

Site Manager Site Survey —

Site: Emerson Hospital

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	04/06/15 09:30 AM
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Information For the Academic Program

Person Completing CSIF:
Diane White, Sr P.T.

E-mail address of person completing CSIF:
diwhite@emersonhosp.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):
Emerson Hospital

Street Address

Address:
Inpatient Rehab Department
Emerson Hospital
133 ORNAC

City:
Concord

State:
MA

Postal Code:
01742

Facility Phone

Phone Number:
978-287-1400

Ext:
3760

PT Department Phone

Phone Number:
978-287-3760

Ext:

PT Department Fax

Phone Number:
978-287-3401

Clinical Center Web Address:
emersonhosp.org

Director of Physical Therapy:
Norma Wofse, P.T.

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

Diane White, Sr P.T., CCCE

CCCE / Contact Person Phone:

978-287-3760

CCCE / Contact Person E-mail:

diwhite@emersonhosp.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

04/06/15 09:30 AM

Information About the Corporate/Healthcare Systems Organization

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

Corporate/Healthcare System Organization:

NA

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

04/06/15 09:30 AM

Clinical Site Accreditation/Ownership

Which of the following best describes the ownership category for your clinical site? (check all that apply)

<input checked="" type="checkbox"/>	Corporate/Privatey 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

04/06/15 09:30 AM

Clinical Site Primary Classification

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

Acute Care/Inpatient Hospital Facility

If appropriate, check () up to four additional categories that describe the other clinical centers associated with your facility.

<input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input 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 checked="" type="checkbox"/>	Rehabilitation/Sub-acute Rehabilitation
<input checked="" 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 04/06/15 09:30 AM

Clinical Site Location

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

Suburban

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 04/06/15 09:30 AM

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Boston University	Boston	MA	PT	
Simmons College	Boston	MA	PT	
Quinnipiac University	Hamden	CT	PT	
North Shore Community College	Danvers	MA	PTA	
MGHIHP	Boston	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Columbia University	New York	NY	PT	

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

By A-Z:

By State:

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	

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

Program Name:

City:

State:

PT / PTA:

Section Sign Off:

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

This section has been completed.

Information About the Clinical Teaching Faculty 08/24/16 03:06 AM

Information About the Clinical Teaching Faculty

Name:

Diane White, Sr P.T.

Email Address / CPI2 Login:

diwhite@emersonhosp.org

Present Position (Title, Name of Facility):

Sr P.T., CCCE, Emerson Hospital

No. of Years as the CCCE

9

No. of Years of Clinical Practice

41

No. of Years of Clinical Teaching

37

No. of Years Working at this Site

23

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:
MA2369

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Bachelors degree

APTA Credentialed CI

Yes No

APTA Advanced Credentialed CI

Yes No

Other CI Credentialing

Yes No

ABPTS Certified Clinical Specialist (Check all that apply)

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

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

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

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 — To

Major:
Physical Therapy

Degree:
BS

Summary of Primary Employment

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

Employer:
VNA of the North Shore

Position:
Staff P.T.

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

Employer:
New Medico at Stevens Hall & Lenox Hill

Position:
Staff P.T. promoted to Clinical Care Coordinator

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

Employer:
Addison Gilbert Hospital

Position:
Sr P.T.

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

Employer:
Emerson Hospital

Position:
Sr P.T.

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

From 02/03/1992 — 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:

Mastering Functional Reporting

Provider/Location:

Great Seminars Online - APTA

Date

08/29/14

Course:

How to Communicate with Tact, Professionalism & Diplomacy

Provider/Location:

National Seminars

Date

07/10/14

Course:

Webinar APTA: Managing the Balance between Volume & Value: Productivity Standards

Provider/Location:

APTA webinar

Date

04/17/2014

Course:

Functional Outcome Measures

Provider/Location:

Medical Minds in Motion

Date

03/02/2014

Course:

Re-Doc Webinar

Provider/Location:

Re-Doc Vendor of Rehab Documentation

Date

11/26/13

Course:

Webinar APTA: Medicare Update Post-Acute Care

Provider/Location:

APTA webinar

Date

09/24/2013

Course:

Emotional Intelligence

Provider/Location:

Rockhurst University Continuing Education Center, North Andover, MA

Date

11/29/2012

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

05/24/16 06:04 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
Daniels, Abigail	adaniels@emersonhosp.org	
Gravel, Jessica	JGravel@emersonhosp.org	
M. M. Shulman, PT, DPT, PCS, Julie M	julie.shulman@childrens.harvard.edu	
Roche, Marianne	mroche@emersonhosp.org	
Smutok, PT, MS, PhD, Michael A	m-smutok@emersonhosp.org	
Staruk, Jenna	JStaruk@emersonhosp.org	
White, Sr P.T., Diane	diwhite@emersonhosp.org	

[Add New CI](#) Displaying all 7 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

04/15/15 08:22 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 checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input checked="" 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 type="checkbox"/> APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/> Academic for-credit coursework
<input type="checkbox"/> Clinical center inservices	<input checked="" type="checkbox"/> Continuing education by academic program	<input checked="" type="checkbox"/> Continuing education by consortia
<input type="checkbox"/> No training	<input checked="" type="checkbox"/> Other (not APTA) clinical instructor credentialing program	<input checked="" type="checkbox"/> Professional continuing education (e.g., chapter, CEU course)
<input type="checkbox"/> Other		

Section Sign Off:

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

 This section has been completed.

Information About the Physical Therapy Service

04/15/15 08:22 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:

114

Psychiatric center:

31

Intensive care:

14

Rehabilitation center:**Step down:****Subacute/transitional care unit:**

20

Extended care:**Other specialty centers:****Total Number of Beds:**

179

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

04/15/15 08:22 AM

Number of Patients/Clients

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

Inpatient	Outpatient
10 Individual PT:	Individual PT:
Student PT:	Student PT:
10 Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
0 PT/PTA Team:	PT/PTA Team:
20 Total patient/client visits per day:	0 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

04/15/15 08:22 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

1% - 25%

13-21 years

1% - 25%

22-65 years

51% - 75%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

76% - 100%

SNF/ECF/sub-acute

26% - 50%

Rehabilitation

1% - 25%

Ambulatory/outpatient

0%

Home health/hospice

0%

Wellness/fitness/industry

0%

Section Sign Off:

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

This section has been completed.

Patient/Client Diagnoses

04/15/15 08:22 AM

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:

Podiatry

Neuro-muscular

26% - 50%

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

Brain injury Cerebral vascular accident 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

26% - 50%

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

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

Integumentary

26% - 50%

Which Integumentary sub-categories are available to the student:

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

Please explain:

Skin Grafts

Other (May cross a number of diagnostic groups)

26% - 50%

Which other sub-categories are available to the student:

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

Please explain:

Dialysis

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

04/15/15 08:22 AM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	5	2.4	7
PTAs	1	0	1
Aides/Techs	0	0	0
Other:	P.T.'s	0.8	0.8
Per Diems			

Section Sign Off:

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

This section has been completed.

Information About the Clinical Education Experience

04/15/15 08:22 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 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 type="checkbox"/>	Early Intervention	<input checked="" type="checkbox"/>	Employee Intervention	<input type="checkbox"/>	Employee Wellness Program
<input type="checkbox"/>	Group Programs/Classes	<input type="checkbox"/>	Home Health Program	<input type="checkbox"/>	Industrial/Ergonomic PT
<input checked="" type="checkbox"/>	Inservice Training/Lectures	<input checked="" type="checkbox"/>	Neonatal Care	<input checked="" type="checkbox"/>	Nursing Home/ ECF/SNF
<input type="checkbox"/>	Orthotic/Prosthetic Fabrication	<input type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input checked="" type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input type="checkbox"/>	Pediatric - General
<input type="checkbox"/>	Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/>	Pediatric - Neurological Emphasis	<input checked="" type="checkbox"/>	Prevention/Wellness
<input type="checkbox"/>	Pulmonary Rehabilitation	<input checked="" type="checkbox"/>	Quality Assurance/ CQI/TQM	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Research Experience	<input type="checkbox"/>	Screening/Prevention	<input type="checkbox"/>	Sports Physical Therapy
<input checked="" type="checkbox"/>	Surgery (observation)	<input checked="" type="checkbox"/>	Team Meetings/Rounds	<input type="checkbox"/>	Vestibular Rehabilitation
<input type="checkbox"/>	Women's Health/OB-GYN	<input type="checkbox"/>	Work Hardening/Conditioning	<input type="checkbox"/>	Wound Care
<input checked="" type="checkbox"/>	Other				

Please explain:

Pre-op classes for total joint replacement patients

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Balance	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Hemophilia clinic
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Neurology clinic	<input type="checkbox"/>	Orthopedic clinic
<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Preparticipation sports	<input type="checkbox"/>	Prosthetic/orthotic clinic
<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Screening clinics	<input type="checkbox"/>	Seating/mobility clinic
<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness	<input type="checkbox"/>	Women's health
<input type="checkbox"/>	Other				

Health and Educational Providers at the Clinical Site

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

<input type="checkbox"/>	Administrators	<input checked="" type="checkbox"/>	Alternative therapies	<input type="checkbox"/>	Athletic trainers
<input checked="" type="checkbox"/>	Audiologists	<input checked="" type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Enterostomal / wound specialists
<input type="checkbox"/>	Exercise physiologists	<input checked="" type="checkbox"/>	Fitness professionals	<input checked="" type="checkbox"/>	Health information technologists
<input type="checkbox"/>	Massage therapists	<input checked="" type="checkbox"/>	Nurses	<input checked="" type="checkbox"/>	Occupational therapists
<input checked="" type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input checked="" type="checkbox"/>	Podiatrists
<input checked="" type="checkbox"/>	Prosthetists / orthotists	<input checked="" type="checkbox"/>	Psychologists	<input checked="" type="checkbox"/>	Respiratory therapists
<input checked="" type="checkbox"/>	Social workers	<input type="checkbox"/>	Special education teachers	<input checked="" type="checkbox"/>	Speech/language pathologists
<input checked="" type="checkbox"/>	Students from other disciplines	<input checked="" type="checkbox"/>	Students from other physical therapy education programs	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Vocational rehabilitation counselors	<input type="checkbox"/>	Other		

Section Sign Off:

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

This section has been completed.

Availability of the Clinical Education Experience

04/15/15 08:22 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 checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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**Physical Therapist
Intermediate Experiences:**

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

<input checked="" type="checkbox"/>	Final Experience	<input checked="" 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 checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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**Physical Therapist Assistant
Intermediate Experiences:**

<input checked="" type="checkbox"/>	Full days	<input checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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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 type="checkbox"/>	March
<input type="checkbox"/>	April	<input type="checkbox"/>	May	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	August	<input checked="" type="checkbox"/>	September
<input type="checkbox"/>	October	<input type="checkbox"/>	November	<input type="checkbox"/>	December

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

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

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

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

Average number of PT students affiliating per year.:

2-3

Average number of PTA students affiliating per year.:

0

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

Yes No

Please explain:

When a student is identified as needing accommodations, the CCCE will work with the ACCE as well as with the student to understand and

develop reasonable accommodations for the student. The CCCE will make an individual analysis with every request for accommodations, and the determination of reasonableness will be made on a case-by case basis. The CCCE will notify the ACCE if the clinic is unable to accommodate a student's disability so that the ACCE has sufficient time to find another suitable clinical experience for the student.

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

The student will be given both verbal and written feedback by his/her immediate CI in addition to being asked to do a self assessment. The CI will advise the CCCE of issues identified who will, in turn, contact the ACCE in addition to meeting with the student to offer any input/assistance as appropriate. A student meeting with the ACCE will be facilitated to help rectify any issues identified. A plan of action will be formulated and implemented.

**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.):**

Arrangements will be made for the student either to follow another therapist or participate in an observational experience in another area of interest to 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

04/15/15 08:22 AM

Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students?

Yes No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

Yes No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

<input checked="" type="checkbox"/> At end of clinical experience	<input checked="" type="checkbox"/> At mid-clinical experience	<input checked="" type="checkbox"/> Beginning of the clinical experience
<input checked="" type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

<input checked="" type="checkbox"/> As per student request in addition to formal and ongoing written & oral feedback	<input checked="" type="checkbox"/> Ongoing feedback throughout the clinical	<input checked="" type="checkbox"/> Student self-assessment throughout the clinical
<input checked="" type="checkbox"/> Written and oral mid-evaluation	<input checked="" type="checkbox"/> Written and oral summative final evaluation	<input type="checkbox"/> Other

Section Sign Off:

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

This section has been completed.

Student Requirements

07/21/16 06:10 AM

Student Requirements

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

Yes No

Please explain:

Included in Student Handbook e-mailed to student prior to clinical experience.

Do students receive the same official holidays as staff?

Yes No

Please explain:

Unless other arrangements are made, the student will be given the same hospital holidays off as the P.T. staff.

Does your clinical site require a student interview?

Yes No

Please explain:

Communication prior to clinical experience is done via e-mail with the exception of MGH IHP student interns who are required to go through the interview process.

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

8:00 AM

Is a Mantoux TB test (PPD) required?

a) one step

Yes No

b) two step

Yes No

Is a Rubella Titer Test or immunization required?

Yes No

Please explain:

documentation required

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

Yes No

Please explain:

Hepatitis B, varicella, measles & mumps documentation required

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

With student information packet via mail, fax (978)287-3401, or e-mail

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

Records need to be current within the past 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 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:

CORI check is done prior to student's start date by Emerson Hospital's Human Resources Department at no cost to the student.

Is a child abuse clearance required?

Yes No

Please explain:

Anticipate this clearance will be done by the academic institution/program.

Is the student responsible for the cost of required clearances?

Yes No

Please explain:

Anticipate cost of clearances will be assumed by the academic institution/program.

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

Yes No

Please explain:

Student may be required to have a Urine Drug Analysis done prior to starting clinical experience.

Is medical testing available on-site for students?

Yes No

Please explain:

If necessary, as per insurance regulations.

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

Mandatory hospital orientation is required prior to the first day of clinical experience. For part-time students (<100 hours total clinical), a self-study orientation is done. For full-time students (>100 hours clinical experience), a full day of orientation is required.

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

Compliance Contact Person Name:

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

Section Sign Off:

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

This section has been completed.

Special Information

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Special Information

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

Yes No

Please explain:

Only full-time students are required to pursue a case study or inservice.

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:

Students are welcome to pursue review of article critiques, journal reviews, patient/client education handout/brochure materials pertinent to their caseload and/or personal interest and may share their findings with their CI and other staff members, but this activity is not a requirement of their clinical experience at Emerson Hospital.

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

Yes No

Please explain:

Students are expected to follow the policy of their academic institution.

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

Yes No

Please explain:

Computers with internet access are located throughout the hospital including the Inpatient Rehab Department and hospital library.

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

07/21/16 06:10 AM

Student Schedule

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

Standard 8 hour day ▾

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

The student will follow the schedule of his/her CI which is generally 8:00 AM-4:30 PM.

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"