

Site Manager Site Survey —

Site: Lahey Hopspital and Medical Center - Burlington - Outpatient

Section Title	Last Update	Action
CCCE Sign Off	08/02/17 11:20 AM	
CCCE Sign Off		
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.		

Information For the Academic Program	08/02/17 11:20 AM	
Information For the Academic Program		
Person Completing CSIF: Kristy Allen, DPT		
E-mail address of person completing CSIF: Kristy.M.Allen@Lahey.org		
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): Lahey Hopspital and Medical Center - Burlington - Outpatient		
Street Address		
Address: 67 South Bedford St East Lobby, 101		
City: Burlington		
State: MA		
Postal Code: 01803		
Facility Phone		
Phone Number: 781-744-8648		
Ext:		
PT Department Phone		
Phone Number: 781-744-8648		
Ext:		
PT Department Fax		
Phone Number: 781-744-2832		
Clinical Center Web Address: http://www.lahey.org/PhysicalOccupationalTherapy/		
Director of Physical Therapy: Ronald Ponchack, PT, MBA		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Kristy Allen, DPT		

CCCE / Contact Person Phone:

781-744-8648

CCCE / Contact Person E-mail:

Kristy.M.Allen@Lahey.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.

Information About the Corporate/Healthcare Systems Organization

08/02/17 11:20 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

08/02/17 11:20 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 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

08/02/17 11:20 AM

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 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 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 08/02/17 11:20 AM

Clinical Site Location

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

Suburban

Section Sign Off:

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

This section has been completed.

Affiliated PT and PTA Educational Programs 08/02/17 11:20 AM

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Boston University	Boston	MA	PT	<input type="button" value="⊖"/>
MGH/HP	Boston	MA	PT	<input type="button" value="⊖"/>
Northeastern University	Boston	MA	PT	<input type="button" value="⊖"/>
Simmons College	Boston	MA	PT	<input type="button" value="⊖"/>
University of Massachusetts - Lowell	Lowell	MA	PT	<input type="button" value="⊖"/>
MCPHS University	Worcester	MA	PT	<input type="button" value="⊖"/>
Franklin Pierce University	Manchester	NH	PT	<input type="button" value="⊖"/>

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: <input type="button" value="v"/> Any By State: <input type="button" value="v"/> Any <table border="1"> <tr><td>ACCE Demo University,</td><td><input type="button" value="⊕"/></td></tr> <tr><td>ACCE Demo University,</td><td><input type="button" value="⊕"/></td></tr> <tr><td>ACCE Demo University,</td><td><input type="button" value="⊕"/></td></tr> <tr><td>ACCE PTA Demo,</td><td><input type="button" value="⊕"/></td></tr> <tr><td>ASA College, FL</td><td><input type="button" value="⊕"/></td></tr> <tr><td>AT Still University of Health Sciences, AZ</td><td><input type="button" value="⊕"/></td></tr> <tr><td>Academy for Nursing and Health Occupations, FL</td><td><input type="button" value="⊕"/></td></tr> <tr><td>Adventist University of Health Sciences, FL</td><td><input type="button" value="⊕"/></td></tr> <tr><td>Alabama State University, AL</td><td><input type="button" value="⊕"/></td></tr> </table>	ACCE Demo University,	<input type="button" value="⊕"/>	ACCE Demo University,	<input type="button" value="⊕"/>	ACCE Demo University,	<input type="button" value="⊕"/>	ACCE PTA Demo,	<input type="button" value="⊕"/>	ASA College, FL	<input type="button" value="⊕"/>	AT Still University of Health Sciences, AZ	<input type="button" value="⊕"/>	Academy for Nursing and Health Occupations, FL	<input type="button" value="⊕"/>	Adventist University of Health Sciences, FL	<input type="button" value="⊕"/>	Alabama State University, AL	<input type="button" value="⊕"/>	Program Name: <input type="text"/> City: <input type="text"/> State: <input type="button" value="v"/> AB PT / PTA: <input type="button" value="v"/> PT <div style="text-align: right;"><input type="button" value="Add"/> <input type="button" value="Clear"/></div>
ACCE Demo University,	<input type="button" value="⊕"/>																		
ACCE Demo University,	<input type="button" value="⊕"/>																		
ACCE Demo University,	<input type="button" value="⊕"/>																		
ACCE PTA Demo,	<input type="button" value="⊕"/>																		
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Adventist University of Health Sciences, FL	<input type="button" value="⊕"/>																		
Alabama State University, AL	<input type="button" value="⊕"/>																		

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 06/20/17 09:33 AM

Information About the Clinical Teaching Faculty

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

Name:

Kristy Allen, DPT

Email Address / CPI2 Login:

kristy.m.allen@lahey.org

Present Position (Title, Name of Facility):

CCCE

No. of Years as the CCCE

1

No. of Years of Clinical Practice

14

No. of Years of Clinical Teaching

12

No. of Years Working at this Site

14

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:
16437

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

Post-professional Doctor in Physical Therapy (Transition)

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
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<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:
MGH-IHP

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

Major:
Physical Therapy

Degree:
DPT

Institution:

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

Major:

Degree:

Institution:

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

Major:

Degree:

Institution:

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

Major:

Degree:

Summary of Primary Employment

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

Employer:

Lahey Hospital and Medical Center

Position:

Physical Therapist IV

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.

06/20/17 09:33 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
Allen, DPT, Kristy	Kristy.M.Allen@lahey.org	
Asence, Veronica	veronica.asence@lahey.org	
Kuks, Adam	adam.kuks@lahey.org	
Murphy, Mary	Mary.M.Murphy@lahey.org	
O'Rourke, Matthew	morourke5@partners.org	
Shah, Reena	reena.b.shah@lahey.org	
Shah, Reena	reena.shah@lahey.org	
Steen, Bridget R	Bridget.R.Steen@lahey.org	
Sullivan, Patti E	patricia.e.sullivan@lahey.org	

Displaying all 9 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

06/20/17 09:33 AM

Clinical Instructors

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

- APTA Clinical Instructor Credentialing
- Career ladder opportunity
- 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 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 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 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

08/02/17 11:19 AM

Information About the Physical Therapy Service

Number of Inpatient Beds For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care:

Psychiatric center:

Intensive care:

Rehabilitation center:

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

08/02/17 11:19 AM

Number of Patients/Clients

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

Inpatient	Outpatient
Individual PT:	14
Student PT:	Individual PT:
Individual PTA:	Student PT:
Student PTA:	Individual PTA:
PT/PTA Team:	Student PTA:
0	PT/PTA Team:
Total patient/client visits per day:	14
	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

1% - 25%

13-21 years

1% - 25%

22-65 years

26% - 50%

Over 65 years

26% - 50%

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

0%

Section Sign Off:

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

This section has been completed.

Patient/Client Diagnoses

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

Musculoskeletal

26% - 50%

Which Musculoskeletal sub-categories are available to the student:

<input checked="" type="checkbox"/>	Acute injury	<input type="checkbox"/>	Amputation	<input checked="" type="checkbox"/>	Arthritis
<input checked="" type="checkbox"/>	Bone disease/ dysfunction	<input 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 checked="" type="checkbox"/>	Cerebral vascular accident	<input checked="" type="checkbox"/>	Chronic pain
<input type="checkbox"/>	Congenital/developmental	<input checked="" type="checkbox"/>	Neuromuscular degenerative disease	<input checked="" type="checkbox"/>	Peripheral nerve injury
<input type="checkbox"/>	Spinal cord injury	<input checked="" type="checkbox"/>	Vestibular disorder	<input type="checkbox"/>	Other

Cardiovascular-pulmonary

26% - 50%

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

<input type="checkbox"/>	Cardiac dysfunction/ disease	<input type="checkbox"/>	Fitness	<input checked="" 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 checked="" type="checkbox"/>	General medical conditions	<input checked="" type="checkbox"/>	General surgery
<input checked="" type="checkbox"/>	Oncologic conditions	<input type="checkbox"/>	Organ transplant	<input type="checkbox"/>	Wellness/Prevention
<input type="checkbox"/>	Other				

Section Sign Off:

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

This section has been completed.

Staffing

08/02/17 11:19 AM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	15	2	
PTAs			
Aides/Techs	1	1	
Other:	1		
co op student			

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

04/14/14 07:40 PM

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

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

<input type="checkbox"/>	Early Intervention	<input type="checkbox"/>	Employee Intervention	<input checked="" 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 checked="" type="checkbox"/>	Orthotic/ Prosthetic Fabrication	<input type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input type="checkbox"/>	Pediatric - General
<input type="checkbox"/>	Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/>	Pediatric - Neurological Emphasis	<input type="checkbox"/>	Prevention/Wellness
<input type="checkbox"/>	Pulmonary Rehabilitation	<input type="checkbox"/>	Quality Assurance/ CQI/ TQM	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Research Experience	<input type="checkbox"/>	Screening/Prevention	<input type="checkbox"/>	Sports Physical Therapy
<input checked="" type="checkbox"/>	Surgery (observation)	<input 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 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 type="checkbox"/>	Neurology clinic	<input type="checkbox"/>	Orthopedic clinic
<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Preparticipation sports	<input type="checkbox"/>	Prosthetic/ orthotic clinic
<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Screening clinics	<input type="checkbox"/>	Seating/ mobility clinic
<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness	<input type="checkbox"/>	Women's health
<input type="checkbox"/>	Other				

Health and Educational Providers at the Clinical Site

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

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

04/14/14 07:40 PM

Availability of the Clinical Education Experience

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

Physical Therapist

First Experience:

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

Intermediate Experiences:

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

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

**Physical Therapist Assistant
First Experience:**

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

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

<input 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.:

6-7

Average number of PTA students affiliating per year.:

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.

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

02/11/16 10:03 AM

Student Requirements

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

Yes No

Please explain:

Contact with the CCCE to inform of Lahey requirements and work schedule prior to starting clinical

Do students receive the same official holidays as staff?

Yes No

Please explain:

New Years Day, Memorial Day, July 4, Labor Day, Thanksgiving, Christmas

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.

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:

Hepatitis B, Flu shot

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

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

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

Yes No

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

Yes No

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

Is the student responsible for the cost of required clearances?

Yes No

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

Yes No

Is medical testing available on-site for students?

Yes No

Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.):

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

Compliance Contact Person Name:

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

Section Sign Off:

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

This section has been completed.

Special Information

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Special Information

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

Yes No

Please explain:

Topic to be agreed upon between CI and student

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:

If student is unfamiliar with certain techniques, allows for open dialog and promote the learning experience. Preparation

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

Yes No

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

Yes No

Please explain:

Is there a facility/student dress code?

Yes No

Is emergency health care available for students?

Yes No

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

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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:

Student schedule will vary depending on the CI's scheduled work hours. Most every PT is required to work two evenings. Some work 10hr days

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"