

Site Manager Site Survey —

Site: Boston Children's Hospital - Main Site

Section Title	Last Update	Action
CCCE Sign Off	Never	
<p>CCCE Sign Off</p> <p>CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey.</p> <p><input type="checkbox"/> This survey has been reviewed.</p>		

Information For the Academic Program	03/31/15 10:19 PM	
<p>Information For the Academic Program</p> <p>Person Completing CSIF: Christine Ploski</p> <p>E-mail address of person completing CSIF: Chris.ploski@childrens.harvard.edu</p> <p>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</p> <p>Street Address</p> <p>Address: PT Dept. FA123, 300 Longwood Avenue</p> <p>City: Boston</p> <p>State: MA</p> <p>Postal Code: 02115</p> <p>Facility Phone</p> <p>Phone Number: 617-355-6000</p> <p>Ext:</p> <p>PT Department Phone</p> <p>Phone Number: 617-355-7212</p> <p>Ext:</p> <p>PT Department Fax</p> <p>Phone Number: 617-730-0151</p> <p>Clinical Center Web Address: http://www.childrenshospital.org/</p> <p>Director of Physical Therapy: Laura Jaweed, PT, MS, DPT</p> <p>Center Coordinator of Clinical Education (CCCE) / Contact Person: Christine Ploski, PT, MS, PCS, MAC, LicAc</p> <p>CCCE / Contact Person Phone:</p>		

617-355-2447

CCCE / Contact Person E-mail:

chris.ploski@childrens.harvard.edu

Section Sign Off:

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

This section has been completed.

Information About the Corporate/Healthcare Systems Organization

03/31/15 10:19 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

03/31/15 10:19 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/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

03/31/15 10:19 PM

Clinical Site Primary Classification

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

Please choose:

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 checked="" type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Rehabilitation/ Sub-acute Rehabilitation
<input type="checkbox"/> School/ Preschool Program	<input type="checkbox"/> Wellness/ Prevention/ Fitness Program	<input type="checkbox"/> Other

Section Sign Off:

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

This section has been completed.

Clinical Site Location 03/31/15 10:19 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 03/31/15 10:19 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	
Northeastern University	Boston	MA	PT	
Boston University	Boston	MA	PT	
Bay State College	Boston	MA	PTA	
Simmons College	Boston	MA	PT	
Quinnipiac University	Hamden	CT	PT	
Springfield College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Massachusetts General Hospital Institute of Health Professions	Charlestown	MA	PT	
Washington University of St. Louis	St. Louis	MO	PT	
George Washington University	Washington, D.C.	DC	PT	

<p>Select the program(s) your site is currently affiliated with:</p> <p>By A-Z: <input type="text" value="Any"/></p> <p>By State: <input type="text" value="Any"/></p> <table border="1"> <tr><td>ACCE Demo University,</td><td></td></tr> <tr><td>ACCE Demo University,</td><td></td></tr> <tr><td>ACCE Demo University,</td><td></td></tr> <tr><td>ACCE PTA Demo,</td><td></td></tr> <tr><td>ASA College, FL</td><td></td></tr> <tr><td>AT Still University of Health Sciences, AZ</td><td></td></tr> <tr><td>Academy for Nursing and Health Occupations, FL</td><td></td></tr> <tr><td>Adventist University of Health Sciences, FL</td><td></td></tr> <tr><td>Alabama State University, AL</td><td></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: <input type="text" value="AB"/></p> <p>PT / PTA: <input type="text" value="PT"/></p> <p><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 08/24/16 04:09 AM

Information About the Clinical Teaching Faculty

Name:

Wendy Holdan, PT, MSPT, OCS

Email Address / CPI2 Login:

wendy.holdan@childrens.harvard.edu

Present Position (Title, Name of Facility):

Physical Therapist Level 3, CCCE, Boston Children's Hospital - Waltham

No. of Years as the CCCE

2

No. of Years of Clinical Practice

12

No. of Years of Clinical Teaching

11

No. of Years Working at this Site

6

Check all that apply:

<input checked="" type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

18326

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Masters degree

APTA Credentialed CI

Yes No

APTA Advanced Credentialed CI

Yes No

Other CI Credentialing

Yes No

ABPTS Certified Clinical Specialist (Check all that apply)

<input checked="" 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

Integumentary

Other credentials:

Summary of College and University Education

(Start with most current)

<p>Institution: Washington University in St. Louis School of Medicine</p> <p>Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.) From <input type="text" value="09/01/1999"/> &mdash; To <input type="text" value="12/08/2002"/></p> <p>Major: Physical Therapy</p> <p>Degree: MSPT</p>

Summary of Primary Employment

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

<p>Employer: Boston Children's Hospital</p> <p>Position: Physical Therapist - Level III, CCCE</p> <p>Period of Employment (If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.) From <input type="text" value="12/08/2008"/> &mdash; To <input type="text" value="CURRENT"/></p>

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)

<p>Course:</p> <p>Provider/Location:</p> <p>Date <input type="text"/></p>
--

Name:

Christine Ploski

Email Address / CPI2 Login:

chris.ploski@childrens.harvard.edu

Present Position (Title, Name of Facility):

Manager of Education and Program Development

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

33

Check all that apply:



PT



PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

2933

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Post-professional/Advanced 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 checked="" 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:

University of Connecticut

Period of Study

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

From 1972 — To 1976

Major:

Physical Therapy

Degree:

Bachelor of Science

Institution:

MGH IHP

Period of Study

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

From — To

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 — To

Major:

Acupuncture

Degree:

Master of Acupuncture

Summary of Primary Employment

(For current and previous four positions since graduation from college; 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 — To

Employer:

Boston Children's Hospital

Position:

Physical Therapist

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.

 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 employed at your clinical site who are CIs.

CI Name Followed By Credentials	CI Username	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 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

03/31/15 10:27 PM

Clinical Instructors

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

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Certification/training course
<input type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Delegated in position description	<input 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 type="checkbox"/>	Years of experience	<input type="checkbox"/>	Other		

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

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

Section Sign Off:

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

This section has been completed.

Information About the Physical Therapy Service

09/24/13 09:07 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:

395

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

395

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

09/24/13 09:07 AM

Number of Patients/Clients

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

Inpatient	Outpatient
10 Individual PT:	8 Individual PT:
8 Student PT:	6 Student PT:

10 Individual PTA:	Individual PTA:
8 Student PTA:	Student PTA:
PT/PTA Team:	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.

Patient/Client Lifespan and Continuum of Care	09/24/13 09:07 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

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
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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 checked="" type="checkbox"/>	Other

Please explain:

Neuro-muscular

1% - 25%

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

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

Please explain:

Cardiovascular-pulmonary

26% - 50%

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

Integumentary

1% - 25%

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)

1% - 25%

Which other sub-categories are available to the student:

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

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.

Staffing

09/24/13 09:07 AM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing

PTs	35		
PTAs	3		
Aides/Techs	2		
Other:			

Section Sign Off:

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

This section has been completed.

Information About the Clinical Education Experience

09/24/13 09:41 AM

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 type="checkbox"/> Community/Re-entry Activities	<input checked="" type="checkbox"/> Critical Care/Intensive Care	<input type="checkbox"/> Departmental Administration
<input checked="" type="checkbox"/> Early Intervention	<input type="checkbox"/> Employee Intervention	<input type="checkbox"/> Employee Wellness Program
<input checked="" 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 checked="" type="checkbox"/> Pain Management Program	<input type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input checked="" 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 type="checkbox"/> Radiology
<input type="checkbox"/> Research Experience	<input type="checkbox"/> Screening/Prevention	<input checked="" type="checkbox"/> Sports Physical Therapy
<input 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 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 checked="" type="checkbox"/> Developmental
<input type="checkbox"/> Feeding clinic	<input type="checkbox"/> Hand clinic	<input checked="" type="checkbox"/> Hemophilia clinic
<input type="checkbox"/> Industry	<input type="checkbox"/> Neurology clinic	<input type="checkbox"/> Orthopedic clinic
<input checked="" 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 type="checkbox"/> Sports medicine clinic	<input type="checkbox"/> Wellness	<input type="checkbox"/> Women's health
<input type="checkbox"/> Other		

Health and Educational Providers at the Clinical Site

Please check all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<input checked="" type="checkbox"/> Administrators	<input type="checkbox"/> Alternative therapies	<input type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Dietitians	<input type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input type="checkbox"/> Fitness professionals	<input checked="" 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 type="checkbox"/> Prosthetists / orthotists	<input checked="" type="checkbox"/> Psychologists	<input type="checkbox"/> Respiratory therapists
<input type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input checked="" type="checkbox"/> Speech/language pathologists
<input checked="" type="checkbox"/> Students from other disciplines	<input checked="" type="checkbox"/> Students from other physical therapy education programs	<input type="checkbox"/> Therapeutic recreation therapists

Vocational rehabilitation counselors 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 09/24/13 09:41 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:

Full days Half days Other

Physical Therapist

Intermediate Experiences:

Full days Half days Other

Physical Therapist

Final Experience Internship (6 months or longer) Specialty experience
 Other

Physical Therapist Assistant

First Experience:

Full days Half days Other

Physical Therapist Assistant

Intermediate Experiences:

Full days Half days Other

Physical Therapist Assistant

Final Experience Other

PT

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

January February March
 April May June
 July August September
 October November December

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

PTA

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

January February March
 April May June
 July August September
 October November December

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

January February March

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

Average number of PT students affiliating per year.:

8

Average number of PTA students affiliating per year.:

1

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

Yes No

Please explain:

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

Notification of the program, may result in termination if not resolved

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.):

There is always a secondary CI who knows the student

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

09/24/13 09:41 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 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 checked="" type="checkbox"/> Other

Please explain:

As needed

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

02/13/16 03:45 PM

Student Requirements

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

Yes No

Please explain:

Do students receive the same official holidays as staff?

Yes No

Please explain:

Does your clinical site require a student interview?

Yes No

Please explain:

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

9:00 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:

varicella, mumps, measles, Flu shot

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

Paper work sent to student prior to start of clinical experience, must go through credentialing process which includes HR and Occupational Health reviews.

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

Except for TB test physical exam for school is adequate

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:

provided by school

Is a child abuse clearance required?

Yes No

Please explain:

Is the student responsible for the cost of required clearances?

Yes No

Please explain:

Is the student required to submit to a drug test? If yes, please describe parameters.

Yes No

Is medical testing available on-site for students?

Yes No

Please explain:

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

On site orientation, confidentiality statement, Associated personnel acknowledgement, participation agreement, Computer based learning modules

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

02/13/16 03:45 PM

Special Information

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

Yes No

Please explain:

Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?

Yes No

Please explain:

variable

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

Yes No

Please explain:

Dependent on school policy and student performance

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

Yes No

Please explain:

Is there a facility/student dress code?

Yes No

Is emergency health care available for students?

Yes No

Is the student responsible for emergency health care costs?

Yes No

Is other non-emergency medical care available to students?

Yes No

Is the student required to have proof of health insurance?

Yes No

Is the student required to provide proof of OSHA training?

Yes No

Is the student required to provide proof of HIPAA training?

Yes No

Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?

Yes No

Is the student required to be CPR certified? (Please note if a specific course is required).

Yes No

Can the student receive CPR certification while on-site?

Yes No

Is the student required to be certified in First Aid?

Yes No

Can the student receive First Aid certification on-site?

Yes No

Section Sign Off:

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

This section has been completed.

Student Schedule

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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:

variable 8-10 hour days, 40 hours/week, if assigned to inpatient one weekend during clinical experience with compensatory days off

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"