

Site Manager Site Survey —

Site: Fairlawn Rehabilitation Hospital

Section Title	Last Update	Action
CCCE Sign Off	Never	
<p><b>CCCE Sign Off</b></p> <p>CCCE Sign Off:</p> <p>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	11/27/12 03:24 PM	
<p><b>Information For the Academic Program</b></p> <p><b>Person Completing CSIF:</b> Jodi Sanchez</p> <p><b>E-mail address of person completing CSIF:</b> jodi.sanchez@healthsouth.com</p> <p><b>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):</b> Fairlawn Rehabilitation Hospital</p> <p><b>Street Address</b></p> <p><b>Address:</b> 189 May Street Physical Therapy Department</p> <p><b>City:</b> Worcester</p> <p><b>State:</b> MA</p> <p><b>Postal Code:</b> 01602</p> <p><b>Facility Phone</b></p> <p><b>Phone Number:</b> 508-799-6351</p> <p><b>Ext:</b></p> <p><b>PT Department Phone</b></p> <p><b>Phone Number:</b> 508-7996351</p> <p><b>Ext:</b></p> <p><b>PT Department Fax</b></p> <p><b>Phone Number:</b></p> <p><b>Clinical Center Web Address:</b></p> <p><b>Director of Physical Therapy:</b> Corey LeBlanc</p> <p><b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Jodi Sanchez</p> <p><b>CCCE / Contact Person Phone:</b> 508-799-6351</p> <p><b>CCCE / Contact Person E-mail:</b></p>		

**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

11/27/12 03:24 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:**

Healthsouth

**Contact Name:**

Angela Shook

**Address**

**Address:**

One Healthsouth Parkway

**City:**

Birmingham

**State:**

MA

**Postal Code:**

35243

**Phone**

**Phone Number:**

Ext:

**Fax**

**Phone Number:**

205-262-4301

**E-mail:**

angela.shook@healthsouth.com

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Angela Shook

**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

11/27/12 03:24 PM

**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 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

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

Rehabilitation/Sub-acute Rehabilitation ▼

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 checked="" type="checkbox"/> Ambulatory Care/ Outpatient	<input type="checkbox"/> ECF/ Nursing Home/ SNF
<input type="checkbox"/> Federal/State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input checked="" 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

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

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

Program Name	City	State	PT / PTA	
Boston University	Boston	MA	PT	
MGHIHP	Boston	MA	PT	
Massachusetts College of Pharmacy and Health Sciences	Worcester	MA	PT	
Northeastern University	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
Simmons College	Boston	MA	PT	
American International College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
University of Vermont	Burlington	VT	PT	
Quinnipiac University	Hamden	CT	PT	
University of Connecticut	Storrs	CT	PT	
University of Hartford	West Hartford	CT	PT	
Sacred Heart University	Fairfield	CT	PT	
University of Rhode Island	Kingston	RI	PT	

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

By A-Z:  ▼

By State:  ▼

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

Program Name:

City:

State:  ▼

PT / PTA:  ▼

ACCE Demo University,		
ACCE Demo University,		
ACCE Demo University,		
ACCE PTA Demo,		
<b>Section Sign Off:</b>		
ASA College, FL		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
AT Still University of Health Sciences, AZ		
Academy for Nursing and Health Occupations, FL		
<input checked="" type="checkbox"/> <b>This section has been completed.</b>		
Adventist University of Health Sciences, FL		

Information About the Clinical Teaching Faculty 05/24/16 02:33 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:**  
Jodi Sanchez

**Email Address / CPI2 Login:**  
jodi.sanchez@healthsouth.com

**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:**

<input type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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**Licensing/Registration Status**  
Please choose:

**State of Licensure/Registration**  
Please choose:

**License/Registration Number:**

**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
<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  &mdash; 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  &mdash; 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 05/24/16 02:33 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
Barton Greenberg, Kathryn	kabarton317@gmail.com	
Brawer, Allyson M	allyson.brawer@healthsouth.com	

Burkart, Danielle C	danielle.burkart@healthsouth.com
Cormier, Jamie L	jamie.cormier@healthsouth.com
Driscoll, Michelle	michelle.driscoll@encompasshealth.com
Jackson, Claire	claire.jackson@healthsouth.com
Keesler, Melissa	mkeesler2@gmail.com
Leblanc, Corey	corey.leblanc@healthsouth.com
Leblanc, Corey	corey.leblanc@healthsouth.com
Morse, Regina	Regina.Morse@healthsouth.com
Peltola, Lori	lori.peltola@healthsouth.com
Prince, Elyssa	elyssa.prince@healthsouth.com
Reger, Eric	eric.reger@healthsouth.com
Roberts, Lauren E	Lauren.roberts@healthsouth.com
Roser, Erin	erin.roser@healthsouth.com
Salvucci, Jenna	jsalvucci0718@gmail.com
Shetty, Neethi	neethi.shetty@healthsouth.com
Wheeler, Lauren	l5mccourt@yahoo.com

Add New CI

Displaying all 18 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

11/27/12 03:32 PM

**Clinical Instructors**

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

<input checked="" type="checkbox"/> APTA Clinical Instructor Credentialing	<input checked="" 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 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 checked="" type="checkbox"/> Clinical center inservices	<input checked="" 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

11/15/12 02:43 PM

### 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:

Psychiatric center:

Intensive care:

Rehabilitation center:

110

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

110

#### 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

11/15/12 02:43 PM

### Number of Patients/Clients

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

Inpatient	Outpatient
15 Individual PT:	4 Individual PT:
Student PT:	Student PT:
3 Individual PTA:	1 Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
18 Total patient/client visits per day:	5 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

11/15/12 02:43 PM

### 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

0%

13-21 years

1% - 25%

22-65 years

26% - 50%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

0%

SNF/ECF/sub-acute

0%

Rehabilitation

76% - 100%

Ambulatory/outpatient

1% - 25%

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

11/15/12 02:43 PM

Patient/Client Diagnoses

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

Musculoskeletal

1% - 25%

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 type="checkbox"/> Connective tissue disease/ dysfunction	<input 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

1% - 25%

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

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

Integumentary

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)

Please choose:

Which other sub-categories are available to the student:

<input checked="" type="checkbox"/> Cognitive impairment	<input checked="" type="checkbox"/> General medical conditions	<input type="checkbox"/> General surgery
<input type="checkbox"/> Oncologic conditions	<input 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 11/15/12 02:43 PM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	16	2	18
PTAs	3		3
Aides/Techs	3		3
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 11/15/12 02:12 PM

**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 checked="" type="checkbox"/> Cardiac Rehabilitation
<input checked="" type="checkbox"/> Community/Re-entry Activities	<input type="checkbox"/> Critical Care/Intensive Care	<input 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 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 type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/> Pediatric - Developmental Program Emphasis	<input type="checkbox"/> Pediatric - General
<input type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input checked="" type="checkbox"/> Pulmonary Rehabilitation	<input checked="" type="checkbox"/> Quality Assurance/ CQI/ TQM	<input checked="" type="checkbox"/> Radiology
<input type="checkbox"/> Research Experience	<input type="checkbox"/> Screening/Prevention	<input 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 checked="" type="checkbox"/> Other		

Please explain:

Stroke Rehab. NDTA, LSVT-BIG and LOUD

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 checked="" 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 checked="" type="checkbox"/> Dietitians	<input type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input type="checkbox"/> Fitness professionals	<input 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 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 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

11/15/12 02:15 PM

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

**Intermediate Experiences:**

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

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

**Physical Therapist Assistant**

**First Experience:**

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

**Intermediate Experiences:**

<input type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input type="checkbox"/> Other
------------------------------------	------------------------------------	--------------------------------

**Physical Therapist Assistant**

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

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

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

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

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

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

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

Average number of PT students affiliating per year.:

4

Average number of PTA students affiliating per year.:

0

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

Yes  No

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

Students will receive feedback regarding unsafe behavior; education will be completed if CI and CCCE feel student is appropriate for reeducation. Action plan will be put in place and carried out along with discussion with the ACCE. If safety issues are not resolved or student shows disinclination to comply with safety standards, affiliation will be terminated.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site. <br/> (Answer if the clinical center employs only one PT or PTA.):

Another CI will cover and supervise the student, with the CCCE involvement

#### 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

11/15/12 02:16 PM

#### 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

08/06/15 01:21 PM

**Student Requirements**

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

Yes  No

Please explain:

Some staff do work slightly different hours so it would be good to confirm time, although I will send out a letter also. First day should always be 8am.

Do students receive the same official holidays as staff?

Yes  No

Please explain:

We are staffed all holidays, including major holidays. Student do not need to work Thanksgiving or Christmas but if their CI is working another holiday the student also works typically.

Does your clinical site require a student interview?

Yes  No

Please explain:

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

8:00 AM

Is a Mantoux TB test (PPD) required?

a) one step

Yes  No

b) two step

Yes  No

Is a Rubella Titer Test or immunization required?

Yes  No

Please explain:

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

Yes  No

Please explain:

Chicken Pox immunity

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

Students should send it to CCCE or Human Resource department. 508-799-6351 Erin Xenos x244

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

within a 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

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 a child abuse clearance required?

Yes  No

Is the student responsible for the cost of required clearances?

Yes  No

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

Yes  No

Please explain:

10 Panel drug screen needs to be done before can start clinical. The hospital uses: LabCorp 352 Belmont St Worcester MA 01604 508-757-8005

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.):

Signature Attestation Form Fairlawn Competencies

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

Compliance Contact Person Name:

Erin Xenos

Compliance Contact Person Phone Number

Phone Number:

508-799-6351

Ext:

244

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

08/06/15 01:21 PM

#### Special Information

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

Yes  No

Please explain:

full time does do an 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:

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

Yes  No

Please explain:

Missed days are made up base on CI/CCCE discretion

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

08/06/15 01:21 PM

**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:

**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"