

Site: Dartmouth Hitchcock Medical Center

Section Title	Last Update	Action
CCCE Sign Off	07/07/16 02:11 PM	
CCCE Sign Off		
<div>CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	08/13/17 09:27 PM	
Information For the Academic Program		
Person Completing CSIF: Sarah J. Cram		
E-mail address of person completing CSIF: sarah.j.cram@hitchcock.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).: Dartmouth Hitchcock Medical Center		
Street Address		
Address: Physical Therapy Department 1 Medical Center Drive		
City: Lebanon		
State: NH		
Postal Code: 03756		
Facility Phone		
Phone Number: 603-650-5000		
Ext:		
PT Department Phone		
Phone Number: 603-650-5984		
Ext:		
PT Department Fax		
Phone Number: 603-650-0678		
Clinical Center Web Address: www.dhmc.org		
Director of Physical Therapy: interim Kevin D. Williams		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Sarah J. Cram		

CCCE / Contact Person Phone:

603-650-5984

CCCE / Contact Person E-mail:

sarah.j.cram@hitchcock.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

08/13/17 09:27 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:

Dartmouth Hitchcock Medical Center

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

08/13/17 09:27 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 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

08/13/17 09:27 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 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

08/13/17 09:27 PM

Clinical Site Location

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

Rural

Section Sign Off:

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

☒ This section has been completed.

Affiliated PT and PTA Educational Programs

08/13/17 09:27 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	
Franklin Pierce University	Concord	NH	PT	
River Valley Community College	Claremont	NH	PTA	
Springfield College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
University of Connecticut	Storrs	CT	PT	
University of Vermont	Burlington	VT	PT	
University of New England	Portland	ME	PT	
Quinnipiac University	Hamden	CT	PT	
Sacred Heart University	Fairfield	CT	PT	
Husson University	Bangor	ME	PT	
MCPHS University	Worcester	MA	PT	
Simmons College	Boston	MA	PT	
Boston University	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
MGHIHP	Boston	MA	PT	
Emory University	Atlanta	GA	PT	

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

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

By A-Z: Any

By State: Any

ACCE Demo University,	
ACCE Demo University,	
ACCE Demo University,	
ACCE PTA Demo,	
ASA College, FL	
AT Still University of Health Sciences, AZ	
Academy for Nursing and Health Occupations, FL	
Adventist University of Health Sciences, FL	
Alabama State University, AL	

Program Name:

City:

State: AB

PT / PTA: PT

Add Clear

Section Sign Off:

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

☒ This section has been completed.

Information About the Clinical Teaching Faculty

09/27/18 08:57 AM

Information About the Clinical Teaching Faculty

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

Name:

Sarah J. Cram, DPT

Email Address / CPI2 Login:

sarah.j.cram@hitchcock.org

Present Position (Title, Name of Facility):

Physical Therapist

No. of Years as the CCCE

4

No. of Years of Clinical Practice

4

No. of Years of Clinical Teaching

3

No. of Years Working at this Site

1

Check all that apply:



PT



PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

NH

License/Registration Number:

3671

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

Please explain:

ATRIC

ABPTS Certified Clinical Specialist (Check all that apply)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

Other credentials:

ATRIC

Summary of College and University Education

(Start with most current)

<p>Institution:</p> <p>Simmons College</p> <p>Period of Study</p> <p>(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="01/5/2006"/> &mdash; To <input type="text" value="05/11/2008"/></p> <p>Major:</p> <p>Allied Health Sciences, Biology, Chemistry</p> <p>Degree:</p> <p>Bachelor of Science</p>
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<p>Institution:</p> <p>Simmons College</p> <p>Period of Study</p> <p>(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="08/28/2008"/> &mdash; To <input type="text" value="05/14/2011"/></p> <p>Major:</p> <p>Physical Therapy</p> <p>Degree:</p> <p>Doctorate of Physical Therapy</p>

Summary of Primary Employment

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

<p>Employer:</p> <p>Valley Regional Hospital</p> <p>Position:</p> <p>Physical Therapist (per deim)</p> <p>Period of Employment</p> <p>(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="011/20/2011"/> &mdash; To <input type="text" value="CURRENT"/></p>

<p>Employer:</p> <p>Dartmouth Hitchcock Medical Center</p> <p>Position:</p>

Physical Therapist

Period of Employment

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

From 1/19/2015

— To CURRENT

Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

Course:

NEC-ACCE Nancy Peatman Clinical Faculty Institute

Provider/Location:

NEC-ACCE Springfield College

Date

11/13/2014

Course:

APTA Credentialed Clinical Instructor Program

Provider/Location:

APTA – NYPTA Eastern District, Faxton/St Luke's/The Sage Colleges

Date

04/13/2013

Name:

Kayla Sakowski

Email Address / CPI2 Login:

Kayla.A.Sakowski@hitchcock.org

Present Position (Title, Name of Facility):

No. of Years as the CCCE

Please choose: ▼

No. of Years of Clinical Practice

Please choose: ▼

No. of Years of Clinical Teaching

Please choose: ▼

No. of Years Working at this Site

Please choose: ▼

Check all that apply:

☐

PT

☐

PTA

Licensing/Registration Status

Please choose: ▼

State of Licensure/Registration

Please choose: ▼

License/Registration Number:

Highest Earned Physical Therapy Degree**Highest Earned Degree****APTA Credentialed CI**☒ Yes ☐ No**APTA Advanced Credentialed CI**☐ Yes ☒ No**Other CI Credentialing**☐ Yes ☒ No**ABPTS Certified Clinical Specialist (Check all that apply)**

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input checked="" type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

Other credentials:**Summary of College and University Education**

(Start with most current)

Institution:**Period of Study**

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

From — To **Major:****Degree:****Summary of Primary Employment**

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

Employer:**Position:****Period of Employment**

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

From — To **Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities**

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

Course:**Provider/Location:****Date**

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

08/17/17 01:46 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
Abbott, Ariel	Ariel.abbott@hitchcock.org	
Blake, Michele L	michele.l.blake@hitchcock.org	
Cavagnaro, Kasie J	Kasie.j.cavagnaro@hitchcock.org	
Cram, DPT, Sarah J	sarah.j.cram@hitchcock.org	
da Silva, Dominique	missoctane@hotmail.com	
da Silva, Dominique	Dominique.da.silva@hitchcock.org	
Eaton, Maureen C	maureen.c.eaton@hitchcock.org	
Hillman, Mallory	Mallory.B.Hillman@Hitchcock.org	
Huntington, Laureen M	Laureen.Huntington@Hitchcock.org	
Kerner, Mike S	Michael.S.Kerner@hitchcock.org	
Kfoury, Ellen	ellen.m.kfoury@hitchcock.org	
Klauser, Ainsley	Ainsley.C.Klauser@hitchcock.org	
Knox, Erin	Erin.R.Knox@hitchcock.org	
Obar, Heather	Heather.a.obar@hitchcock.org	
Pidgeon, Dawna	dawna.m.pidgeon@hitchcock.org	
Rea-Farmer, Tammy L	Tammy.Rea-Farmer@hitchcock.org	
Robinson, Kathy	Kathleen.S.Robinson@hitchcock.org	
Sullivan, Thomas R	Thomas.R.Sullivan@Hitchcock.org	
Surgenor, Gina M	Gina.M.Surgenor@hitchcock.org	
Trow, Alison m	Alison.M.Trow@hitchcock.org	

Add New CI

Displaying all 20 Clinical instructor

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

08/17/17 08:53 AM

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 checked="" 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 checked="" type="checkbox"/>	Therapist initiative/volunteer
<input checked="" type="checkbox"/>	Years of experience	<input type="checkbox"/>	Other		

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

<input checked="" type="checkbox"/>	1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/>	APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/>	Academic for-credit coursework
<input 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

08/17/17 08:59 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:

300

Psychiatric center:

15

Intensive care:

40

Rehabilitation center:

0

Step down:

50

Subacute/transitional care unit:

0

Extended care:

0

Other specialty centers:

Total Number of Beds:

405

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

08/17/17 08:59 AM

Number of Patients/Clients

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

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

Student PT: 12	Individual PTA:	Individual PTA:
10	Student PTA:	Student PTA:
0	PT/PTA Team:	PT/PTA Team:
36	0	0
Total patient/client visits per day:	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

08/17/17 08:59 AM

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**

51% - 75%

13-21 years

51% - 75%

22-65 years

51% - 75%

Over 65 years

51% - 75%

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

51% - 75%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

26% - 50%

Home health/hospice

0%

Wellness/fitness/industry

1% - 25%

Section Sign Off:

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

☒ This section has been completed.

Patient/Client Diagnoses

08/17/17 08:59 AM

Patient/Client Diagnoses

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

Musculoskeletal

51% - 75%

Which Musculoskeletal sub-categories are available to the student:

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

Neuro-muscular

51% - 75%

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

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

Cardiovascular-pulmonary

51% - 75%

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

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

Integumentary

26% - 50%

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)

51% - 75%

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

08/17/17 08:59 AM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	25	5	30
PTAs	4	1	5
Aides/Techs	2	0	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

08/17/17 09:00 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 checked="" 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 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 checked="" type="checkbox"/>	Orthotic/Prosthetic Fabrication	<input checked="" type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input checked="" type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input 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 type="checkbox"/>	Quality Assurance/ CQI/ TQM	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Research Experience	<input checked="" 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 checked="" type="checkbox"/>	Women's Health/OB-GYN	<input checked="" type="checkbox"/>	Work Hardening/Conditioning	<input checked="" type="checkbox"/>	Wound Care
<input checked="" type="checkbox"/>	Other				

Please explain:

neuro special care, CHAD, spine center, certified cancer center, level one trauma center

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input checked="" type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	Balance	<input type="checkbox"/>	Developmental
<input checked="" type="checkbox"/>	Feeding clinic	<input checked="" type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Hemophilia clinic
<input type="checkbox"/>	Industry	<input checked="" type="checkbox"/>	Neurology clinic	<input checked="" type="checkbox"/>	Orthopedic clinic
<input checked="" type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Preparticipation sports	<input type="checkbox"/>	Prosthetic/orthotic clinic
<input checked="" 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 checked="" type="checkbox"/>	Alternative therapies	<input checked="" type="checkbox"/>	Athletic trainers
<input type="checkbox"/>	Audiologists	<input checked="" type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Enterostomal / wound specialists
<input type="checkbox"/>	Exercise physiologists	<input type="checkbox"/>	Fitness professionals	<input type="checkbox"/>	Health information technologists
<input checked="" type="checkbox"/>	Massage therapists	<input checked="" type="checkbox"/>	Nurses	<input checked="" type="checkbox"/>	Occupational therapists
<input checked="" type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input type="checkbox"/>	Podiatrists
<input type="checkbox"/>	Prosthetists / orthotists	<input checked="" type="checkbox"/>	Psychologists	<input checked="" type="checkbox"/>	Respiratory therapists
<input checked="" type="checkbox"/>	Social workers	<input type="checkbox"/>	Special education teachers	<input checked="" type="checkbox"/>	Speech/language pathologists
<input checked="" type="checkbox"/>	Students from other disciplines	<input checked="" type="checkbox"/>	Students from other physical therapy education programs	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Vocational rehabilitation counselors	<input checked="" type="checkbox"/>	Other		

Please explain:

Residents, medical students

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

08/17/17 09:00 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 checked="" type="checkbox"/>	Other
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Please explain:

integrated clinical experiences (short term, 40 hours)
observation for one 8 hour day

Physical Therapist**Intermediate Experiences:**

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input checked="" type="checkbox"/>	Other
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Please explain:

integrated clinical experiences (short term, 40 hours)
observation for one 8 hour day

Physical Therapist

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

Physical Therapist Assistant**First Experience:**

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input checked="" type="checkbox"/>	Other
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Please explain:

integrated clinical experiences (short term, 40 hours)
observation for one 8 hour day

Physical Therapist Assistant**Intermediate Experiences:**

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input checked="" type="checkbox"/>	Other
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Please explain:

integrated clinical experiences (short term, 40 hours)
observation for one 8 hour day

Physical Therapist Assistant

<input checked="" type="checkbox"/>	Final Experience	<input type="checkbox"/>	Other	
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PT

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

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

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

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

PTA

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

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

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

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

Average number of PT students affiliating per year.:

10

Average number of PTA students affiliating per year.:

4

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

☒ Yes ☐ No

Please explain:

additional time, extra space, personal computer, private discussion areas

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

Methods and Procedures to support retention in fieldwork placement : Every effort is given to assist the student in successfully completing a fieldwork placement. When difficulties arise, the following steps should be taken: Section I: At any point in time, if a student appears to be failing to meet the minimum requirements in a clinical fieldwork affiliation Deficiencies will have been previously discussed with the student and plans will have been made to remediate deficiencies (at midterm evaluation or earlier if necessary, and thereafter as needed) The academic fieldwork coordinator (AFWC) will be notified of the deficiencies. There will be documentation by the FW Educator and academic fieldwork coordinator relating to the nature of the deficiencies (at midterm evaluation or earlier if necessary, and thereafter) Progress towards remediation of deficiencies will be assessed by FW Educator and AFWC with student input. If evidence indicates that the student is successfully remediating stated deficiencies, then documentation and plans for remediation will continue as needed. AFWC will be available to assist in remediation plan or attend meetings as required by FW Educator or student At the discretion of the FW Educator and the AFWC the student may be requested to extend a FW affiliation in order to have sufficient time and experience to successfully complete the affiliation If evidence indicates that the student failed to meet the above stated plans of correction, then the student may be dismissed from the fieldwork placement resulting in failure for that course

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.):

NA student will be with another PT or discipline

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

08/17/17 09:00 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 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 checked="" type="checkbox"/>	Other

Please explain:

weekly planning form

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

08/17/17 09:00 AM

Student Requirements

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

☒ Yes ☐ No

Please explain:

Yes, please contact the CCCE for CI name. Please contact the CI for hours.

Do students receive the same official holidays as staff?

☒ Yes ☐ No

Please explain:

Yes

Does your clinical site require a student interview?

☐ Yes ☒ No

Please explain:

no pre interview required

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

7:00 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:

MMR immunity or documentation of having received one MMR

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

☒ Yes ☐ No

Please explain:

1. Varicella - A. 2 doses of varicella, OR B. h/o varicella or herpes zoster diagnosis, OR C. lab evidence of immunity 2. Tetanus/diphtheria/pertussis (Tdap) 3. Hepatitis B - A. documentation of 3 dose series, OR B. documentation of a positive HepBsAB, OR C. documentation of signed declination 4. Seasonal influenza - per hospital requirements, required for flu season 5. 12 Panel Drug Screen

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

via email communication with the student

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:

CPR

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 checked="" 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 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:

National criminal background check with all states the student has lived in

Is a child abuse clearance required?

☐ Yes ☒ No

Please explain:

Is the student responsible for the cost of required clearances?

☒ Yes ☐ No

Please explain:

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

☒ Yes ☐ No

Please explain:

12 panel

Is medical testing available on-site for students?

☒ Yes ☐ No

Please explain:

\$75 for drug panel at DHMC

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

General orientation, EMR training (e-DH), HIPPA, ethics, EMR confidentiality agreement

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

08/17/17 09:00 AM

Special Information

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

☒ Yes ☐ No

Please explain:

full time

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:

occ med and ED

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:

generally goes with most CPR courses

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

08/17/17 09:00 AM

Student Schedule

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

Varied schedules

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

Various: 7-3:30 730-4 8-4:30 9-5:30 7 days per 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"

