

Site Manager Site Survey —

Site: Newton-Wellesley Hospital

Section Title	Last Update	Action
CCCE Sign Off	09/18/15 11:09 AM	
<p><b>CCCE Sign Off</b></p> <p><b>CCCE Sign Off:</b></p> <p>Click the box below to indicate that you have reviewed all sections of your clinical site survey.</p> <p><input checked="" type="checkbox"/> This survey has been reviewed.</p>		
Information For the Academic Program	09/18/15 11:09 AM	
<p><b>Information For the Academic Program</b></p> <p><b>Person Completing CSIF:</b> Julie Koskey</p> <p><b>E-mail address of person completing CSIF:</b> jkoskey@partners.org</p> <p><b>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).:</b> Newton-Wellesley Hospital</p> <p><b>Street Address</b></p> <p><b>Address:</b> 2014 Washington St 6 East Rehab Services</p> <p><b>City:</b> Newton</p> <p><b>State:</b> MA</p> <p><b>Postal Code:</b> 02462</p> <p><b>Facility Phone</b></p> <p><b>Phone Number:</b> (617) 243-6000</p> <p><b>Ext:</b></p> <p><b>PT Department Phone</b></p> <p><b>Phone Number:</b> (617) 219-1662</p> <p><b>Ext:</b></p> <p><b>PT Department Fax</b></p> <p><b>Phone Number:</b> (617) 243-6651</p> <p><b>Clinical Center Web Address:</b> www.nwh.org/rehab</p> <p><b>Director of Physical Therapy:</b> Paul Glynn, PT, DPT, OCS, FAAOMPT</p> <p><b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Julie Koskey</p>		

CCCE / Contact Person Phone:

(617) 219-1662

CCCE / Contact Person E-mail:

jkoskey@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

09/18/15 11:09 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

09/18/15 11:09 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

09/18/15 11:09 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 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 09/18/15 11:09 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 09/18/15 11:09 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="-"/>
MGHHP	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="-"/>
Springfield College	Springfield	MA	PT	<input type="button" value="-"/>
University of Massachusetts - Lowell	Lowell	MA	PT	<input type="button" value="-"/>
Regis University	Denver	CO	PT	<input type="button" value="-"/>
Quinnipiac University	Hamden	CT	PT	<input type="button" value="-"/>
University of New England	Portland	ME	PT	<input type="button" value="-"/>
Columbia University	New York	NY	PT	<input type="button" value="-"/>
MCPHS University	Worcester	MA	PT	<input type="button" value="-"/>

<p><b>Select the program(s) your site is currently affiliated with:</b></p> <p>By A-Z: <input type="button" value="v"/> Any</p> <p>By State: <input type="button" value="v"/> Any</p> <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="+"/>	<p><b>If not found in the list, please enter the program information here:</b></p> <p>Program Name: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="button" value="v"/> AB</p> <p>PT / PTA: <input type="button" value="v"/> PT</p> <p style="text-align: right;"><input type="button" value="Add"/> <input type="button" value="Clear"/></p>
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="+"/>																		
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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="+"/>																		

**Section Sign Off:**

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

This section has been completed.

Information About the Clinical Teaching Faculty 08/24/16 03:21 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:**

Julie Koskey, PT, DPT, MS

**Email Address / CPI2 Login:**

jkoskey@partners.org

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

Center Coordinator of Clinical Education, Newton-Wellesley Hospital

**No. of Years as the CCCE**

1

**No. of Years of Clinical Practice**

12

**No. of Years of Clinical Teaching**

11

**No. of Years Working at this Site**

5

**Check all that apply:**

PT  PTA

**Licensing/Registration Status**

Licensed/Registered

**State of Licensure/Registration**

MA

**License/Registration Number:**

16400

**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
<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)

<b>Institution:</b> Boston University
<b>Period of Study</b> (If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.) From <input type="text" value="09/01/1997"/> &mdash; To <input type="text" value="05/31/2001"/>
<b>Major:</b> Health Studies
<b>Degree:</b> BS

<b>Institution:</b> Boston University
<b>Period of Study</b> (If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.) From <input type="text" value="05/01/2001"/> &mdash; To <input type="text" value="01/29/2003"/>
<b>Major:</b> Physical Therapy
<b>Degree:</b> MSPT

<b>Institution:</b> Simmons College
<b>Period of Study</b> (If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.) From <input type="text" value="09/01/2004"/> &mdash; To <input type="text" value="12/31/2006"/>
<b>Major:</b> Physical Therapy
<b>Degree:</b> tDPT

**Summary of Primary Employment**

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

<b>Employer:</b> Brigham and Women's Hospital
<b>Position:</b> Staff PT
<b>Period of Employment</b> (If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.) From <input type="text" value="03/17/2003"/> &mdash; To <input type="text" value="09/01/2005"/>

**Employer:**  
Core Medical Group

**Position:**  
Traveling PT

**Period of Employment**  
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)  
From  &mdash; To

**Employer:**  
Newton-Wellesley Hospital

**Position:**  
CCCE

**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.

Clinical Instructor Information 11/09/17 12:46 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
Allegrone, Jeanna	jallegrone@partners.org	
Broccolo, Elizabeth A	EBROCCOLO@PARTNERS.ORG	
Galli, Elizabeth	EGALLI@PARTNERS.ORG	
Gilman, Kristina	kgilman1@partners.org	
Gobar, Fridoon	fgobar@partners.org	
Green, James E	jgreen14@partners.org	
Holden, Stephanie	sholden@partners.org	
Jacobs, Theresa	tljacobs@partners.org	
(Katie) Strand, Kathleen	kstrand@partners.org	
Koskey, PT, DPT, MS, Julie	jkoskey@partners.org	

Miele, Katherine P	kpmiele@partners.org
Mondale, Timothy W	tmondale@partners.org
Morrisette, Cathryn A	cmorrisette@partners.org
Murad-Antun, Dina B	dmurad@partners.org
Pare, Vasiliki M	VPARE@PARTNERS.ORG
Riedel, Jaclyn	jaclynriedel1@gmail.com
Riedel, Jaclyn	jriedel@partners.org
Schneider, PT, DPT, Martha	mschneider4@partners.org
Sprague, Shawn	sasprague@partners.org
Stein, PT, MS, Kate V	kvstein@partners.org
Weisbach, Cody	cweisbach@ptofconcord.com

Add New CI
Displaying all 21 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 04/08/16 08:34 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 type="checkbox"/> Delegated in position description	<input checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input checked="" type="checkbox"/> Other (not APTA) clinical instructor credentialing	<input checked="" type="checkbox"/> Therapist initiative/volunteer
<input 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 type="checkbox"/> Clinical center inservices	<input type="checkbox"/> Continuing education by academic program	<input checked="" 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 10/18/11 06:30 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:

196

Psychiatric center:

45

**Intensive care:**

17

**Rehabilitation center:**

**Step down:**

**Subacute/transitional care unit:**

**Extended care:**

**Other specialty centers:**

12

**Total Number of Beds:**

270

**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

10/18/11 06:30 PM

**Number of Patients/Clients**

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

Inpatient	Outpatient
8	13
Individual PT:	Individual PT:
5	9
Student PT:	Student PT:
11	Individual PTA:
Individual PTA:	Student PTA:
Student PTA:	PT/PTA Team:
PT/PTA Team:	22
24	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

10/18/11 06:30 PM

**Patient/Client Lifespan and Continuum of Care**

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

**Patient Lifespan**

**0-12 years**

1% - 25%

**13-21 years**

1% - 25%

**22-65 years**

51% - 75%

**Over 65 years**

51% - 75%

**Continuum of Care**

Critical care, ICU, acute



1% - 25%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

51% - 75%

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

10/18/11 06:30 PM

**Patient/Client Diagnoses**

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

Musculoskeletal

51% - 75%

Which Musculoskeletal sub-categories are available to the student:

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

Neuro-muscular

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 type="checkbox"/>	Congenital/ developmental	<input 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

1% - 25%

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

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

Integumentary

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)

26% - 50%

**Which other sub-categories are available to the student:**

<input checked="" type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	General medical conditions	<input checked="" type="checkbox"/>	General surgery
<input checked="" type="checkbox"/>	Oncologic conditions	<input checked="" type="checkbox"/>	Organ transplant	<input checked="" type="checkbox"/>	Wellness/ Prevention
<input type="checkbox"/>	Other				

**Section Sign Off:**

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

This section has been completed.

Staffing

10/18/11 06:30 PM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	16	16	FULL
PTAs	1	2	FULL
Aides/Techs	N/A	N/A	N/A
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

10/18/11 06:22 PM

**Information About the Clinical Education Experience**

Special Programs/Activities/Learning Opportunities

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

<input checked="" type="checkbox"/>	Administration	<input type="checkbox"/>	Aquatic Therapy	<input type="checkbox"/>	Athletic Venue Coverage
<input type="checkbox"/>	Back School	<input type="checkbox"/>	Biomechanics Lab	<input checked="" type="checkbox"/>	Cardiac Rehabilitation
<input type="checkbox"/>	Community/Re-entry Activities	<input checked="" type="checkbox"/>	Critical Care/Intensive Care	<input type="checkbox"/>	Departmental Administration
<input type="checkbox"/>	Early Intervention	<input 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 checked="" 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 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 checked="" type="checkbox"/>	Pulmonary Rehabilitation	<input checked="" type="checkbox"/>	Quality Assurance/ CQI/TQM	<input type="checkbox"/>	Radiology
<input checked="" type="checkbox"/>	Research Experience	<input type="checkbox"/>	Screening/Prevention	<input checked="" type="checkbox"/>	Sports Physical Therapy
<input 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 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 checked="" 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 type="checkbox"/> Seating/mobility clinic
<input type="checkbox"/> Sports medicine clinic	<input type="checkbox"/> Wellness	<input type="checkbox"/> Women's health
<input checked="" type="checkbox"/> Other		

Please explain:

Multiple Sclerosis

Health and Educational Providers at the Clinical Site

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

<input checked="" type="checkbox"/> Administrators	<input type="checkbox"/> Alternative therapies	<input checked="" type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Dietitians	<input type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input checked="" type="checkbox"/> Fitness professionals	<input 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 type="checkbox"/> Prosthetists / orthotists	<input checked="" type="checkbox"/> Psychologists	<input type="checkbox"/> Respiratory therapists
<input checked="" type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input 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

10/18/11 06:22 PM

**Availability of the Clinical Education Experience**

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

**Physical Therapist**

**First Experience:**

<input checked="" type="checkbox"/> Full days	<input checked="" type="checkbox"/> Half days	<input type="checkbox"/> Other
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**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.:

28

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:

Site must be asked prior to affiliation and agree to placement.

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

If safety is an issue the CI should contact the CCCE immediately and then the school is contacted. If the student is under-performing the CCCE is notified and the student is given a plan to improve performance based on weekly goals. If there is any further sign of poor performance then school is notified.

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

10/18/11 06:22 PM

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

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

<input checked="" type="checkbox"/> As per student request in addition to formal and ongoing written & oral feedback	<input checked="" type="checkbox"/> Ongoing feedback throughout the clinical	<input checked="" type="checkbox"/> Student self-assessment throughout the clinical
<input checked="" type="checkbox"/> Written and oral mid-evaluation	<input checked="" type="checkbox"/> Written and oral summative final evaluation	<input type="checkbox"/> Other

**Section Sign Off:**

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

This section has been completed.

Student Requirements

06/13/15 09:47 AM

**Student Requirements**

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

Yes  No

Please explain:

Work hours will vary depending on setting (inpatient versus outpatient) and on CI hours.

**Do students receive the same official holidays as staff?**

Yes  No

Please explain:

Students on the inpatient service follow their CI's schedule which may include holiday hours.

**Does your clinical site require a student interview?**

Yes  No

Please explain:

Only for year-long internship.

**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:

Must be able to produce proof if requested.

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

Yes  No

**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

Please explain:

CORI Must be able to produce proof if requested.

**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.):**

Complete NWH HIPPA Self-learning test and sign a confidentiality agreement.

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

06/13/15 09:47 AM

**Special Information**

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

Yes  No

Please explain:

Full-time students usually perform and inservice per school requirements.

**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

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

Yes  No

Please explain:

Full-time students only.

**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

06/13/15 09:47 AM

**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:

We make an effort to have the student work M-F 8:30-5. However this may vary depending on CI availability.

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"