

Site Manager Site Survey —

Site: Massachusetts General Hospital

Section Title	Last Update	Action
CCCE Sign Off	12/31/18 12:03 PM	
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	12/31/18 12:03 PM	
Information For the Academic Program		
Person Completing CSIF: Emily Smith-Sturr		
E-mail address of person completing CSIF: esmith-sturr@partners.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): Massachusetts General Hospital		
Street Address		
Address: Physical Therapy Services WACC 128 15 Parkman Street		
City: Boston		
State: MA		
Postal Code: 02114		
Facility Phone		
Phone Number: 617-726-2000		
Ext:		
PT Department Phone		
Phone Number: 617-724-0128		
Ext:		
PT Department Fax		
Phone Number: 617-726-2957		
Clinical Center Web Address: www.mghphysicaltherapy.org		
Director of Physical Therapy: Michael Sullivan, PT, DPT, MBA		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Emily Smith-Sturr		

CCCE / Contact Person Phone:

671-724-0128

CCCE / Contact Person E-mail:

esmith-sturr@partners.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

12/31/18 12:03 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:

Partners Health Care System

Contact Name:

Address

Address:

Prudential Center

800 Boylston Street, 11th Floor

City:

Boston

State:

MA

Postal Code:

02199

Phone

Phone Number:

617-278-1000

Ext:

Fax

Phone Number:

E-mail:

www.partners.org

Affiliation Agreement Contract Fulfillment

Contact Person:

Karyn Besgai 617-724-3019

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

12/31/18 12:03 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/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

12/31/18 12:03 PM

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 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

12/31/18 12:03 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

12/31/18 12:03 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	
MGHIHP	Boston	MA	PT	
Simmons College	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	

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

By A-Z: Any

By State: Any

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

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

Program Name:

City:

State: AB

PT / PTA: PT

Add Clear

Section Sign Off:

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

This section has been completed.

Information About the Clinical Teaching Faculty

12/31/18 11:24 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:

Emily Smith-Sturr

Email Address / CPI2 Login:

esmith-sturr@partners.org

Present Position (Title, Name of Facility):

Director of Clinical Education, MGH Physical and Occupational Therapy Services

No. of Years as the CCCE

0

No. of Years of Clinical Practice

30

No. of Years of Clinical Teaching

29

No. of Years Working at this Site

30

Check all that apply:



PT



PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

7020

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

<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:
Northeastern University

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:
Bachelors

Summary of Primary Employment

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

Employer:
Massachusetts General Hospital

Position:
Director of Clinical Education for PT and OT Services and Director MGH PT Services Neurologic Residency

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:
Education Leadership Conference

Provider/Location:
APTA/Jacksonville, FL

Date

Course:
ECOTE Symposium: How advances in Team-based practices are radically transforming healthcare training and education

Provider/Location:
MGH Executive Committee on Training and Education/Somerville, MA

Date

Course:

Leading Across Professions 2018

Provider/Location:

MGH Institute of Health Professions/Somerville, MA

Date

04/06/2018

Course:

Neuroconsortium Mentoring Webinar

Provider/Location:

PT Neuroconsortium/Webinar

Date

06/18/2018

Name:

Emily Smith-Sturr

Email Address / CPI2 Login:

ESMITH-STURR@PARTNERS.ORG

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

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)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input checked="" type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	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)

Summary of Primary Employment

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

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)

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

12/31/18 11:24 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
Andrew, Kristen	kandrew1@partners.org	
Bertucci, Sara	sbertucci@mgh.harvard.edu	
Biagiotti, PT, DPT, Christina B	cbiagiotti@partners.org	
Bosworth, PT, DPT, Julie	jbosworth@partners.org	
Cole, PT, WCS, CLT-LANA, Elizabeth M	ecole1@partners.org	
Costello, PT, DPT, NCS, Meaghan	mcostello4@partners.org	
Detmer, Lauren	Ldetmer@partners.org	
Endicott, Ann	Aendicott@partners.org	
Francis Behar, PT, Esther	ebehar@partners.org	
Gallagher, PT, DPT, Stacey	sogallagher@partners.org	
Garlick, PT, MS, DPT, CCS, Martha	mgarlick@partners.org	
Gillen, PT, DPT, NCS, Colleen	cgillen@partners.org	
Greenler, Erin	egreenler@partners.org	
Hagan, PT, DPT, Casey	chagan1@partners.org	
Hagan, PT, DPT, OCS, Jon	jhagan@partners.org	
Hawkins, Karla M	khawkins1@partners.org	
Hicks, PT, DPT, Shannon	shicks3@partners.org	

Hinsman, Kirstie	KHinsman@partners.org
Hunt, PT, DPT, Ann	akhunt@partners.org
Johnson, PT, DPT, Nicole	njohnson02@partners.org
Jonah, PT, MSPT, OCS, Jean	jjonah@partners.org
Kelleher, Daniel	Dkelleher557@gmail.com
Kirsh, PT, Katharine	kkirsh@partners.org
Kreisher, Kelly	kkreisher@partners.org
Lane, Stephanie C	slane13@partners.org

Add New CI

Displaying Clinical instructor 1 - 25 of 48 in total

Previous 1 2 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.

12/31/18 11:25 AM

Clinical Instructors

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

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

01/02/19 12:43 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:

793

Psychiatric center:

24

Intensive care:

146

Rehabilitation center:

Step down:

48

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

1011

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

01/02/19 12:43 PM

Number of Patients/Clients

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

Inpatient	Outpatient
5	
Individual PT:	Individual PT:
6	
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
11	0
Total patient/client visits per day:	Total patient/client visits per day:

Section Sign Off:

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

This section has been completed.

Patient/Client Lifespan and Continuum of Care

01/02/19 12:43 PM

Patient/Client Lifespan and Continuum of Care

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

Patient Lifespan

0-12 years

1% - 25%

13-21 years

1% - 25%

22-65 years

26% - 50%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

1% - 25%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

0%

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

01/02/19 12:43 PM

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 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 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

1% - 25%

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

1% - 25%

Which Integumentary sub-categories are available to the student:

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

01/02/19 12:43 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	55	9	64
PTAs			
Aides/Techs	4.0		4
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

12/31/18 11:48 AM

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

<input type="checkbox"/> Administration	<input type="checkbox"/> Aquatic Therapy	<input checked="" 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 checked="" type="checkbox"/> Critical Care/Intensive Care	<input checked="" type="checkbox"/> Departmental Administration
<input type="checkbox"/> Early Intervention	<input checked="" type="checkbox"/> Employee Intervention	<input type="checkbox"/> Employee Wellness Program
<input checked="" type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input type="checkbox"/> Industrial/Ergonomic PT
<input checked="" type="checkbox"/> Inservice Training/Lectures	<input type="checkbox"/> Neonatal Care	<input type="checkbox"/> Nursing Home/ECF/SNF
<input checked="" type="checkbox"/> Orthotic/Prosthetic Fabrication	<input checked="" 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 checked="" type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input checked="" type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input checked="" type="checkbox"/> Pulmonary Rehabilitation	<input checked="" type="checkbox"/> Quality Assurance/CQI/TQM	<input type="checkbox"/> Radiology
<input checked="" type="checkbox"/> Research Experience	<input checked="" type="checkbox"/> Screening/Prevention	<input checked="" type="checkbox"/> Sports Physical Therapy
<input checked="" type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input checked="" type="checkbox"/> Women's Health/OB-GYN	<input type="checkbox"/> Work Hardening/Conditioning	<input checked="" type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

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

Health and Educational Providers at the Clinical Site

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

<input checked="" type="checkbox"/> Administrators	<input type="checkbox"/> Alternative therapies	<input checked="" 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 checked="" 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

12/31/18 11:48 AM

Availability of the Clinical Education Experience

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

**Physical Therapist
First Experience:**

<input type="checkbox"/> Full days	<input 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 checked="" type="checkbox"/> Specialty experience
<input type="checkbox"/> Other		

**Physical Therapist Assistant
First Experience:**

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

**Physical Therapist Assistant
Intermediate Experiences:**

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

Physical Therapist Assistant

<input 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 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.:

75

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:

Need to go through a formal request process to the CCCE, describing the issue and specific accomodation requested. Facility will evaluate if this is request can be accomodated or what accomdations could be considered.

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

Weekly meetings identify whether student is "on course" in relationship to specific goals. If not on course, plan is made for remediation and time frame is stated for achievement of goals. If goals are not met within stated time frames, then school and facility and student need to agree on a plan. Depending on the level of progression to identified goals, the student will be continued, continued with specific conditions and time frames or terminated. All of this is done with appropriate communication with the student and academic institution and clearly written expectations for performance.

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):

All CI's have an identified back up and they would assume responsibility for coverage.

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

12/31/18 11:48 AM

Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students?

Yes No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

Yes No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

<input checked="" type="checkbox"/> At end of clinical experience	<input checked="" type="checkbox"/> At mid-clinical experience	<input checked="" type="checkbox"/> Beginning of the clinical experience
<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Other

Please explain:

CCCE is responsible for staff development in the area of clinical teaching, depending on the level of experience of the CI, the CCCE will have greater or lesser time with the CI. There is at least weekly contact with each CI.

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:

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This section has been completed.

Student Requirements

12/31/18 12:43 PM

Student Requirements

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

Yes No

Please explain:

CCCE sends an electronic packet prior to the start of the clinical. It contains general information about the site, objectives, documentation system and specific information about their hours, CI, etc.

Do students receive the same official holidays as staff?

Yes No

Please explain:

Students do not work on holidays. If their CI is on the Inpatient Service and working the holiday, they will be supervised by the back up CI when their primary CI has a comp day.

Does your clinical site require a student interview?

Yes No

Please explain:

We do not require an interview for full time clinical placements of 12 weeks or less. We do require an interview for interships which generally have run from six months to thirteen months. We would also require interviews for residency positions.

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:

RUBELLA: One dose of vaccine given at or after twelve months of age OR lab evidence of immunity

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

Yes No

Please explain:

MUMPS: Two doses of mumps vaccine given at or after 12 months of age OR lab evidence of immunity MEASLES: Two doses of live measles given at least one month apart beginning at 12 months OR lab evidence of immunity VARICELLA: A history of varicella by an MD, OR a positive varicella antibody OR a history of two doses of varicella vaccine Requirements for mumps, rubella, measles, tetnus/diphtheria, hepatitis B. Details are in all contracts and will be sent prior to the start of the clinical. Student will also need to have most current flu vaccine if the clinical is taking place between September and March.

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

School collects information and sends attestation to the CCCE via email.

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

Within the last 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 checked="" type="checkbox"/>	Criminal background check	<input type="checkbox"/>	Drug screening
<input type="checkbox"/>	HIPAA education	<input type="checkbox"/>	OSHA education	<input checked="" type="checkbox"/>	Proof of student health clearance
<input checked="" type="checkbox"/>	Other				

Please explain:

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:

This needs to be handled by the academic institution. The hospital requires that the academic institution provide a letter that states that the student has successfully completed a nationwide CORI check. We do not want a copy of the form.

Is a child abuse clearance required?

Yes No

Please explain:

Is the student responsible for the cost of required clearances?

Yes No

Please explain:

Only if the academic institution passes this cost along to them.

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:

Student insurance would be required for such testing.

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

On site orientation with attestation of completion with two weeks of start date, 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:

Final affiliates provide a case presentation

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:

Work is required after hours that might involve reviewing articles, journals, etc. Each student is expected to review/refresh information from academic site and come in with a plan of care for each person on their case load that is specific enough to address the patient's needs.

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

Yes No

Please explain:

After two days of absence the school is called and decisions to make up are determined on an individual basis.

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

Yes No

Please explain:

Students are given user name and create password for hospital computers.

Is there a facility/student dress code?

Yes No

Is emergency health care available for students?

Yes No

Please explain:

Is the student responsible for emergency health care costs?

Yes No

Please explain:

Is other non-emergency medical care available to students?

Yes No

Please explain:

Is the student required to have proof of health insurance?

Yes No

Please explain:

Is the student required to provide proof of OSHA training?

Yes No

Please explain:

Is the student required to provide proof of HIPAA training?

Yes No

Please explain:

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

Yes No

Please explain:

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

Yes No

Please explain:

Can the student receive CPR certification while on-site?

Yes No

Please explain:

Is the student required to be certified in First Aid?

Yes No

Please explain:

Can the student receive First Aid certification on-site?

Yes No

Please explain:

Section Sign Off:

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

This section has been completed.

Student Schedule

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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:

Inpatient: Monday through Friday 8:00 am to 4:30 pm. NO WEEKENDS OR Holidays

Is physical therapy provided on the weekends?

Yes No

Section Sign Off:

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

This section has been completed.

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"