

Site: Exeter Hospital - CFOM

Section Title	Last Update	Action
CCCE Sign Off	11/01/18 01:53 PM	
CCCE Sign Off		
<div>CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input checked="" type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	11/01/18 01:53 PM	
Information For the Academic Program		
Person Completing CSIF: Jaime Bieber		
E-mail address of person completing CSIF:		
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): Exeter Hospital - CFOM		
Street Address		
Address: 212 Calef Highway		
City: Epping		
State: NH		
Postal Code: 03042		
Facility Phone		
Phone Number: 603-777-1886		
Ext:		
PT Department Phone		
Phone Number:		
Ext:		
PT Department Fax		
Phone Number: 603-777-1893		
Clinical Center Web Address: www.exeterhospital.com		
Director of Physical Therapy: Jeffrey Meisner		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Jaime VanMassenhove		
CCCE / Contact Person Phone: 603-777-1886		
CCCE / Contact Person E-mail:		

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

11/01/18 01:53 PM

Information About the Corporate/Healthcare Systems Organization

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

Corporate/Healthcare System Organization:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

Section Sign Off:

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

☒ This section has been completed.

Clinical Site Accreditation/Ownership

11/01/18 01:53 PM

Clinical Site Accreditation/Ownership

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

<input type="checkbox"/>	Corporate/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

11/01/18 01:53 PM

Clinical Site Primary Classification

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

Ambulatory Care/Outpatient ▼

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

Section Sign Off:

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

☒ This section has been completed.

Clinical Site Location

11/01/18 01:53 PM

Clinical Site Location

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

Urban

Section Sign Off:

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

☒ This section has been completed.

Affiliated PT and PTA Educational Programs

11/01/18 01:53 PM

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA
Select the program(s) your site is currently affiliated with:			
By A - Z:	Any		
By State:	Any		
ACCE Demo University,			
ACCE Demo University,			
ACCE Demo University,			
ACCE PTA Demo,			
ASA College, FL			
AT Still University of Health Sciences, AZ			
Academy for Nursing and Health Occupations, FL			
Adventist University of Health Sciences, FL			
Alabama State University, AL			
If not found in the list, please enter the program information here:			
Program Name:			
City:			
State:	AB		
PT / PTA:	PT		
			Add Clear

Section Sign Off:

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

☒ This section has been completed.

Information About the Clinical Teaching Faculty

08/07/17 03:35 PM

Information About the Clinical Teaching Faculty

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

Name:

Jaime Bieber

Email Address / CPI2 Login:

jbieber@ehr.org

Present Position (Title, Name of Facility):

No. of Years as the CCCE

3

No. of Years of Clinical Practice**No. of Years of Clinical Teaching****No. of Years Working at this Site****Check all that apply:**

<input type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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Licensing/Registration Status**State of Licensure/Registration****License/Registration Number:****Highest Earned Physical Therapy Degree****Highest Earned Degree****APTA Credentialed CI**☐ Yes ☒ No**APTA Advanced Credentialed CI**☐ Yes ☒ No**Other CI Credentialing**☒ Yes ☐ No

Please explain:

CHT

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:

CHT

Summary of College and University Education

(Start with most current)

Institution:

UNH

Period of Study

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

From — To

Major:

OT

Degree:

BS/MS

Summary of Primary Employment

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

Employer:

Exeter Hospital

Position:

staff OT

Period of Employment

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

From — To

Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities

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

Course:

Provider/Location:

Date

Section Sign Off:

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

☒ This section has been completed.

Clinical Instructor Information

11/16/17 11:33 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
Corredor, Javier A	jcorredor@ehr.org	
Denise, Murphy-Simmons	dsimmons@ehr.org	
Hurley, Nicole	nicole.mardanes@gmail.com	
Kaminski, Donna	dkaminski@ehr.org	
Kilimonis, Kristin L	kkilimonis@ehr.org	
Lenz, Marcia G	mlenz@ehr.org	
Marko, Margaret E	mmarko@ehr.org	
Murphy-Simmons, Denise L	dmsimmons@ehr.org	
Potter, Nancy	npotter@ehr.org	
Shepard, Jennifer	jshepard@ehr.org	

Stevens, Heidi

Hstevens@ehr.org

White, Abigail E

abwhite@ehr.org

[Add New CI](#)

Displaying all 12 Clinical instructor

Section Sign Off:

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

☒ This section has been completed.

Clinical Instructors

08/07/17 03:35 PM

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 checked="" type="checkbox"/>	APTA Clinical Instructor Education and Credentialing Program	<input checked="" 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 checked="" type="checkbox"/>	No training	<input 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

11/01/18 01:58 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:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

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.

Number of Patients/Clients

11/01/18 01:58 PM

Number of Patients/Clients

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

Inpatient	Outpatient
Individual PT:	10 Individual PT:
Student PT:	5 Student PT:
Individual PTA:	10 Individual PTA:
Student PTA:	5 Student PTA:
PT/PTA Team:	PT/PTA Team:
0	30
Total patient/client visits per day:	Total patient/client visits per day:

Section Sign Off:

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

☒ This section has been completed.

Patient/Client Lifespan and Continuum of Care

11/01/18 01:58 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

1% - 25%

13-21 years

1% - 25%

22-65 years

51% - 75%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

Please choose:

SNF/ECF/sub-acute

Please choose:

Rehabilitation

Please choose:

Ambulatory/outpatient

Please choose:

Home health/hospice

Please choose:

Wellness/fitness/industry

Please choose:

Section Sign Off:

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

☒ This section has been completed.

Patient/Client Diagnoses

11/01/18 01:58 PM

Patient/Client Diagnoses

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

Musculoskeletal

51% - 75% ▼

Which Musculoskeletal sub-categories are available to the student:

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

Neuro-muscular

1% - 25% ▼

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

<input type="checkbox"/> Brain injury	<input checked="" type="checkbox"/> Cerebral vascular accident	<input checked="" type="checkbox"/> Chronic pain
<input type="checkbox"/> Congenital/ developmental	<input 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 checked="" type="checkbox"/> Fitness	<input checked="" type="checkbox"/> Lymphedema
<input checked="" type="checkbox"/> Peripheral vascular dysfunction/ disease	<input checked="" type="checkbox"/> Pulmonary dysfunction/ disease	<input type="checkbox"/> Other

Integumentary

1% - 25% ▼

Which Integumentary sub-categories are available to the student:

<input type="checkbox"/> Burns	<input type="checkbox"/> Open wounds	<input checked="" 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 type="checkbox"/> Cognitive impairment	<input checked="" type="checkbox"/> General medical conditions	<input checked="" type="checkbox"/> General surgery
<input checked="" type="checkbox"/> Oncologic conditions	<input type="checkbox"/> Organ transplant	<input checked="" 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

11/01/18 01:58 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs			20
PTAs			5

Aides/Techs			2
Other: CHT/OT and SLP	6		

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

11/01/18 02:00 PM

Information About the Clinical Education Experience

Special Programs/ Activities/ Learning Opportunities

Please check all special programs/activities/learning opportunities available to students.

<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Aquatic Therapy	<input checked="" type="checkbox"/> Athletic Venue Coverage
<input type="checkbox"/> Back School	<input type="checkbox"/> Biomechanics Lab	<input checked="" type="checkbox"/> Cardiac Rehabilitation
<input type="checkbox"/> Community/Re-entry Activities	<input checked="" type="checkbox"/> Critical Care/Intensive Care	<input type="checkbox"/> Departmental Administration
<input checked="" type="checkbox"/> Early Intervention	<input type="checkbox"/> Employee Intervention	<input type="checkbox"/> Employee Wellness Program
<input checked="" type="checkbox"/> Group Programs/ Classes	<input checked="" type="checkbox"/> Home Health Program	<input checked="" 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 checked="" type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input checked="" type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/> Pediatric - Developmental Program Emphasis	<input checked="" type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input checked="" type="checkbox"/> Pediatric - Neurological Emphasis	<input checked="" type="checkbox"/> Prevention/Wellness
<input checked="" type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Quality Assurance/ CQI/ TQM	<input type="checkbox"/> Radiology
<input checked="" type="checkbox"/> Research Experience	<input checked="" type="checkbox"/> Screening/ Prevention	<input checked="" type="checkbox"/> Sports Physical Therapy
<input checked="" type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/ Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input checked="" type="checkbox"/> Women's Health/ OB-GYN	<input 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 checked="" type="checkbox"/> Balance	<input type="checkbox"/> Developmental
<input type="checkbox"/> Feeding clinic	<input checked="" type="checkbox"/> Hand clinic	<input type="checkbox"/> Hemophilia clinic
<input type="checkbox"/> Industry	<input checked="" type="checkbox"/> Neurology clinic	<input type="checkbox"/> Orthopedic clinic
<input type="checkbox"/> Pain clinic	<input checked="" type="checkbox"/> Preparticipation sports	<input type="checkbox"/> Prosthetic/ orthotic clinic
<input type="checkbox"/> Scoliosis	<input checked="" type="checkbox"/> Screening clinics	<input type="checkbox"/> Seating/ mobility clinic
<input type="checkbox"/> Sports medicine clinic	<input checked="" type="checkbox"/> Wellness	<input checked="" 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 checked="" type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Dietitians	<input checked="" type="checkbox"/> Enterostomal / wound specialists
<input checked="" type="checkbox"/> Exercise physiologists	<input checked="" type="checkbox"/> Fitness professionals	<input checked="" type="checkbox"/> Health information technologists
<input checked="" type="checkbox"/> Massage therapists	<input checked="" type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists
<input checked="" type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input checked="" type="checkbox"/> Podiatrists
<input type="checkbox"/> Prosthetists / orthotists	<input type="checkbox"/> Psychologists	<input checked="" type="checkbox"/> Respiratory therapists
<input type="checkbox"/> Social workers	<input checked="" 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

11/01/18 02:00 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 checked="" 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 checked="" type="checkbox"/>	Specialty experience
<input type="checkbox"/>	Other				

Physical Therapist Assistant**First Experience:**

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input 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 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 type="checkbox"/>	October	<input checked="" type="checkbox"/>	November	<input checked="" type="checkbox"/>	December

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

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

PTA

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

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

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

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

<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December
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Average number of PT students affiliating per year.:

6

Average number of PTA students affiliating per year.:

1

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

☒ Yes ☐ No

Please explain:

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

Frist contact school and then create an action plan with school, CCCE, CI

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.):

Students get 2 days off Student will end up following the covering PT/PTA, observe surgery, observe other clinical areas

Section Sign Off:

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☒ This section has been completed.

Clinical Site's Learning Objectives and Assessment	11/01/18 02:00 PM
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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 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	11/01/18 02:02 PM
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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:

not required but encouraged

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

Please choose: ▼

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:

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

from school to CCE via mail or email and then passed onto HR

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

students need proof of flu vaccination during flu season (usually Nov-end March)

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 checked="" type="checkbox"/>	Child clearance	<input checked="" type="checkbox"/>	Criminal background check	<input 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

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.):

students in school setting will be required to have background check and child abuse clearance

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

Compliance Contact Person Name:

Heather Bosco

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

hbosco@ehr.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.

Special Information

11/01/18 02:02 PM

Special Information

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

☒ Yes ☐ No

Please explain:

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

☐ Yes ☒ No

Please explain:

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

☒ Yes ☐ No

Please explain:

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

Please explain:

Is other non-emergency medical care available to students?

☐ Yes ☒ No

Please explain:

Is the student required to have proof of health insurance?

☒ Yes ☐ No

Please explain:

Is the student required to provide proof of OSHA training?

☒ Yes ☐ No

Please explain:

Is the student required to provide proof of HIPAA training?

☒ Yes ☐ No

Please explain:

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

☐ Yes ☒ No

Please explain:

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

☒ Yes ☐ No

Please explain:

Can the student receive CPR certification while on-site?

☐ Yes ☒ No

Please explain:

Is the student required to be certified in First Aid?

☐ Yes ☒ No

Please explain:

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

11/01/18 02:02 PM

Student Schedule

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

Varied schedules

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

our clinics are open 6am-7pm

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"