	<input checked="" type="checkbox"/> Enterostomal / wound specialists
<input checked="" type="checkbox"/> Exercise physiologists	<input 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 checked="" 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 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

07/16/12 09:53 AM

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

Physical Therapist Assistant

First Experience:

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

Intermediate Experiences:

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

<input 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 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

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.:

12

Average number of PTA students affiliating per year.:

0

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

Yes No

Please explain:

Prior to the student start their affiliation, the CCCE and the CI meet or discuss any special needs that the student may need. Accommodations such as lower case loads, allowing more time for an evaluation and/or paperwork are made. Consideration is kept in mind in what is expected of entry level and assurances are made that the student reaches that expectation.

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

Meetings with student, CI, and CCCE. Weekly goal setting. Open communication with CI, student and CCCE and close contact with the school and ACCE

**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

07/16/12 09:53 AM

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 checked="" 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

06/04/18 03:48 PM

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 will be included in a welcome packet sent to students

Do students receive the same official holidays as staff?

Yes No

Please explain:

Holidays: New years day, Martin Luther King Day, President's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Day

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:

2 MMR (Measle, Mumps, and Rubella) vaccine dates or positive titer results

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

Yes No

Please explain:

-2 Varicella (Chicken Px) vaccine dates or positive titer results or health care provide documented disease - Hepatitis B vaccine dates and positive Hep B surface antibody

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

All health and immunization records need to be taken to Occupational Health and Environmental Medicine at BMC for clearance prior to start

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

Within 1 year

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:

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

<input type="checkbox"/> Child clearance	<input checked="" type="checkbox"/> Criminal background check	<input type="checkbox"/> Drug screening
<input checked="" type="checkbox"/> HIPAA education	<input type="checkbox"/> OSHA education	<input checked="" type="checkbox"/> Proof of student health clearance
<input checked="" type="checkbox"/> Other		

Please explain:

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:

Total of 2 Coris required. 1 performed by school, 1 by BMC

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.):

-brief 1 hour orientation with CCCE prior to or on first day - half day hospital orientation with HR - students must be cleared by human resources and occupational health prior to start date - internship clearance form will be provided to student and must be delivered to CCCE in order to start

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

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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

Please explain:

Is the student required to have proof of health insurance?

Yes No

Please explain:

Is the student required to provide proof of OSHA training?

Yes No

Please explain:

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

Please explain:

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

Please explain:

Is the student required to be certified in First Aid?

Yes No

Please explain:

Can the student receive First Aid certification on-site?

Yes No

Please explain:

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:

Varied schedules

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

Students in Outpatient will work based upon their CI's schedule that may be varied. Acute care staff work 8am to 4:30pm Monday to Friday Acute care PTs work 1 weekend a month and receive comp days as appropriate. Students do not work weekends except under special circumstances. Students will be supervised by a licensed therapist if their clinical instructor is off during the week

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"