

Site: Hospital for Special Surgery

Section Title	Last Update	Action
CCCE Sign Off	Never	
<div><div>CCCE Sign Off</div><div>Click the box below to indicate that you have reviewed all sections of your clinical site survey.</div><div><input type="checkbox"/> This survey has been reviewed.</div></div>		
Information For the Academic Program	07/09/13 11:41 AM	
<div><div>Information For the Academic Program</div><div><div>Person Completing CSIF:</div><div>Valerie PapanikolawPT, DPT</div><div>E-mail address of person completing CSIF:</div><div>papanikolawv@hss.edu</div><div>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):.</div><div>Hospital for Special Surgery</div><div>Street Address</div><div>Address:</div><div>535 East 70th St</div><div>City:</div><div>New York</div><div>State:</div><div>NY</div><div>Postal Code:</div><div>10021</div><div>Facility Phone</div><div>Phone Number:</div><div>(212) 606-1716</div><div>Ext:</div><div>PT Department Phone</div><div>Phone Number:</div><div>(212)606-1221</div><div>Ext:</div><div>PT Department Fax</div><div>Phone Number:</div><div>(212) 772-6013</div><div>Clinical Center Web Address:</div><div>www.hss.edu</div><div>Director of Physical Therapy:</div><div>JeMe Cioppa-Mosca</div><div>Center Coordinator of Clinical Education (CCCE) / Contact Person:</div><div>Valerie PapanikolawPT, DPT</div><div>CCCE / Contact Person Phone:</div></div></div>		

(212) 606-1716

CCCE / Contact Person E-mail:

papanikolawv@hss.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

07/09/13 11:41 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:

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

07/09/13 11:41 AM

**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/Privately Owned	<input type="checkbox"/>	Government Agency	<input checked="" 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

07/09/13 11:41 AM

**Clinical Site Primary Classification**

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

Acute Care/Inpatient Hospital Facility

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

<input checked="" 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 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	07/09/13 11:41 AM
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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	07/09/13 11:41 AM
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Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Quinnipiac University	Hamden	CT	PT	
University of Connecticut	Storrs	CT	PT	
Boston University	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
University of Miami	Coral Gables	FL	PT	
East Carolina University	Greenville	NC	PT	
College of Staten Island	Staten Island	NY	PT	
Dominican College of Blauvelt	Orangeburg	NY	PT	
Columbia University	New York	NY	PT	
Hunter College/ The Graduate Center ( CUNY)	New York	NY	PT	
Ithaca College	Ithaca	NY	PT	
Long Island University - Brooklyn	Brooklyn	NY	PT	
Mercy College	Dobbs Ferry	NY	PT	
New York Medical College	Valhalla	NY	PT	
New York University	New York	NY	PT	
SUNY Downstate Medical Center	Brooklyn	NY	PT	
Touro College	New York	NY	PT	

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

**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

06/07/16 10:25 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:

Rebekah Wallach

Email Address / CPI2 Login:

wallachr@hss.edu

Present Position (Title, Name of Facility):

No. of Years as the CCCE

Please choose: ▼

No. of Years of Clinical Practice

Please choose: ▼

No. of Years of Clinical Teaching

Please choose: ▼

No. of Years Working at this Site

Please choose: ▼

Check all that apply:

<input type="checkbox"/>	PT	<input type="checkbox"/>	PTA	
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Licensing/Registration Status

Please choose: ▼

State of Licensure/Registration

Please choose: ▼

License/Registration Number:

Highest Earned Physical Therapy Degree

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

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
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**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**

**Name:**

Karen Juliano

**Email Address / CPI2 Login:**

JulianoK@HSS.EDU

**Present Position (Title, Name of Facility):**

Physical Therapist, Hospital for Special Surgery

**No. of Years as the CCCE**

**No. of Years of Clinical Practice**

**No. of Years of Clinical Teaching**

No. of Years Working at this Site

3

Check all that apply:

☐

PT

☐

PTA

Licensing/Registration Status

Please choose:

State of Licensure/Registration

Please choose:

License/Registration Number:

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Bachelors degree

APTA Credentialed CI

☒ Yes ☐ No

APTA Advanced Credentialed CI

☐ Yes ☒ No

Other CI Credentialing

☐ Yes ☒ No

ABPTS Certified Clinical Specialist (Check all that apply)

☐

OCS

☐

GCS

☐

PCS

☐

NCS

☐

CCS

☐

SCS

☐

ECS

☐

WCS

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

☐

Aquatic

☐

Musculoskeletal

☐

Cardiopulmonary

☐

Neuromuscular

☐

Geriatric

☐

Pediatrics

☐

Integumentary

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

University of Delaware

Period of Study

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

From 9/1999 &mdash; To 5/2003

Major:

Biology Education

Degree:

Bachelor of Arts

**Institution:**

Stony Brook University

**Period of Study**

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

From  &mdash; To

**Major:**

Physical Therapy

**Degree:**

DPT

**Summary of Primary Employment**

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

**Employer:**

Physical Therapy and Beyond

**Position:**

Physical Therapist

**Period of Employment**

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

From  &mdash; To

**Employer:**

Richard Johnson Physical Therapy

**Position:**

Physical Therapist Independent Contractor

**Period of Employment**

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

From  &mdash; To

**Employer:**

Body in Balance Physical Therapy

**Position:**

Physical Therapist

**Period of Employment**

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

From  &mdash; To

**Employer:**

Hospital for Special Surgery

**Position:**

Physical Therapist

**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:

CI credentialing

Provider/Location:

Mary Lou Jani/ Rehab Hackensack NJ

Date

10/1/11 and 10/2/11

Name:

Valerie M. Papain

Email Address / CPI2 Login:

papainv@hss.edu

Present Position (Title, Name of Facility):

No. of Years as the CCCE

Please choose: ▼

No. of Years of Clinical Practice

Please choose: ▼

No. of Years of Clinical Teaching

Please choose: ▼

No. of Years Working at this Site

Please choose: ▼

Check all that apply:

☐

PT

☐

PTA

Licensing/Registration Status

Please choose: ▼

State of Licensure/Registration

Please choose: ▼

License/Registration Number:

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:

PT, DPT

ABPTS Certified Clinical Specialist (Check all that apply)

☐

OCS

☐

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**

**Name:**

Katherine Wilson

**Email Address / CPI2 Login:**

wilsonk@HSS.edu

**Present Position (Title, Name of Facility):**

**No. of Years as the CCCE**

Please choose:

**No. of Years of Clinical Practice**

Please choose:

**No. of Years of Clinical Teaching**

Please choose: ▼

No. of Years Working at this Site

Please choose: ▼

Check all that apply:

☐

PT

☐

PTA

Licensing/Registration Status

Please choose: ▼

State of Licensure/Registration

Please choose: ▼

License/Registration Number:

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy ▼

Highest Earned Degree

Bachelors degree ▼

APTA Credentialed CI

☐ Yes ☒ No

APTA Advanced Credentialed CI

☐ Yes ☒ No

Other CI Credentialing

☐ Yes ☒ No

ABPTS Certified Clinical Specialist (Check all that apply)

☐

OCS

☐

GCS

☐

PCS

☐

NCS

☐

CCS

☐

SCS

☐

ECS

☐

WCS

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

☐

Aquatic

☐

Musculoskeletal

☐

Cardiopulmonary

☐

Neuromuscular

☐

Geriatric

☐

Pediatrics

☐

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.

08/14/16 02:14 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
Albanese, Marlena	AlbaneseM@HSS.edu	
Altman, Emily	altmanE@hss.edu	
Alva, Sheena	alvas@hss.edu	
Anderson, Allison	andersonal@hss.edu	
Antonietti, Samantha	antoniettis@hss.edu	
Assip, Bridget	baassip@gmail.com	
Atlas, Samantha R	sratlas@gmail.com	
Bak, Jun	Bakj@HSS.edu	
Bales, Jeremy	jbales4@yahoo.com	
Baratta-Ziska, Frances	barattaziskaf@hss.edu	
Baynes, PT, DPT, ATC, OCS, Jenna	baynesj@hss.edu	
Behrns, William	behrnsw@hss.edu	
Blaauw, Lindsay Q	lindsay.blaauw@ah.org	
Bryant, Edith	bryanted@hss.edu	
Buckland, PT, DPT, ATP, C/NDT, Melanie	bucklandm@hss.edu	
Byun, Hesoo	byunh@hss.edu	
Castro, John B	castrojo@hss.edu	
Chima, Darshana	chimad@hss.edu	
Cilenti, Michelle	cilentim@hss.edu	

Clarke, Siobhan M	clarkesi@hss.edu
Coniglio, Danielle	conigliod@hss.edu
Corbo, Erin L	ecorbo.dpt@gmail.com
Danielak, Martha	danielakm@hss.edu
Davydova, Nadia	Davydovan@hss.edu
Desai, Kavita	desaik@hss.edu

Add New CI

Displaying Clinical Instructor 1 - 25 of 80 in total

Previous 1 2 3 4 Next

#### 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

06/07/16 10:26 AM

#### Clinical Instructors

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

<input type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/training course
<input checked="" type="checkbox"/> Clinical competence	<input checked="" 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 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

07/09/13 11:07 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:

205

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

14

Subacute/transitional care unit:

Extended care:

Other specialty centers

4

Total Number of Beds:

**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

07/09/13 11:07 AM

**Number of Patients/Clients**

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

Inpatient	Outpatient
4 Individual PT:	3 Individual PT:
10 Student PT:	9 Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT /PTA Team:	PT /PTA Team:
14 Total patient/client visits per day:	12 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

07/09/13 11:07 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**

51% - 75%

**13-21 years**

26% - 50%

**22-65 years**

51% - 75%

**Over 65 years**

76% - 100%

**Continuum of Care**

**Critical care, ICU, acute**

0%

**SNF/ECF/sub-acute**

0%

**Rehabilitation**

0%

**Ambulatory/outpatient**

76% - 100%

Home health/hospice

0% ▼

Wellness/fitness/industry

1% - 25% ▼

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

07/09/13 11:07 AM

Patient/Client Diagnoses

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

Musculoskeletal

76% - 100% ▼

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

26% - 50% ▼

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

<input type="checkbox"/>	Brain injury	<input 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 type="checkbox"/>	Spinal cord injury	<input type="checkbox"/>	Vestibular disorder	<input type="checkbox"/>	Other

Cardiovascular-pulmonary

0% ▼

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

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

Integumentary

0% ▼

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)

1% - 25% ▼

Which other sub-categories are available to the student:

<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	General medical conditions	<input type="checkbox"/>	General surgery
<input 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

07/09/13 11:07 AM

### Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	90	3	93
PTAs	2	0	2
Aides/Techs	12	5	17
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

07/09/13 11:20 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 checked="" type="checkbox"/> Aquatic Therapy	<input type="checkbox"/> Athletic Venue Coverage
<input type="checkbox"/> Back School	<input checked="" type="checkbox"/> Biomechanics Lab	<input type="checkbox"/> Cardiac Rehabilitation
<input type="checkbox"/> Community/Re-entry Activities	<input 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 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 type="checkbox"/> Orthotic/Prosthetic Fabrication	<input type="checkbox"/> Pain Management Program	<input type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input checked="" type="checkbox"/> Pediatric - Developmental Program Emphasis	<input type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input 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 checked="" type="checkbox"/> Sports Physical Therapy
<input checked="" type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/Rounds	<input type="checkbox"/> Vestibular Rehabilitation
<input type="checkbox"/> Women's Health/OB-GYN	<input type="checkbox"/> Work Hardening/Conditioning	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

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

Please explain:

ALS  
Wheelchair/Adaptive Equipment

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

07/09/13 11:20 AM

#### Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Check all that apply).

##### Physical Therapist

###### First Experience:

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

###### Intermediate Experiences:

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

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

##### Physical Therapist Assistant

###### First Experience:

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

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

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

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

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

<input 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

PTA

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



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

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

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

Average number of PT students affiliating per year.:

10-12

Average number of PTA students affiliating per year.:

0

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

☒ Yes ☐ No

Please explain:

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

Verbal Feedback, written feedback, learning contracts, CCCE intervention, DCE intervention

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

07/09/13 11:20 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

07/03/15 11:34 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:

On occasion in specific areas, we do require student interviews (i.e. Integrative Care Center and Hand Therapy).

**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:

Varicella or proof of Chicken pox. Hep B or proof that the student has declined the vaccine.

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

The school or student send the medical forms.

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

Within past year.

**Are any other health tests or immunizations required on-site? If yes, please specify:**

☐ Yes ☒ No

**Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.**

☐ Yes ☒ No

**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

**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.):**

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

**Compliance Contact Person Name:**

Valerie Papanikolaw, PT, DPT

**Compliance Contact Person Phone Number**

**Phone Number:**

212-696-1716

**Ext:**

**Compliance Contact Person Email:**

papanikolawv@hss.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.

Special Information

07/03/15 11:34 AM

**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:

In the event a student must call out, all students must call EACH of the following by 7:00am and identify the reason for absence: 1. Their immediate CI, 2. The CCCE. In cases when excessive absence (greater than 2 days), the university will be notified so that CCCE, ACCE, and CI can determine a plan. Any time off that may be needed during the affiliation by the student should be discussed with the CCCE, ACCE, and CI at the beginning of the affiliation.

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

☒ Yes ☐ No

Please explain:

**Is there a facility/student dress code?**

☒ Yes ☐ No

**Is emergency health care available for students?**

☐ Yes ☐ No

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

☐ Yes ☐ No

**Is other non-emergency medical care available to students?**

☐ Yes ☐ No

**Is the student required to have proof of health insurance?**

☐ Yes ☐ No

**Is the student required to provide proof of OSHA training?**

☐ Yes ☐ No

**Is the student required to provide proof of HIPAA training?**

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

**Can the student receive CPR certification while on-site?**

☐ Yes ☐ No

Is the student required to be certified in First Aid?

☐ Yes ☐ No

Can the student receive First Aid certification on-site?

☐ Yes ☐ No

**Section Sign Off:**

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

☒ This section has been completed.

Student Schedule

07/03/15 11:34 AM

**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:**

The students will follow the schedules of their clinical instructor. The possible hours include 8 or 10 hour shifts, 5 or 4 days per week (respectively). Inpatient students may have a Monday-Friday, Sunday-Thursday, or Tuesday-Saturday schedule.

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"