# Site Manager Site Survey —

# Site: Boston Children's Hospital - Main Site

Section Title	Last Update	Action
CCCE Sign Off	Never	
CCCE Sign Off		

#### CCCE Sign Off:

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

This survey has been reviewed.

Information For the Academic Program 03/31/15 10:19 PM

### Information For the Academic Program

Person Completing CSIF:

Christine Ploski

E-mail address of person completing CSIF:

Chris.ploski@childrens.harvard.edu

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

Children's Hospital - Boston

Street Address

Address:

PT Dept. FA123, 300 Longwood Avenue

City:

Boston

State:

MA

Postal Code:

02115

**Facility Phone** 

Phone Number:

617-355-6000

Ext:

PT Department Phone

Phone Number:

617-355-7212

PT Department Fax

Phone Number:

617-730-0151

Clinical Center Web Address:

http://www.childrenshospital.org/

Director of Physical Therapy:

Laura Jaweed, PT, MS, DPT

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

Christine Ploski, PT, MS, PCS, MAc, LicAc

CCCE / Contact Person Phone:

617-355-2447					
CCCE / Contact Person E-mail:					
chris.ploski@childrens.harvard.edu					
Section Sign Off:					
Click the box below to indicate you have review	ved and finished with	this section of the survey.			
This section has been completed.					
Information About the Corporate/Healthcar	e Systems Organiz	ation		03/31/15 10:19 PM	
Information About the Corporate/H	ealthcare Syste	ms Organization			
If your facility is part of a larger corporati	on or has multipl	e sites or clinical centers, include th	e contact information for	the corporate/healthcare system org	ganization.
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:					
Constitute City Off					
Section Sign Off:  Click the box below to indicate you have review	ved and finished with	this section of the survey.			
This section has been completed.					
Clinical Site Accreditation/Ownership				03/31/15 10:19 PM	
r					
Clinical Site Accreditation/Ownershi	p				
Which of the following best describes the ow	nership category	for your clinical site? (check all that ag	oply)		
Corporate/Privately Owned	Г	Government Agency		Hospital/Medical Center Owned	
▼ Nonprofit Agency	Г	PT Owned	П	PT/PTA Owned	
Physician/Physician Group Owned		Other			
Section Sign Off:					
Click the box below to indicate you have review	ved and finished with	this section of the survey.			
This section has been completed.					
Clinical Site Primary Classification				03/31/15 10:19 PM	
Clinia I Cita P. 1 Cita P.					
Clinical Site Primary Classification					
Choose the category that best describes how	v your facility func	tions the majority (> 50%) of the time			
Please choose:	▼				

F	Acute Care/Inpatient Hospital Facility Federal/State/County Health	<b>▽</b>	Ambulatory Ca	re/Outpat	ient			ECF/Nursing H	lome/SNF		
	Federal/State/County Health										
N			Home Health					Industrial/Occu	ıpational H	ealth Facility	
	Multiple Level Medical Center	П	Private Practice	:			П	Rehabilitation/	Sub-acute R	tehabilitation	
s	School/Preschool Program		Wellness/Preve	ntion/Fit	ness Program			Other			
Click the Click	on Sign Off:  the box below to indicate you have reviewed and finish is section has been completed.  Site Location  If the following best describes your clinical site?		section of the sur	vey.				03/31/1510	:19 PM		
	he box below to indicate you have reviewed and finis	hed with this	section of the sur	vey.							
								03/31/15 10:	:19 PM		
	d PT and PTA Educational Programs										
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bbreviate	d Resume for Center Coordinators of Clinical Education - Please upd	late as each n	new CCCE assumes this position.
Name:			
Wendy H	oldan, PT, MSPT, OCS		
Email Addı	ress / CPI2 Login:		
wendy.hc	oldan@childrens.harvard.edu		
Present Po	osition (Title, Name of Facility):		
Physical T	Cherapist Level 3, CCCE, Boston Children's Hospital - Waltham		
No. of Yea	urs as the CCCE		
2			
No. of Yea	ars of Clinical Practice		
12	<u> </u>		
No. of Yea	urs of Clinical Teaching		
11	<u> </u>		
N. CY.	W. M. and Ch.		
	rs Working at this Site		
6	•		
Check all	that apply:		
V	PT	PT	ra -
18326	Registration Number:		
Highest E	arned Physical Therapy Degree		
	in Physical Therapy		
	arned Degree		
Masters	degree		
APTA Cre	dentialed CI		
• Yes	C No		
APTA Adv	vanced Credentialed CI		
C Yes	⊙ No		
Othor CI	Cradentialing		
O Yes	Credentialing  • No		
	ertified Clinical Specialist (Check all that apply)		
<b>V</b>	OCS		GCS
	PCS		NCS
	CCS		SCS
	ECS		WCS
APTA Rec	cognition of Advanced Proficiency for PTAs (Check all that apply)		
IAHEC			
	Aquatic		Musculoskeletal
	Aquatic Cardiopulmonary		Musculoskeletal Neuromuscular

Integumentary er credentials:	
er credentials:	
mmary of College and University Education	
art with most current)	
nstitution:	
Vashington University in St. Louis School of Medicine	
eriod of Study	
If the user is currently enrolled, please type in the word 'CURRENT' into the bo	oxlabeled 'To'.)
From [09/01/1999 — To [12/08/2002	
lajor:	
hysical Therapy	
egree:	
ISPT	
mployer: oston Children's Hospital	
osition:	
hysical Therapist - Level III, CCCE	
eriod of Employment	
If the user is currently employed, please type in the word 'CURRENT' into the	boxlabeled 'To'.)
From [12/08/2008 — To CURRENT	
ontinuing Professional Preparation Related Directly to Clinical Teaching Responses programs for prodict access (dates and titles) continuing adver-	onsibilities ation [courses and instructors], research, clinical practice/expertise, etc. in the last three
years)	mon [courses and histructors], research, chincar practice/expertise, etc. in the last time
ourse: rovider/Location:	
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33	¥			
Checka	ıll that apply:			
┍	PT	PTA		
Licen	sing/Registration Status			
	nsed/Registered 🔻			
State	of Licensure/Registration			
MA	▼			
	se/Registration Number:			
2933	·			
*** 1				
	t Earned Physical Therapy Degree rs in Physical Therapy			
1				
	t Earned Degree			
Post-p	rofessional/Advanced Masters degree			
	redentialed CI			
● Yes	o No			
	dvanced Credentialed CI			
C Yes	⊙ No			
	CI Credentialing			
C Yes	No			
	Certified Clinical Specialist (Check all that apply)			
	ocs		GCS	
	PCS		NCS	
	CCS		SCS	
	ECS	L	WCS	
APTA R	ecognition of Advanced Proficiency for PTAs (Check all that apply)			
	Aquatic		Musculoskeletal	
	Cardiopulmonary		Neuromuscular	
	Geriatric		Pediatrics	
	Integumentary			
Other ci	edentials:			
	ary of College and University Education			
(Start v	vith most current)			
Instit	ution:			
Univ	ersity of Connecticut			
Perio	d of Study			
(If th	e user is currently enrolled, please type in the word 'CURRENT' into the box	x labeled 'To'.)		
Fron	1 1972 — To 1976			
Major				
	ical Therapy			
Degre	e: elor of Science			
Dacii				

Institution:
MGH IHP
Period of Study
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)
From [1983 — To [1989
Major:
Physical Therapy
Degree:
Master of Science
Institution:
New England School of Acupuncture
Period of Study
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)
From [1/2000 — To 5/2004
Major:
Acupuncture
Degree:
Master of Acupuncture
Summary of Primary Employment
(For current and previous four positions since graduation from college; start with most current)
tor current and provides four positions since graduation from conege, start with most current,
Employer:
Lynn Hospital
Position:
Staff Physical Therapist
Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From [1972 — To [1976
Employer:
Boston Children's Hospital
Position:
Physical Therapist Physical Ph
Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From [1980 — To current
Continuing Professional Property Profession
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)
C
Course:
Provider/Location:
Date

## Section Sign Off:

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

This section has been completed.
Clinical Instructor Information

10/17/16 09:36 AM

### **Clinical Instructor Information**

Provide the following information on all PTs or PTAs emp	ployed at your clinical site who are CIs.	
CI Name Followed By Credentials	CIUsemame	Actions
Abreu, Natalia	natalia.abreu@childrens.harvard.edu	
Accomando, Cara	Cara.accomando@childrens.harvard.edu	
Alie, Tamara	tamara.alie@childrens.harvard.edu	
Anne Phillips, PTA, Lisa	lisa.phillips@childrens.harvard.edu	
Barnack, Danielle M	Danielle.Barnack@childrens.harvard.edu	
Benincasa, Jason	Jason.Benincasa@childrens.harvard.edu	
Berry, Emily	Emily.Berry@childrens.harvard.edu	
Boullard, Kimberly	kimberly.boullard@childrens.harvard.edu	
Boyer, Amanda	amanda.boyer@childrens.harvard.edu	
Butt, Julie	julie.butt@childrens.harvard.edu	
Cassella Kulak, Michelina	michelina.cassella@childrens.harvard.edu	
Chacharone, Effie	Effie.chacharone@childrens.harvard.edu	
Coucci, Sarah	sarah.coucci@childrens.harvard.edu	
Craft, Christina	christina.craft@childrens.harvard.edu	
Denning, Sandra	Sandra.Gorry-Denning@tch.harvard.edu	
Donehew-Tamilio, Christina	christina.donehew-tamilio@childrens.harvard.edu	
Farrell, Colleen	colleen.farrell@childrens.harvard.edu	
Gondelman, Jenna	jenna.gondelman@childrens.harvard.edu	
Gorman, Liza	liza.gorman@childrens.harvard.edu	
Gucwa, Cassandra	Cassandra.Gucwa@childrens.harvard.edu	
Kelly, Katherine S	katherine.kelly@childrens.harvard.edu	
Kenney, Anne	anne.kenney@childrens.harvard.edu	
Lanata, Danielle M	Danielle.Lanata@childrens.harvard.edu	
Lombard, Kelly	kelly.lombard@childrens.harvard.edu	
Maczek, Elizabeth	elizabeth.maczek@childrens.harvard.edu	
Add New CI Displaying Clinical instructor 1 - 25 of 38	8 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.

Clinic	cal Instructors				03/31/15 10:27 PM
Clini	ical Instructors				
Mass	outonia de vou use te coloct aliminal instructore? (Cheol	e all the	ot oursky)		
vnat	criteria do you use to select clinical instructors? (Check APTA Clinical Instructor Credentialing	k all tha	Career ladder opportunity		Certification/training course
_	Clinical competence	П	Delegated in position description	Г	Demonstrated strength in clinical teaching
	No criteria		Other (not APTA) clinical instructor credentialing	Г	Therapist initiative/volunteer
-	Years of experience	П	Other		
low:	are clinical instructors trained? (Check all that apply)				
	1:1 individual training (CCCE:CI)		APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework
	Clinical center inservices		Continuing education by academic program		Continuing education by consortia
	No training		Other (not APTA) clinical instructor credentialing program		Professional continuing education (e.g., chapter, CEU course)
	Other				
	This section has been completed.  mation About the Physical Therapy Service				09/24/13 09:07 AM
.1011					55,21/15 05,0/1HrI
Intense Rehabite Reha	istric center:  sive care:  bilitation center:  lown:  cute/transitional care unit:  ded care:  specialty centers:  Number of Beds:  ction Sign Off:  ck the box below to indicate you have reviewed and finished w	ith this	section of the survey.		
V	This section has been completed.				
Num	ber of Patients/Clients				09/24/13 09:07 AM
	nber of Patients/Clients				22.24, 10 00101 MH
	nate the average number of patient/client visits per	day:			
Inpa		day:	Outpatient		
10	nate the average number of patient/client visits per	day:	8		
10	nate the average number of patient/client visits per	day:			

10 Individual PTA:	Individual PTA:		
8 Student PTA:	Student PTA:		
PT/PTATeam:	PT/PTA Team:		
36 Total patient/client visits per day:	14 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.		Tanana and an	
Patient/Client Lifespan and Continuum of Care		09/24/13 09:07 AM	
Patient/Client Lifespan and Continuum of Care			
Indicate the frequency of time typically spent with patients/clients in each of the cate	gories:		
Patient Lifespan			
0-12 years			
26%-50%			
13-21 years			
26%-50%			
22-65 years  1% - 25%			
_			
Over 65 years  1% - 25%			
_			
Continuum of Care			
Critical care, ICU, acute  51% - 75%			
SNF/ECF/sub-acute			
Please choose: 🔻			
Rehabilitation			
Please choose: 🔻			
Ambulatory/outpatient			
26% - 50%			
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		09/24/13 09:07 AM	
Patient/Client Diagnoses			
Indicate the frequency of time typically spent with patients/clients in each of the cate	gories:		

	h Musculoskeletal sub-categories are availab					
<b>V</b>	Acute injury	V	Amputation	V	Arthritis	
<b>V</b>	Bone disease/ dysfunction	V	Connective tissue disease/dysfunction	₽	Muscle disease/dysfunction	
7	Musculoskeletal degenerative disease	V	Orthopedic surgery	V	Other	
Pleas	se explain:					
,	o-muscular					
1% -	- 25% _▼					
Whic	h Neuro-muscular sub-categories are availab	le to the studer	nt:			
V	Brain injury	V	Cerebral vascular accident	V	Chronic pain	
✓	Congenital/developmental	V	Neuromuscular degenerative disease	✓	Peripheral nerve injury	
Г	Spinal cord injury	V	Vestibular disorder	₽	Other	
70.1						
rieas	se explain:					1
Card	liovascular-pulmonary					
	5-50% ▼					
Vhic	h Cardiovascular-pulmonary sub-categories	are available to	the student:			
V	Cardiac dysfunction/disease		Pis		Lymphedema	
			Fitness		Lymphedema	
	Peripheral vascular dysfunction/disease	V	Pulmonary dysfunction/ disease		Other	
Integ	gumentary					
Integ						
Integ	gumentary	₽	Pulmonary dysfunction/disease			
Integ	gumentary - 25%	₽	Pulmonary dysfunction/disease			
Integ	gumentary  - 25%  th Integumentary sub-categories are available	e to the student	Pulmonary dysfunction/disease	Г	Other	
Integ	gumentary - 25%  th Integumentary sub-categories are available Burns Other	e to the student	Pulmonary dysfunction/disease	Г	Other	
Integ	gumentary  -25%  h Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups)	e to the student	Pulmonary dysfunction/disease	Г	Other	
1%	gumentary - 25%  th Integumentary sub-categories are available Burns Other	e to the student	Pulmonary dysfunction/disease	Г	Other	
1% Whice	gumentary  -25%  h Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups)	e to the student	Pulmonary dysfunction/disease	Г	Other	
1% Othe	cumentary  -25%  h Integumentary sub-categories are available  Burns  Other  r (May cross a number of diagnostic groups)	e to the student	Pulmonary dysfunction/disease	Г	Other	
Integ	sumentary  -25%  th Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups)  -25%  th other sub-categories are available to the stu	e to the student	Pulmonary dysfunction/disease  t:  Open wounds		Other  Scar formation	
Integ	cumentary  -25%  h Integumentary sub-categories are available  Burns  Other  r (May cross a number of diagnostic groups)  -25%  h other sub-categories are available to the stu  Cognitive impairment	e to the student	Pulmonary dysfunction/disease  Copen wounds  General medical conditions		Other  Scar formation  General surgery	
Unteg	cumentary  -25%  h Integumentary sub-categories are available  Burns  Other  r (May cross a number of diagnostic groups)  -25%  ch other sub-categories are available to the stu  Cognitive impairment  Oncologic conditions  Other	e to the student	Pulmonary dysfunction/disease  Copen wounds  General medical conditions		Other  Scar formation  General surgery	
Unteg	th Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups) -25%  th other sub-categories are available to the stu Cognitive impairment Oncologic conditions	e to the student	Pulmonary dysfunction/disease  Copen wounds  General medical conditions		Other  Scar formation  General surgery	
Unteg	cumentary  -25%  h Integumentary sub-categories are available  Burns  Other  r (May cross a number of diagnostic groups)  -25%  ch other sub-categories are available to the stu  Cognitive impairment  Oncologic conditions  Other	e to the student	Pulmonary dysfunction/disease  Copen wounds  General medical conditions		Other  Scar formation  General surgery	
Unteg	cumentary  -25%  h Integumentary sub-categories are available  Burns  Other  r (May cross a number of diagnostic groups)  -25%  ch other sub-categories are available to the stu  Cognitive impairment  Oncologic conditions  Other	e to the student	Pulmonary dysfunction/disease  Copen wounds  General medical conditions		Other  Scar formation  General surgery	
Integ	cumentary  -25%  h Integumentary sub-categories are available  Burns  Other  r (May cross a number of diagnostic groups)  -25%  ch other sub-categories are available to the stu  Cognitive impairment  Oncologic conditions  Other	e to the student	Pulmonary dysfunction/disease  Copen wounds  General medical conditions		Other  Scar formation  General surgery	
Integ    1%	th Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups) -25%  th other sub-categories are available to the stu Cognitive impairment Oncologic conditions Other  se explain:	e to the student	Pulmonary dysfunction/ disease  t:  Open wounds  General medical conditions  Organ transplant		Other  Scar formation  General surgery	
Integ  1% ·  Othe  1% ·  Whice  Whice  Please  Clid	th Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups) -25%  th other sub-categories are available to the stu Cognitive impairment Oncologic conditions Other  se explain:  ction Sign Off: ck the box below to indicate you have reviewed and	e to the student	Pulmonary dysfunction/ disease  t:  Open wounds  General medical conditions  Organ transplant		Other  Scar formation  General surgery	
Integ    1% -     Whice   1% -     Whice   1% -     Whice   Value       Value	ction Sign Off:	e to the student	Pulmonary dysfunction/ disease  t:  Open wounds  General medical conditions  Organ transplant		Other  Scar formation  General surgery	
Integ  1% ·  Othe  1% ·  Whice  Whice  Please  Clid	th Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups) - 25%  th other sub-categories are available to the stu Cognitive impairment Oncologic conditions Other  se explain:  ction Sign Off: ck the box below to indicate you have reviewed and This section has been completed.	e to the student	Pulmonary dysfunction/ disease  t:  Open wounds  General medical conditions  Organ transplant		Other  Scar formation  General surgery	
Integ    1%	th Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups) -25%  th other sub-categories are available to the stu Cognitive impairment Oncologic conditions Other  se explain:  ction Sign Off: ck the box below to indicate you have reviewed and This section has been completed.	e to the student	Pulmonary dysfunction/ disease  t:  Open wounds  General medical conditions  Organ transplant		Other  Scar formation  General surgery  Wellness/Prevention	
Integ    1%	th Integumentary sub-categories are available Burns Other  r (May cross a number of diagnostic groups) -25%  th other sub-categories are available to the stu Cognitive impairment Oncologic conditions Other  se explain:  ction Sign Off: ck the box below to indicate you have reviewed and This section has been completed.	e to the student	Pulmonary dysfunction/ disease  t:  Open wounds  General medical conditions  Organ transplant		Other  Scar formation  General surgery  Wellness/Prevention	

PTs		35				
PTAs		3				
Aides	:/Techs	2				
Other:						
	tion Sign Off:					
Click	k the box below to indicate you have reviewed a	and finished w	ith this	section of the survey.		
7	This section has been completed.					
Inforn	nation About the Clinical Education Exper	ience				09/24/13 09:41 AM
Infor	mation About the Clinical Education	on Experie	ence			
0	I December 1 August 1 March 1 August 1	4				
Specia	al Programs/Activities/Learning Oppor	tunities				
Please	check all special programs/activities/lear	rning opport	unities	s available to students.		
V	Administration		V	Aquatic Therapy		Athletic Venue Coverage
	Back School			Biomechanics Lab		Cardiac Rehabilitation
	Community/Re-entry Activities		V	Critical Care/Intensive Care		Departmental Administration
V	Early Intervention			Employee Intervention		Employee Wellness Program
V	Group Programs/ Classes			Home Health Program		Industrial/Ergonomic PT
V	Inservice Training/Lectures		V	Neonatal Care		Nursing Home/ECF/SNF
	Orthotic/Prosthetic Fabrication		V	Pain Management Program		Pediatric - Classroom Consultation Emphasis
	Pediatric - Cognitive Impairment Emphasis		V	Pediatric - Developmental Program Emphasis	V	Pediatric - General
<b>V</b>	Pediatric - Musculoskeletal Emphasis		V	Pediatric - Neurological Emphasis		Prevention/Wellness
<b>V</b>	Pulmonary Rehabilitation		V	Quality Assurance/CQI/TQM		Radiology
	Research Experience			Screening/Prevention	V	Sports Physical Therapy
	Surgery (observation)		V	Team Meetings/Rounds	V	Vestibular Rehabilitation
	Women's Health/OB-GYN			Work Hardening/Conditioning		Wound Care
	Other					
Specia	alty Clinics					
Please	check all specialty clinics available as stu	dent learnin	g expe	riences.		
П	Arthritis			Balance	✓	Developmental
Г	Feeding clinic		П	Hand clinic	V	Hemophilia clinic
Г	Industry		П	Neurology clinic	П	Orthopedic clinic
V	Pain clinic			Preparticipation sports		Prosthetic/orthotic clinic
	Scoliosis			Screening clinics		Seating/mobility clinic
	Sports medicine clinic			Wellness		Women's health
	Other					
	h and Educational Providers at the Clin	ical Cita				
			un alt.	ical site students typically also says and developed	theret	toroot
	_	oviders at yo	_	ical site students typically observe and/or with whom		
	Audiologists			Alternative therapies		Athletic trainers  Enteroctomal / wound enecialists
	Audiologists  Evercise physiologists			Dietitians Fitness professionals		Enterostomal / wound specialists  Health information technologists
	Exercise physiologists  Massage therapists			Pitness professionals  Nurses	V	Occupational therapists
	Physician assistants		₽ ₽	Physicians		Podiatrists
			V	Psychologists		
	Prosthetists / orthotists Social workers		_	Psychologists  Special education teachers		Respiratory therapists  Speech / Janguage pathologists
						Speech/language pathologists  Therepouting regression therepoints
✓ _	Students from other disciplines			Students from other physical therapy education programs		Therapeutic recreation therapists

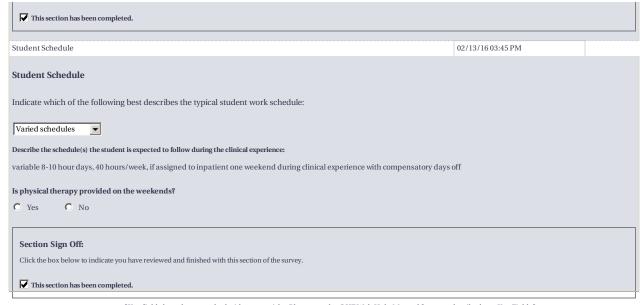
	Vocational rehabilitation counselors		Other						
Sec	tion Sign Off:								
Clicl	k the box below to indicate you have reviewed and finished w	ith this	section of the survey.						
	This section has been completed.								
Availa	bility of the Clinical Education Experience				09/24/13 09:41 AM				
Avail	ability of the Clinical Education Experience								
Indica	ate educational levels at which you accept PT and P	TA stu	dents for clinical experiences (Check all that apply)						
	cal Therapist Experience:								
	Full days		Half days		Other				
	cal Therapist nediate Experiences:								
V	Full days		Half days		Other				
Physic	cal Therapist								
V	Final Experience	V	Internship (6 months or longer)	V	Specialty experience				
	Other								
Physic	cal Therapist Assistant								
First E	experience:								
	Full days		Half days		Other				
	cal Therapist Assistant nediate Experiences:								
V	Full days		Half days		Other				
Physic	cal Therapist Assistant								
V	Final Experience		Other						
PT									
Indica	te which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.						
V	January	V	February	✓	March				
V	April	V	May	V	June				
V	July	V	August	V	September				
V	October	V	November	V	December				
Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.						
	January		February		March				
	April		May		June				
	July		August		September				
	October		November		December				
PTA									
Indica	te which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.						
	January	V	February	V	March				
V	April		May		June				
	July		August		September				
	October		November		December				
Indica	Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.								
	January		February		March				

	April		May		June
	July		August		September
	October		November		December
Averag	ge number of PT students affiliating per year.:				
8	,				
	ge number of PTA students affiliating per year.:				
1	,				
	r clinical site willing to offer reasonable accommodation	ons for	r students under ADA?		
	e explain:				
	is the procedure for managing students whose performance i	is helow	v expectations or unsafe?		
	ication of the program, may result in termination if not				
	in what provisions are made for students if the clinical instru			cal center en	nnlovs only one PT or PTA ).
	e is always a secondary CI who knows the student	Ctor is i	in of away from the clinical site. Sul/>(Allswer if the clinic	cai center en	inproysoing other Fore Inc.).
111616	e is always a secondary Ci who knows the student				
Sec	ction Sign Off:				
	ck the box below to indicate you have reviewed and finished w	with this	s section of the survey.		
V	This section has been completed.				
Clinic	cal Site's Learning Objectives and Assessment				09/24/13 09:41 AM
JIIIII	ical Site's Learning Objectives and Assessmer	at			
⊙ Y Are al	ll professional staff members who provide physical th	erapy	services acquainted with the clinical site's learning	g objectives	ş?
⊙ Y Areal ○ Y	Il professional staff members who provide physical thes  No  do the CCCE and/or CI typically discuss the clinical si		arning objectives with students? (Check all that ap	ply)	
OY Are all OY When	Il professional staff members who provide physical the fes  No  a do the CCCE and/or CI typically discuss the clinical st  At end of clinical experience	ite's lea	arning objectives with students? (Check all that ap	oply)	Beginning of the clinical experience
OY Are al OY When	Il professional staff members who provide physical thes  No  do the CCCE and/or CI typically discuss the clinical si		arning objectives with students? (Check all that ap	ply)	
Y Y Y Y When	Il professional staff members who provide physical the fes  No  Indo the CCCE and/or CI typically discuss the clinical si  At end of clinical experience  Daily  e explain:	ite's lea	arning objectives with students? (Check all that ap	oply)	Beginning of the clinical experience
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O Y  Are all O Y  When  Please As ne	Il professional staff members who provide physical the fes	ed to in	arning objectives with students? (Check all that ap At mid-clinical experience Weekly	oply)	Beginning of the clinical experience Other  nat apply)
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Sec Clic	Il professional staff members who provide physical the fes No  noto the CCCE and/or CI typically discuss the clinical sign of the clinical experience  Daily  e explain: eded  ate which of the following methods are typically utilized as per student request in addition to formal and ongoing written & oral feedback  Written and oral mid-evaluation  ction Sign Off:  the box below to indicate you have reviewed and finished we have requirements  ent Requirements  undents need to contact the clinical site for specific work.	ed to in	At mid-clinical experience  Weekly  Inform students about their clinical performance? ( Ongoing feedback throughout the clinical  Written and oral summative final evaluation	Check all th	Beginning of the clinical experience  Other  nat apply)  Student self-assessment throughout the clinical  Other
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Are all C Y When C Y When C Clic C Clic C Y Y Please C	Il professional staff members who provide physical the res  No  Indo the CCCE and/or CI typically discuss the clinical sign of clinical experience  Daily  e explain: eded  As per student request in addition to formal and ongoing written & oral feedback  Written and oral mid-evaluation  Ction Sign Off: Es the box below to indicate you have reviewed and finished we can require ments  ent Requirements  undents need to contact the clinical site for specific worses  No e explain:  undents receive the same official holidays as staff?  The contact the clinical holidays as staff?  The contact the clinical holidays as staff?  The contact the same official holidays as staff?  The contact the clinical site for specific worses  No explain:	ed to in	At mid-clinical experience  Weekly  Inform students about their clinical performance? ( Ongoing feedback throughout the clinical  Written and oral summative final evaluation	Check all th	Beginning of the clinical experience  Other  nat apply)  Student self-assessment throughout the clinical  Other
Secondary Stude	Il professional staff members who provide physical the classic of the CCCE and/or CI typically discuss the clinical side of the CCCE and/or CI typically discuss the clinical side of the CCCE and/or CI typically discuss the clinical side of the clinical experience or paily and the complete of the following methods are typically utilized at the which of the following methods are typically utilized at the clinical staff of the following methods are typically utilized at the clinical staff of the following methods are typically utilized at the clinical staff of the following methods are typically utilized at the clinical staff of the following methods are typically utilized at the clinical staff of the following methods are typically utilized at the following methods are typically utilized at the following methods are	ed to in	At mid-clinical experience  Weekly  Inform students about their clinical performance? ( Ongoing feedback throughout the clinical  Written and oral summative final evaluation	Check all th	Beginning of the clinical experience  Other  nat apply)  Student self-assessment throughout the clinical  Other

9:00 Al					
	M 🔻				
Is a Ma	antoux TB test (PPD) required?				
a) one s	tep				
O Yes	C No				
o) two s	ten				
• Yes					
o o Dudo	pella Titer Test or immunization required?				
• Yes	•				
	explain:				
Are any	other health tests/immunizations required	prior to the cli	nical experience? If yes, please specify:		
• Yes					
	explain:				
	a, mumps, measles, Flu shot				
	his information communicated to the clinic? Prov			includes HR and Occ	runational Health
eviews.	ork sent to student prior to start of clinical exp	penence, mus	t go amough ciedentiailing process which	araucs ith and Occ	apadondi Health
low cur	rent are student physical exam records required to	o be?:			
Except f	for TB test physical exam for school is adequa	te			
Are any	other health tests or immunizations require	ed on-site? If y	es, please specify:		
O Yes	<b>⊙</b> No				
Yes	<ul> <li>No</li> <li>which of the following are required by your</li> </ul>	facility prior	to the clinical education experience:		
	Child clearance		Criminal background check		Drug screening
	HIPAA education		OSHA education		Proof of student health clearance
	Other				
• Yes Please e		inal Offender	Record Information)? If yes, please indica	ite which backgroui	nd check is required and time frame.
s a chile	d by school d abuse clearance required?  • No				
(s a chile	d by school d abuse clearance required?  • No				
S a child O Yes Please e	d by school  d abuse clearance required?  No explain:  udent responsible for the cost of required clearance.	earances?			
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Section S	sign Off:		
Click the bo	ox below to indicate you have reviewed and finished with this section of the survey.		
This sec	ction has been completed.		
Special Info		02/13/16 03:45 PM	
Special In	formation		
Do vou requ	uire a case study or inservice from all students (part-time and full-time)?		
Yes Please expla	C No		
Do you requ	tire any additional written or verbal work from the student (e.g., article critiques, journal revi	iew, patient/client education handout/brochure)?	
• Yes Please expla	O No nin:		
variable			
Does your si	ite have a written policy for missed days due to illness, emergency situations, other? If yes, pla	ease summarize.	
• Yes Please expla	C No in:		
Dependent	on school policy and student performance		
Will the stud	lent have access to the Internet at the clinical site?		
• Yes Please expla	C No		
ls there a fa	cility/student dress code?		
• Yes	C No		
ls emergenc	cy health care available for students?		
C Yes	C No		
is the stude	nt responsible for emergency health care costs?		
C Yes	C No		
Is other non	e-emergency medical care available to students?		
C Yes	C No		
Is the stude	nt required to have proof of health insurance?		
C Yes	C No		
te the stude:	nt required to provide proof of OSHA training?		
C Yes	C No		
	nt required to provide proof of HIPAA training?		
C Yes	C No		
	nt required to attest to an understanding of the benefits and risks of Hepatitis-B immunization		
C Yes	nt required to attest to an understanding of the benefits and risks of Hepatitis-B immunization.  No	onf	
Is the stude	nt required to be CPR certified? (Please note if a specific course is required).		
C Yes	C No		
Can the stud	dent receive CPR certification while on-site?		
C Yes	C No		
	nt required to be certified in First Aid?		
C Yes	C No		
Can the stud	dent receive First Aid certification on-site?		
C Yes	C No		

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



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

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