

Site Manager Site Survey —

Site: Encompass Braintree Rehabilitation Hospital

Section Title	Last Update	Action
CCCE Sign Off	03/22/18 11:40 AM	
<b>CCCE Sign Off</b>		
<b>CCCE Sign Off:</b> Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input checked="" type="checkbox"/> This survey has been reviewed.		
Information For the Academic Program	03/22/18 11:40 AM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Hilary Good <b>E-mail address of person completing CSIF:</b> hilary.good@healthsouth.com <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> Braintree Rehabilitation Hospital		
<b>Street Address</b> <b>Address:</b> 250 Pond Street <b>City:</b> Braintree <b>State:</b> Massachusetts <b>Postal Code:</b> 02184		
<b>Facility Phone</b> <b>Phone Number:</b> 781-348-2500 <b>Ext:</b> NA		
<b>PT Department Phone</b> <b>Phone Number:</b> 781-348-2110 <b>Ext:</b> NA		
<b>PT Department Fax</b> <b>Phone Number:</b> NA		
<b>Clinical Center Web Address:</b> www.braintreerehabhospital.com		
<b>Director of Physical Therapy:</b> Kimberly Van Daley		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b>		

Hilary Good

CCCE / Contact Person Phone:

781-348-2412

CCCE / Contact Person E-mail:

hilary.good@healthsouth.com

**Section Sign Off:**

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

This section has been completed.

Information About the Corporate/Healthcare Systems Organization

03/22/18 11:40 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:**

Healthsouth

**Contact Name:**

**Address**

**Address:**

3660 Grandview Parkway

Suite 200

**City:**

Birmingham

**State:**

AL

**Postal Code:**

35243

**Phone**

**Phone Number:**

**Ext:**

**Fax**

**Phone Number:**

**E-mail:**

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

**Section Sign Off:**

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

This section has been completed.

Clinical Site Accreditation/Ownership

03/22/18 11:40 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/Privately Owned	<input type="checkbox"/>	Government Agency	<input 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

03/22/18 11:40 AM

### 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

03/22/18 11:40 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

03/22/18 11:40 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	
Bay State College	Boston	MA	PTA	
American International College	Springfield	MA	PT	
Boston University	Boston	MA	PT	
MGIHP	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
Simmons College	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Columbia University	New York	NY	PT	
Ithaca College	Ithaca	NY	PT	
University of Vermont	Burlington	VT	PT	
Drexel University	Philadelphia	PA	PT	
Duquesne University	Pittsburgh	PA	PT	
Bay State College	Boston	MA	PTA	
Quinnipiac University	Hamden	CT	PT	
University of Connecticut	Storrs	CT	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:

Add Clear

ACCE Demo University,	<input type="checkbox"/>
ACCE Demo University,	<input type="checkbox"/>
ACCE Demo University,	<input type="checkbox"/>
ACCE PTA Demo,	<input type="checkbox"/>
ASA College, FL	<input type="checkbox"/>
AT Still University of Health Sciences, AZ	<input type="checkbox"/>
Academy for Nursing and Health Occupations, FL	<input type="checkbox"/>
Adventist University of Health Sciences, FL	<input type="checkbox"/>
Alabama State University, AL	<input type="checkbox"/>
<b>Section Sign Off:</b>	<input type="checkbox"/>

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 10/24/16 11:45 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:**  
Kimberly VanDaley

**Email Address / CPI2 Login:**  
Kimberly.Vandaley@healthsouth.com

**Present Position (Title, Name of Facility):**  
Director of Therapy Operations, Braintree Rehab Hospital

**No. of Years as the CCCE**  
12

**No. of Years of Clinical Practice**  
15

**No. of Years of Clinical Teaching**  
14

**No. of Years Working at this Site**  
15

**Check all that apply:**

<input checked="" type="checkbox"/> PT	<input type="checkbox"/> PTA
----------------------------------------	------------------------------

**Licensing/Registration Status**  
Licensed/Registered

**State of Licensure/Registration**  
MA

**License/Registration Number:**

**Highest Earned Physical Therapy Degree**  
Masters in Physical Therapy

**Highest Earned Degree**  
Masters degree

**APTA Credentialed CI**  
 Yes  No

**APTA Advanced Credentialed CI**  
 Yes  No

**Other CI Credentialing**

Yes  No

**ABPTS Certified Clinical Specialist (Check all that apply)**

<input 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

10/24/16 11:45 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
Althaus, Bethany	bethany.althaus@healthsouth.com	
Clarke, Anne B	anne.clarke@healthsouth.com	
Darragh, Kelsey	kelsey.darragh@healthsouth.com	
Donahue, Ryan	Ryan.donahue@healthsouth.com	
Giuliani, Robert	Robert.giuliani@encompasshealth.com	
Good, Hilary	hsgood6@gmail.com	
MacLean, Marybeth	mmaclean@5sqc.com	
McLaughlin, Leesa	leesa.mclaughlin@healthsouth.com	
Miller, Nicholas J	nicholas.miller@healthsouth.com	
Murray, Caitlin A	caitlin.murray@healthsouth.com	
O'Reilly, Brittany	brittany.o'reilly@healthsouth.com	
Synott, Michelle	michelle.synott@healthsouth.com	
VanDaley, Kimberly	Kimberly.Vandaley@healthsouth.com	
Wiegand, Sarah E	sarah.wiegand@healthsouth.com	

Add New CI
Displaying all 14 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 10/24/16 11:45 AM

**Clinical Instructors**

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

<input 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 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 10/24/16 11:47 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:

Psychiatric center:

Intensive care:

Rehabilitation center:

187

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

187

**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

10/24/16 11:47 AM

**Number of Patients/Clients**

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

Inpatient	Outpatient
7-8 Individual PT:	14 Individual PT:
4-6 Student PT:	10-14 Student PT:
7-8 Individual PTA:	14 Individual PTA:
4-6 Student PTA:	10-14 Student PTA:
PT/PTA Team:	PT/PTA Team:
248 Total patient/client visits per day:	2056 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

10/24/16 11:47 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

76% - 100%

Continuum of Care

Critical care, ICU, acute

Please choose: ▼

SNF/ECF/sub-acute

Please choose: ▼

Rehabilitation

76% - 100% ▼

Ambulatory/outpatient

76% - 100% ▼

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

10/24/16 11:47 AM

Patient/Client Diagnoses

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

Musculoskeletal

Please choose: ▼

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

Please choose: ▼

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 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

Please choose: ▼

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

Please choose: ▼

Which Integumentary sub-categories are available to the student:

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

10/24/16 11:47 AM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs			
PTAs			
Aides/Techs			
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

10/24/16 11:48 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 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 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 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 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 checked="" type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

Specialty Clinics

**Please check all specialty clinics available as student learning experiences.**

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Balance	<input type="checkbox"/> Developmental
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<input type="checkbox"/>	Feeding clinic	<input type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Hemophilia clinic
<input type="checkbox"/>	Industry	<input checked="" 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 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 checked="" 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 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 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 checked="" 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

10/24/16 11:48 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 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 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 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
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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 checked="" type="checkbox"/>	March
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<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 type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> November	<input 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 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.:

Average number of PTA students affiliating per year.:

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

Yes  No

Please explain:

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

All students receive a facility orientation on their first day and ongoing unit specific orientation during their first week. Students formally meet with their CI at least once a week to discuss progress, issues, and goals for the upcoming week. Students meet with CCCE prior to midterm and prior to final. Any further problems or issues are dealt with at a facility level initially by CI, CCCE and Director of Clinical Services, and if necessary, by contacting the ACCE of the student's school.

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.):

**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

10/24/16 11:48 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 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

10/24/16 11:51 AM

**Student Requirements**

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

Yes  No

Please explain:

**Do students receive the same official holidays as staff?**

Yes  No

Please explain:

**Does your clinical site require a student interview?**

Yes  No

Please explain:

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

9:00 AM

**Is a Mantoux TB test (PPD) required?**

**a) one step**

Yes  No

**b) two step**

Yes  No

**Is a Rubella Titer Test or immunization required?**

Yes  No

Please explain:

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

Yes  No

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

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

**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:

**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:

**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:

**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.):**

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:

**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:

**Is the student responsible for emergency health care costs?**

Yes  No

**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:

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

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**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 their CI's hours, which may include weekends and holidays.

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"