

Site Manager Site Survey —

Site: Hebrew Rehabilitation Center

| Section Title | Last Update | Action |
|---------------|-------------------|--------|
| CCCE Sign Off | 05/08/18 02:55 PM | |

CCCE Sign Off

CCCE Sign Off:
Click the box below to indicate that you have reviewed all sections of your clinical site survey.

This survey has been reviewed.

| Information For the Academic Program | 05/08/18 02:55 PM | |
|---|-------------------|--|
| Information For the Academic Program | | |
| Person Completing CSIF: Sarah Dufault, PT, DPT, CSPHA | | |
| E-mail address of person completing CSIF: sarahdufault@hsl.harvard.edu | | |
| 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): Hebrew Rehabilitation Center | | |
| Street Address | | |
| Address: Department of Rehabilitation Services 1200 Centre Street | | |
| City: Roslindale | | |
| State: MA | | |
| Postal Code: 02131 | | |
| Facility Phone | | |
| Phone Number: 617-363-8000 | | |
| Ext: | | |
| PT Department Phone | | |
| Phone Number: 617-363-8380 | | |
| Ext: | | |
| PT Department Fax | | |
| Phone Number: please call or email | | |
| Clinical Center Web Address: www.hebrewrehab.org | | |
| Director of Physical Therapy: Laurie Manjikian, OTR/L | | |
| Center Coordinator of Clinical Education (CCCE) / Contact Person: Sarah Dufault, PT, DPT, CSPHA | | |
| CCCE / Contact Person Phone: | | |

617-363-8782

CCCE / Contact Person E-mail:

sarahdefault@hsl.harvard.edu

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

05/08/18 02:55 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:

Hebrew Seniorlife

Contact Name:

Address

Address:

1200 Centre Street

City:

Roslindale

State:

MA

Postal Code:

0213

Phone

Phone Number:

617-363-8000

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

05/08/18 02:55 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 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

05/08/18 02:55 PM

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 checked="" type="checkbox"/> Acute Care/ Inpatient Hospital Facility | <input checked="" type="checkbox"/> Ambulatory Care/ Outpatient | <input checked="" type="checkbox"/> ECF/ Nursing Home/ SNF |
| <input type="checkbox"/> Federal/State/County Health | <input checked="" 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 checked="" 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

05/08/18 02:55 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

05/08/18 02:55 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 | |
|--------------------------------------|----------|-------|----------|--|
| Boston University | Boston | MA | PT | |
| Bay State College | Boston | MA | PTA | |
| MGHIHP | Boston | MA | PT | |
| Northeastern University | Boston | MA | PT | |
| Simmons College | Boston | MA | PT | |
| University of Massachusetts - Lowell | Lowell | MA | PT | |
| University of Rhode Island | Kingston | RI | PT | |

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

By A-Z:
 By State:

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

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

Program Name:
 City:
 State:
 PT / PTA:

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

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

Name:

Sarah Dufault

Email Address / CPI2 Login:

SarahDufault@hsl.harvard.edu

Present Position (Title, Name of Facility):

Physical Therapist

No. of Years as the CCCE

6

No. of Years of Clinical Practice

11

No. of Years of Clinical Teaching

9

No. of Years Working at this Site

9

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:

17942

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Professional Doctor in Physical Therapy

APTA Credentialed CI Yes No**APTA Advanced Credentialed CI** Yes No**Other CI Credentialing** Yes No

Please explain:

Certified Safe Patient Handling Associate

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:

Certified Safe Patient Handling Associate

Summary of College and University Education

(Start with most current)

Institution:
Northeastern University

Period of Study
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)
From 09/01 — To 05/07

Major:
Physical Therapy

Degree:
Doctorate of Physical Therapy

Summary of Primary Employment

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

Employer:
Beth Israel Deaconess Medical Center

Position:
Physical Therapist

Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From 07/07 — To 04/09

Employer:
Hebrew Rehabilitation Center

Position:
Physical Therapist

Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From 05/09 — To present

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:
APTA Conference

Provider/Location:

Date
2008

Course:

National Safe Patient Handling and Movement Conference

Provider/Location:

Orlando, Florida

Date

4/2011

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

05/08/18 02:57 PM

Clinical Instructor Information

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

| CI Name Followed By Credentials | CI Username | Actions |
|---------------------------------|-------------------------------------|---------|
| Badyulina, Galina | galinabadyulina@hsl.harvard.edu | |
| Bonneville, Madeleine | MadeleineBonneville@hsl.harvard.edu | |
| Cheteoui, PT, Barbara j | Cheteoui@hsl.harvard.edu | |
| Collins, Tammy R | tammycollins@hsl.harvard.edu | |
| Coonce, PT, DPT, Marcy L | marcycoonce@hsl.harvard.edu | |
| Donovan, Colleen | colleen.donovan2@gmail.com | |
| Dufault, Sarah | SarahDufault@hsl.harvard.edu | |
| Folan, MSPT, Theresa F | tfolan@hsl.harvard.edu | |
| Johnson, PT, Linda | lindajohnson@hsl.harvard.edu | |
| O'Dea, PT, Margo | odea@hsl.harvard.edu | |
| Parke, Timothy | timothyparke@hsl.harvard.edu | |
| Phelps, PTA, Jennifer | jenniferphelps@hsl.harvard.edu | |

[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

05/08/18 02:57 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 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

05/08/18 03:07 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:

46

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

630

Other specialty centers:

96

Total Number of Beds:

772

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

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Number of Patients/Clients

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

| Inpatient | Outpatient |
|---|---|
| 8 Individual PT: | 8 Individual PT: |
| 5-6 Student PT: | 0 Student PT: |
| 9 Individual PTA: | 0 Individual PTA: |
| 5-6 Student PTA: | Student PTA: |
| PT/PTA Team: | PT/PTA Team: |
| 129 Total patient/client visits per day: | 8 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

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

Patient Lifespan

0-12 years

Please choose: ▼

13-21 years

Please choose: ▼

22-65 years

1% - 25% ▼

Over 65 years

76% - 100% ▼

Continuum of Care

Critical care, ICU, acute

26% - 50% ▼

SNF/ECF/sub-acute

51% - 75% ▼

Rehabilitation

Please choose: ▼

Ambulatory/outpatient

26% - 50% ▼

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

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

Musculoskeletal

51% - 75% ▼

Which Musculoskeletal sub-categories are available to the student:

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

Neuro-muscular

51% - 75% ▼

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

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

Cardiovascular-pulmonary

51% - 75%

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

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

Integumentary

26% - 50%

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)

51% - 75%

Which other sub-categories are available to the student:

| | | | | | |
|-------------------------------------|----------------------|-------------------------------------|----------------------------|-------------------------------------|----------------------|
| <input checked="" type="checkbox"/> | Cognitive impairment | <input checked="" type="checkbox"/> | General medical conditions | <input checked="" type="checkbox"/> | General surgery |
| <input checked="" type="checkbox"/> | Oncologic conditions | <input checked="" type="checkbox"/> | Organ transplant | <input 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

05/08/18 03:07 PM

Staffing

| | Full-time Budgeted | Part-time Budgeted | Current Staffing |
|-------------|--------------------|--------------------|------------------|
| PTs | 16 | 1 | 17 |
| PTAs | 6 | 0 | 6 |
| Aides/Techs | 1 | 0 | 1 |
| 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

05/08/18 03:08 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 type="checkbox"/> | Aquatic Therapy | <input type="checkbox"/> | Athletic Venue Coverage |
| <input checked="" type="checkbox"/> | Back School | <input type="checkbox"/> | Biomechanics Lab | <input checked="" type="checkbox"/> | Cardiac Rehabilitation |
| <input checked="" type="checkbox"/> | Community/Re-entry Activities | <input type="checkbox"/> | Critical Care/Intensive Care | <input checked="" type="checkbox"/> | Departmental Administration |

| | | | | | |
|-------------------------------------|---|-------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> | Early Intervention | <input checked="" type="checkbox"/> | Employee Intervention | <input checked="" type="checkbox"/> | Employee Wellness Program |
| <input checked="" type="checkbox"/> | Group Programs/ Classes | <input checked="" type="checkbox"/> | Home Health Program | <input type="checkbox"/> | Industrial/ Ergonomic PT |
| <input checked="" type="checkbox"/> | Inservice Training/ Lectures | <input type="checkbox"/> | Neonatal Care | <input checked="" 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 checked="" type="checkbox"/> | Prevention/ Wellness |
| <input checked="" type="checkbox"/> | Pulmonary Rehabilitation | <input checked="" type="checkbox"/> | Quality Assurance/ CQI/ TQM | <input checked="" type="checkbox"/> | Radiology |
| <input checked="" type="checkbox"/> | Research Experience | <input checked="" 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 |
| <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 checked="" 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 type="checkbox"/> | Seating/ mobility clinic |
| <input type="checkbox"/> | Sports medicine clinic | <input type="checkbox"/> | Wellness | <input type="checkbox"/> | Women's health |
| <input checked="" type="checkbox"/> | Other | | | | |

Please explain:

Physiatry & Shoe Clinic

Health and Educational Providers at the Clinical Site

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

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

05/08/18 03:08 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 checked="" type="checkbox"/> | Half days | <input type="checkbox"/> | Other |
|-------------------------------------|-----------|-------------------------------------|-----------|--------------------------|-------|

**Physical Therapist
Intermediate Experiences:**

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

Physical Therapist

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

**Physical Therapist Assistant
First Experience:**

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

**Physical Therapist Assistant
Intermediate Experiences:**

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

Physical Therapist Assistant

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

PT

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

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

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

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

PTA

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

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

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

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

Average number of PT students affiliating per year.:

>10

Average number of PTA students affiliating per year.:

2

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?:

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.):

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

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

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

Yes No

Please explain:

Hours may vary depending upon CI

Do students receive the same official holidays as staff?

Yes No

Please explain:

And occasionally students may have to work a Sunday with their CI

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:

Varicella Titer, proof of flu vaccine (vaccine may be provided from Sept-May at facility depending upon availability, other students must receive on their own)

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

Copies of all immunizations are required upon start of affiliations.

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

within current year (letter of clearance to work from MD within one year also acceptable)

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:

Must be completed by the university and received prior to the students starting the affiliation. Students must also complete a CORI at the facility prior to starting their affiliation. Information regarding this will be sent prior to your affiliation but you must come in 2-3 weeks prior to your start date to complete this.

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.):

Student Checklist ****please note these apply to BOTH full time clinicals and ICE placements Immunizations, etc. ____ CORI background check completed by the school or university AND completed on site (does not apply to ICE students) ____ Measles, Mumps, Rubella ____ Varicella titer ____ Documentation of Hepatitis B vaccination series, or a signed Hep B waiver. ____ Record of a physical examination within one year. ____ TST screening within the past year or CXR copy and symptom screening. Tests and Policies: ____ BASICS test ____ Safe Patient Handling Policy test ____ HIPAA statement and confidentiality statement signed

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

Please explain:

Please contact the CCCCE regarding missed days due to illness or emergencies. Each case will be handled individually with the affiliating school as necessary.

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

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

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

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:

Hours may vary depending upon CI

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"