

Site Manager Site Survey —

Site: Center for Rehabilitation and Sports Medicine-Addison Gilbert Hospital

Section Title	Last Update	Action
CCCE Sign Off	Never	

**CCCE Sign Off**

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

This survey has been reviewed.

Information For the Academic Program	06/19/14 10:14 AM
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**Information For the Academic Program**

**Person Completing CSIF:**  
Deborah Couture, PT, DPT, MS, OCS

**E-mail address of person completing CSIF:**  
deborah.e.couture@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):**  
Center for Rehabilitation and Sports Medicine-Addison Gilbert Hospital

**Street Address**

**Address:**  
298 Washington Street

**City:**  
Gloucester

**State:**  
MA

**Postal Code:**  
01930

**Facility Phone**

**Phone Number:**  
9783817141

**Ext:**  
7141

**PT Department Phone**

**Phone Number:**  
9783817141

**Ext:**

**PT Department Fax**

**Phone Number:**  
978-281-4893

**Clinical Center Web Address:**  
addison gilbert.org and beverlyhospital.org

**Director of Physical Therapy:**  
Melinda Adam, PT, DPT, MS, OCS

**Center Coordinator of Clinical Education (CCCE) / Contact Person:**  
Deborah Couture, PT, DPT, MS, OCS

**CCCE / Contact Person Phone:**

978-283-4001 X141 (clinic) X266 (voicemail)

**CCCE / Contact Person E-mail:**

dcouture@nhs-healthlink.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

07/05/18 07:26 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:**

Northeast Hospital Corporation a Member of Lahey Health

**Contact Name:**

**Address**

**Address:**

**City:**

**State:**

**Postal Code:**

**Phone**

**Phone Number:**

**Ext:**

**Fax**

**Phone Number:**

**E-mail:**

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Deborah Couture, PT, DPT, MS, OCS

**Section Sign Off:**

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

This section has been completed.

Clinical Site Accreditation/Ownership

07/05/18 07:26 PM

**Clinical Site Accreditation/Ownership**

Which of the following best describes the ownership category for your clinical site? (check all that apply)

<input type="checkbox"/>	Corporate/Privatey Owned	<input type="checkbox"/>	Government Agency	<input checked="" type="checkbox"/>	Hospital/Medical Center Owned
<input checked="" type="checkbox"/>	Nonprofit Agency	<input type="checkbox"/>	PT Owned	<input type="checkbox"/>	PT/PTA Owned
<input type="checkbox"/>	Physician/Physician Group Owned	<input type="checkbox"/>	Other		

**Section Sign Off:**

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

This section has been completed.

Clinical Site Primary Classification

07/05/18 07:26 PM

**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 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

07/05/18 07:26 PM

**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

07/05/18 07:26 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	
University of New England	Portland	ME	PT	
American International College	Springfield	MA	PT	
Boston University	Boston	MA	PT	
MGHIHP	Boston	MA	PT	
North Shore Community College	Danvers	MA	PTA	
Northeastern University	Boston	MA	PT	
Simmons College	Boston	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Quinnipiac University	Hamden	CT	PT	
Simmons College	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
Utica College	Utica	NY	PT	

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

By A-Z:

By State:

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

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

Program Name:

City:

State:

PT / PTA:

**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 05:11 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:

Deborah E. Couture

Email Address / CPI2 Login:

deborah.e.couture@lahey.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

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)

OCS

GCS

PCS

NCS

CCS

SCS

ECS

WCS

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

<input type="checkbox"/> Aquatic	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Cardiopulmonary	<input type="checkbox"/> Neuromuscular
<input type="checkbox"/> Geriatric	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Integumentary	

Other credentials:

**Summary of College and University Education**

(Start with most current)

**Institution:**

**Period of Study**

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

From  &mdash; To

**Major:**

**Degree:**

**Summary of Primary Employment**

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

**Employer:**

**Position:**

**Period of Employment**

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

From  &mdash; To

**Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities**

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

**Course:**

**Provider/Location:**

**Date**

**Name:**

Pamela M. McIntosh, PT, DPT, WCS

**Email Address / CPI2 Login:**

pmcintos@nhs-healthlink.org

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

Coordinator of Clinical Education

**No. of Years as the CCCE**

**No. of Years of Clinical Practice**

**No. of Years of Clinical Teaching**

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

Check all that apply:

PT

PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

5867

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

ME

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
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input checked="" 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:

University of New England

Period of Study

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

From 09/1991 &mdash; To 06/1985

**Major:**

Physical Therapy

**Degree:**

BS

**Institution:**

MGH Institute of Health Professions

**Period of Study**

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

From  &mdash; To

**Major:**

Orthopedic Physical Therapy

**Degree:**

Advanced Masters

**Institution:**

MGH Institute of Health Professions

**Period of Study**

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

From  &mdash; To

**Major:**

Physical Therapy

**Degree:**

DPT

**Summary of Primary Employment**

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

**Employer:**

Keleher Ambulatory Care Center at New England Rehab, Woburn, MA

**Position:**

Staff Therapist

**Period of Employment**

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

From  &mdash; To

**Employer:**

Inpatient Orthopedic U. at New England Rehab, Woburn, MA

**Position:**

Staff Therapist

**Period of Employment**

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

From  &mdash; To

**Employer:**

Keleher Ambulatory Care Center, New England Rehab, Woburn, MA

**Position:**

Staff Therapist

**Period of Employment**

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

From  &mdash; To

**Employer:**

New England Rehabilitation Outpatient Center, Woburn, MA

**Position:**

Staff Therapist

**Period of Employment**

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

From  &mdash; To

**Employer:**

New England Rehabilitation Outpatient Center, Woburn, MA

**Position:**

Orthopedic Clinical Specialist

**Period of Employment**

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

From  &mdash; To

**Employer:**

New England Rehabilitation Outpatient Center, Woburn, MA

**Position:**

Ergonomics Program Manager (contracted consultant to Youville Hospital)

**Period of Employment**

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

From  &mdash; To

**Employer:**

New England Rehabilitation Clinic at the Hunt Center, Danvers, MA

**Position:**

Staff Therapist

**Period of Employment**

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

From  &mdash; To

**Employer:**

New England Rehabilitation Clinic at the Hunt Center, Danvers, MA

**Position:**

Senior Therapist

**Period of Employment**

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

From  &mdash; To



**Employer:**

New England Rehabilitation Clinic at the Hunt Center, Danvers, MA

**Position:**

Occupational Medicine Program Leader

**Period of Employment**

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

From  &mdash; To

**Employer:**

Northeast Hospital Corporation (a member of Lahey Health)

**Position:**

Coordinator of Clinical Education

**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:**

Neuromuscular Taping

**Provider/Location:**

Center for Rehabilitation and Sports Medicine, Gloucester, MA

**Date**

**Course:**

Evidence Based Orthopedic Diagnostic Seminar (MT-O)

**Provider/Location:**

Maitland Australian Physiotherapy Seminars, Danvers, MA

**Date**

**Course:**

Introduction to Evaluation and Treatment of BPPV

**Provider/Location:**

Center for Rehabilitation and Sports Medicine, Gloucester, MA

**Date**

**Course:**

Functional and Sports Specific Training for the Lower Extremity

**Provider/Location:**

Center for Rehabilitation and Sports Medicine, Gloucester, MA

**Date**

**Course:**

Golf Specific Exercise Training

**Provider/Location:**

Center for Rehabilitation and Sports Medicine, Gloucester, MA

**Date**

3/30/2013

**Course:**

The Shifting Healthcare and Educational Environments, Part 3:

**Provider/Location:**

New England Consortium of ACCE, Tewksbury, MA

**Date**

3/21/2013

**Course:**

Integrating Pilates Mat Exercises into the Traditional Therapy Environment

**Provider/Location:**

Center for Rehabilitation and Sports Medicine, Gloucester, MA

**Date**

3/2/2013

**Course:**

Functional Rehabilitation of the Shoulder

**Provider/Location:**

Center for Rehabilitation and Sports Medicine, Gloucester, MA

**Date**

1/26/2013

**Course:**

Developing Centers of Excellence in Clinical Education

**Provider/Location:**

New England Consortium of ACCE

**Date**

11/14/2012

**Course:**

APTA Educational Leadership Conference

**Provider/Location:**

APTA, Greenwich, CT

**Date**

10/5-7/2012

**Course:**

Clinical Faculty Institute: The Shifting Healthcare, Professional and Educational Environments

**Provider/Location:**

New England Consortium of ACCE, Tewksbury, MA

**Date**

3/29/2012

**Course:**

Developing the Role of CCCE

**Provider/Location:**

New England Consortium of ACCE, Lowell, MA

**Date**

6/14/2011

**Course:**

HVLAT Manipulation of Cervical, Thoracic, Lumbar Spine

**Provider/Location:**

Northeast Manual Therapy in Conjunction with Center for Rehabilitation and Sports Medicine, Danvers, MA

**Date**

5/14-5/15/2011

**Course:**

Manual and Manipulative Therapy: Level II: Modules 1-8

**Provider/Location:**

Centers for Rehabilitation and Sports Medicine, Beverly, MA

**Date**

9/18/09-4/10/2010

**Section Sign Off:**

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

This section has been completed.

Clinical Instructor Information

05/24/16 06:27 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
Adam, Melinda	madam@nhs-healthlink.org	
A. Laurano, PTA, Adrienne A	alaurano@nhs-healthlink.org	
Broderick, PTA, Jillian	jbroderi@nhs-healthlink.org	
Brown, Jodi	Jodi.Brown@Lahey.org	
Cecilio, Susan	scecilio@nhs-healthlink.org	
Cote, Anne T	anne.cote@lahey.org	
Hersey, Shauna J	Shauna.Hersey@nhs-healthlink.org	
MacIntosh, Pamela	pmacintos@nhs-healthlink.org	

Madden, Kelly	kmadden@nhs-healthlink.org
Muldoon, Michael	mmuldoon@nhs-healthlink.org
Mullenix, DPT, Shauna	smullenix@nhs-healthlink.org
Paige, Kristen	kpaige@nhs-healthlink.org
Petrosino, Dina	dpetrosi@nhs-healthlink.org

[Add New CI](#)    Displaying all 13 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	07/02/14 03:13 PM
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**Clinical Instructors**

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

<input checked="" type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/training course
<input checked="" type="checkbox"/> Clinical competence	<input type="checkbox"/> Delegated in position description	<input checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input checked="" type="checkbox"/> Other (not APTA) clinical instructor credentialing	<input checked="" type="checkbox"/> Therapist initiative/volunteer
<input checked="" type="checkbox"/> Years of experience	<input type="checkbox"/> Other	

How are clinical instructors trained? (Check all that apply)

<input checked="" type="checkbox"/> 1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/> APTA Clinical Instructor Education and Credentialing Program	<input checked="" type="checkbox"/> Academic for-credit coursework
<input checked="" type="checkbox"/> Clinical center inservices	<input checked="" 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 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	07/02/14 03:11 PM
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**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

07/02/14 03:11 PM

### Number of Patients/Clients

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

Inpatient	Outpatient
6 Individual PT:	12 Individual PT:
3 Student PT:	6 Student PT:
12 Individual PTA:	16 Individual PTA:
6 Student PTA:	8 Student PTA:
PT/PTA Team:	PT/PTA Team:
27 Total patient/client visits per day:	42 Total patient/client visits per day:

### Section Sign Off:

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

This section has been completed.

Patient/Client Lifespan and Continuum of Care

07/02/14 03:11 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

76% - 100%

##### 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

07/02/14 03:11 PM

**Patient/Client Diagnoses**

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

**Musculoskeletal**

76% - 100%

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

<input checked="" type="checkbox"/> Acute injury	<input 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 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**

1% - 25%

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

<input type="checkbox"/> Burns	<input 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 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 checked="" type="checkbox"/> Wellness/ Prevention
<input type="checkbox"/> Other		

**Section Sign Off:**

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

This section has been completed.

Staffing

07/02/14 03:11 PM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	7	1	11
PTAs	0	2	2
Aides/Techs	2	1	3
<b>Other:</b>	1	3	4
PT Intern, OTs, SLP			

**Section Sign Off:**

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

This section has been completed.

Information About the Clinical Education Experience

07/02/14 03:12 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 checked="" type="checkbox"/> Employee Intervention	<input checked="" type="checkbox"/> Employee Wellness Program
<input checked="" type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input checked="" 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 type="checkbox"/> Pediatric - Developmental Program Emphasis	<input checked="" type="checkbox"/> Pediatric - General
<input type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/> Pediatric - Neurological Emphasis	<input checked="" 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 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 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 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 checked="" type="checkbox"/> Alternative therapies	<input checked="" type="checkbox"/> Athletic trainers
<input checked="" type="checkbox"/> Audiologists	<input checked="" 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 checked="" type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists

<input checked="" type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input type="checkbox"/> Prosthetists / orthotists	<input 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 type="checkbox"/> Therapeutic recreation therapists
<input type="checkbox"/> Vocational rehabilitation counselors	<input type="checkbox"/> Other	

**Section Sign Off:**

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

This section has been completed.

Availability of the Clinical Education Experience

07/02/14 03:12 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 checked="" type="checkbox"/> Other
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Please explain:

Though most students on first clinical experience are in our facility full time, we accept students for integrated clinical experiences in a variety of different formats depending on the needs of the academic institute and the students.

**Physical Therapist**

**Intermediate Experiences:**

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

Please explain:

Though most students on first clinical experience are in our facility full time, we accept students for integrated clinical experiences in a variety of different formats depending on the needs of the academic institute and the students.

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

Please explain:

Though most students on first clinical experience are in our facility full time, we accept students for integrated clinical experiences in a variety of different formats depending on the needs of the academic institute and the students.

**Physical Therapist Assistant**

**Intermediate Experiences:**

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

Please explain:

Though most students on first clinical experience are in our facility full time, we accept students for integrated clinical experiences in a variety of different formats depending on the needs of the academic institute and the students.

**Physical Therapist Assistant**

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

**PT**

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

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

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



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

PTA

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

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

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

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

Average number of PT students affiliating per year.:

Average number of PTA students affiliating per year.:

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

Yes  No

Please explain:

We would request the school to provide requests for accommodations at least one month prior to start of clinical experience. CCCE would review requests for accommodations with clinical instructor, site manager, director, and employee health to determine if we can accommodate the request without productivity or financial strain on the facility.

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

Initially, CI will provide feedback at weekly meeting with student, and document performance deficits on weekly planning and feedback form with goals, objectives, and plan for improvement. CI would notify CCCE and ACCE at that time as well. If the student is unsafe, the student would only be allowed to manage patients with direct supervision and assistance from CI, in some instances, student would need to do observation only until performance has been shown to be safe/at expected level.

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.):

N/A. We have ample staffing. Therefore, another experienced PT is assigned to supervise the 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.

Clinical Site's Learning Objectives and Assessment

07/02/14 03:12 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 checked="" type="checkbox"/>	At end of clinical experience	<input checked="" type="checkbox"/>	At mid-clinical experience	<input checked="" type="checkbox"/>	Beginning of the clinical experience
<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	Weekly	<input type="checkbox"/>	Other

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

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

#### Section Sign Off:

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

This section has been completed.

Student Requirements

11/04/15 12:40 PM

## Student Requirements

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

Yes  No

Please explain:

When student is assigned to clinical site and CCCE has obtained contact information for student, the CCCE sends information packet to student (typically in electronic format by e-mail). Information includes name and contact information for clinical instructor, directions to facility, facility information, specific work hours, dress code, required immunizations, required documentation. CCCE expects student to then confirm receipt of information and confirm.

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

Yes  No

Please explain:

Students are expected to work same hours and days as CI. Therefore, if outpatient clinic is closed during a holiday, the student would also have the day off. For inpatient, student would have holiday off if the CI has the holiday off. Students requesting special time off is handled on a case by case basis.

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

Yes  No

Please explain:

Interviews are required only for year long internships in which the student is hired as an employee.

**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:

HEP B, MMR, Td or Dtap, Influenza vaccine or letter of declination, Varicell vaccine or titer,

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

Students can mail, send by e-mail in electronic format, or fax to CCCE

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

1 year or less

**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

Please explain:

Current CPR certification

**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 should be completed no earlier than the time the student is matriculated.

**Is a child abuse clearance required?**

Yes  No

Please explain:

**Is the student responsible for the cost of required clearances?**

Yes  No

Please explain:

CORI needs to be completed prior to the start of clinical experience. Per our clinical education contracts, the student or Academic institute is held responsible for cost of CORI.

**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:

Employee health will not be responsible for student medical testing. However, if a student chooses to have testing done by one of our providers, they may choose to do so at their own cost.

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

Abbreviated hospital orientation at the Human Resources facility in Beverly, MA. On site orientation completed by CCCE and/or CI.

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

11/04/15 12:40 PM

**Special Information**

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

Yes  No

Please explain:

Performance improvement project is required of all students affiliating 10 weeks or longer. For those on shorter affiliations, Evidence Based Practice project is required such as developing and answering a PICO question or presenting at Journal Club.

**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:

As noted above

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

Yes  No

Please explain:

Students who miss days due to illness, emergency situations, or other are required to make up hours/ days to fulfill academic institutions minimum requirements.

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

Yes  No

Please explain:

As allowed by hospital policy. Some web access, such as social networking sites or sites deemed inappropriate, are blocked.

**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

11/04/15 12:40 PM

**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:**

Students are expected to work the same schedule as their CI. Outpatient hours range from 7:00 am-8 pm Mon-Thurs and 7:00 am to 5 PM on Friday, 7:00 am to 5 pm on Saturday. Inpatient hours range from 7:00 am to 8 pm Mon-Friday and 8:00 am to 6 pm on weekends. Staff work varied shifts to cover hours of operation.

**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"

