

Site Manager Site Survey —

Site: Ohio State University Medical Center - Acute Care

| Section Title | Last Update | Action |
|---------------|-------------|--------|
| CCCE Sign Off | Never | |

CCCE Sign Off

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 | 09/06/15 03:56 PM |
|--------------------------------------|-------------------|

Information For the Academic Program

Person Completing CSIF:
Jordan Laudick

E-mail address of person completing CSIF:
laudickj@findlay.edu

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):
Ohio State University Medical Center - Acute Care

Street Address

Address:
539 Doan Hall
410 W. 10th Avenue

City:
Columbus

State:
Ohio

Postal Code:
43210

Facility Phone

Phone Number:
(614)293-6827

Ext:

PT Department Phone

Phone Number:
(614)293-6827

Ext:

PT Department Fax

Phone Number:
(614) 293-8785

Clinical Center Web Address:
www.onesource.osumc.edu

Director of Physical Therapy:
Michelle Graf

Center Coordinator of Clinical Education (CCCE) / Contact Person:
Shannon Hopkins

CCCE / Contact Person Phone:

(614)293-6827

CCCE / Contact Person E-mail:

shannon.hopkins@osumc.edu

Section Sign Off:

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

This section has been completed.

Information About the Corporate/Healthcare Systems Organization

09/06/15 03:56 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:

The Ohio State University Medical Center

Contact Name:

The Ohio State University Medical Center

Address

Address:

410 W 10th Ave

City:

Columbus

State:

OH

Postal Code:

43210

Phone

Phone Number:

(614)293-6827

Ext:

Fax

Phone Number:

E-mail:

shannon.hopkins@osumc.edu

Affiliation Agreement Contract Fulfillment

Contact Person:

Shannon Hopkins

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

09/06/15 03:56 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

09/06/15 03:56 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 checked="" 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

09/06/15 03:56 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

09/06/15 03:56 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 | |
|---|--------------|-------|----------|--|
| Clark State Community College | Springfield | OH | PTA | |
| College of Mount Saint Joseph | Cincinnati | OH | PT | |
| Columbia University | New York | NY | PT | |
| Daemen College | Amherst | NY | PT | |
| Emory University | Atlanta | GA | PT | |
| Gannon University | Erie | PA | PT | |
| Hocking College | Nelsonville | OH | PTA | |
| Indiana University | Indianapolis | IN | PT | |
| Marion Technical College | Marion | OH | PTA | |
| North Central State College | Mansfield | OH | PTA | |
| Ohio University | Athens | OH | PT | |
| Quinnipiac University | Hamden | CT | PT | |
| University of Connecticut | Storrs | CT | PT | |
| University of Kentucky | Lexington | KY | PT | |
| University of Michigan - Flint | Flint | MI | PT | |
| University of North Carolina at Chapel Hill | Chapel Hill | NC | PT | |
| University of Toledo | Toledo | OH | PT | |
| Walsh University | North Canton | OH | PT | |
| Youngstown State University | Youngstown | OH | PT | |

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

By A-Z:

Any

By State:

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

Program Name:

City:

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

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

01/29/19 12:58 PM

Information About the Clinical Teaching Faculty

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

Name:

Shannon R. Hopkins

Email Address / CPI2 Login:

shannon.hopkins@osumc.edu

Present Position (Title, Name of Facility):

Physical Therapist, The Ohio State University Medical Center

No. of Years as the CCCE

1

No. of Years of Clinical Practice

Please choose:

No. of Years of Clinical Teaching

12

No. of Years Working at this Site

10

Check all that apply:

PT PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

OH

License/Registration Number:

9141

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Masters 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 type="checkbox"/> NCS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> SCS |
| <input type="checkbox"/> ECS | <input type="checkbox"/> WCS |

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

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

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:
Saint Mary's College

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

Major:
Biology

Degree:
Bachelor of Science

Institution:
Chatham College

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:
Masters

Summary of Primary Employment

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

Employer:
Arbors at Hilliard

Position:
Physical Therapist

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

From — To

Employer:

The Ohio State University Medical Center

Position:

Physical Therapist, Clinical Coordinator, CCCE

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:

CSM

Provider/Location:

San Diego, California

Date

Course:

Clinical Education Advisory Group

Provider/Location:

Ohio State University, Columbus, Ohio

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

08/31/16 10:11 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 |
|---------------------------------|----------------------------|---------|
| Adkins, PTA, Mark | adkins551@gmail.com | |
| Anderson, Will | william.anderson@osumc.edu | |
| Banhos, Meredith | Meredith.Banhos@osumc.edu | |
| Beckett, Kristin | Kristin.markle@osumc.edu | |
| Bergman, Tara | tara.bergman@osumc.edu | |
| Bradley, Megan | megan.bradley@osumc.edu | |
| Brink, Joshua | joshua.brink@osumc.edu | |
| Bumett, Ryan | Ryan.Bumett@osumc.edu | |

| | |
|-----------------------|--------------------------------|
| Dawson, John A | andy.dawson@osumc.edu |
| Dewitt, Valerie | Valerie.Dewitt@osumc.edu |
| Dhiraprasiddhi, Sidra | Sidra.Dhiraprasiddhi@osumc.edu |
| Evans, Rick T | Richard.evans@osumc.edu |
| Falk, Tony | Anthony.Falk@osumc.edu |
| Fries, Jody A | jody.fries@osumc.edu |
| Hennen, Ashley | Ashley.Hennen@osumc.edu |
| Hickman, Kasi | hickman.187@osu.edu |
| Hopkins, Shannon R | shannon.hopkins@osumc.edu |
| Hoyt, Cathy S | Cathy.Hoyt@osumc.edu |
| Hull, Laura | laura.hull@osumc.edu |
| Johnston, Jonathan D | jonathan.johnston@osumc.edu |
| Kessler, Nicole | nicoceto@yahoo.com |
| Loughrey, Katherine E | katherine.loughrey@osumc.edu |
| Loughrey, Kathy E | Kloughrey@columbus.rr.com |
| Mohler, Gaby L | Gabrielle.mohler@osumc.edu |
| Musson, Kelsey | kelsey.musson@osumc.edu |

Add New CI
Displaying Clinical Instructor 1 - 25 of 38 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.

Clinical Instructors 08/20/15 03:54 PM

Clinical Instructors

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

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

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:

622

Psychiatric center:

68

Intensive care:

83

Rehabilitation center:

60

Step down:

43

Subacute/transitional care unit:

Extended care:

Other specialty centers:

162

Total Number of Beds:

1038

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

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

| Inpatient | Outpatient |
|--|---|
| 10 Individual PT: | Individual PT: |
| 10 Student PT: | Student PT: |
| 12 Individual PTA: | Individual PTA: |
| 12 Student PTA: | Student PTA: |
| PT/PTA Team: | PT/PTA Team: |
| 44 Total patient/client visits per day: | 0 Total patient/client visits per day: |

Section Sign Off:

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

This section has been completed.

Patient/Client Lifespan and Continuum of Care

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

Patient Lifespan

0-12 years

1% - 25%

13-21 years

1% - 25%

22-65 years

51% - 75%

Over 65 years

76% - 100%

Continuum of Care

Critical care, ICU, acute

76% - 100%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

1% - 25%

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

08/20/15 03:59 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 checked="" type="checkbox"/> | Other |

Please explain:

Students will see all of these areas at the Medical Center. If a student is required to be on a specific type of rotation, they will be assigned to the CI covering that area of service.

Neuro-muscular

51% - 75%

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 checked="" type="checkbox"/> | Other |

Please explain:

Students will see all of these areas at the Medical Center. If a student is required to be on a specific type of rotation, they will be assigned to the CI covering that area of service.

Cardiovascular-pulmonary

51% - 75%

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

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

Please explain:

Students will see all of these areas at the Medical Center. If a student is required to be on a specific type of rotation, they will be assigned to the CI covering that area of service.

Integumentary

26% - 50%

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 checked="" type="checkbox"/> | Other | | | | |

Please explain:

Students will see all of these areas at the Medical Center. If a student is required to be on a specific type of rotation, they will be assigned to the CI covering that area of service.

Other (May cross a number of diagnostic groups)

51% - 75%

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 type="checkbox"/> | Oncologic conditions | <input checked="" type="checkbox"/> | Organ transplant | <input checked="" type="checkbox"/> | Wellness/Prevention |
| <input checked="" type="checkbox"/> | Other | | | | |

Please explain:

Students will see all of these areas at the Medical Center. If a student is required to be on a specific type of rotation, they will be assigned to the CI covering that area of service.

Section Sign Off:

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

This section has been completed.

Staffing

08/20/15 03:59 PM

Staffing

| | Full-time Budgeted | Part-time Budgeted | Current Staffing |
|--------------------|--------------------|--------------------|------------------|
| PTs | 17 | 2 | 19 |
| PTAs | 4 | 0 | 4 |
| Aides/Techs | 1 | 0 | 1 |
| Other: | 0 | 9 | 9 |
| Student Assistants | | | |

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

09/06/15 03:55 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 checked="" 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 checked="" type="checkbox"/> | Early Intervention | <input type="checkbox"/> | Employee Intervention | <input type="checkbox"/> | Employee Wellness Program |
| <input type="checkbox"/> | Group Programs/Classes | <input checked="" 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 type="checkbox"/> | Pediatric - Developmental Program Emphasis | <input type="checkbox"/> | Pediatric - General |
| <input type="checkbox"/> | Pediatric - Musculoskeletal Emphasis | <input type="checkbox"/> | Pediatric - Neurological Emphasis | <input checked="" type="checkbox"/> | Prevention/Wellness |
| <input checked="" 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 type="checkbox"/> | Sports Physical Therapy |
| <input checked="" type="checkbox"/> | Surgery (observation) | <input checked="" type="checkbox"/> | Team Meetings/Rounds | <input type="checkbox"/> | Vestibular Rehabilitation |
| <input type="checkbox"/> | Women's Health/OB-GYN | <input type="checkbox"/> | Work Hardening/Conditioning | <input type="checkbox"/> | Wound Care |
| <input type="checkbox"/> | Other | | | | |

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

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

Health and Educational Providers at the Clinical Site

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

| | | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Administrators | <input type="checkbox"/> | Alternative therapies | <input checked="" type="checkbox"/> | Athletic trainers |
| <input 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 type="checkbox"/> | Health information technologists |
| <input checked="" type="checkbox"/> | Massage therapists | <input checked="" type="checkbox"/> | Nurses | <input checked="" type="checkbox"/> | Occupational therapists |
| <input checked="" type="checkbox"/> | Physician assistants | <input checked="" type="checkbox"/> | Physicians | <input 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 checked="" 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 checked="" type="checkbox"/> | Vocational rehabilitation counselors | <input checked="" type="checkbox"/> | Other | | |

Please explain:

Patient Care Resource Managers

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

09/06/15 03:55 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 type="checkbox"/> Half days | <input type="checkbox"/> Other |
|---|------------------------------------|--------------------------------|

Physical Therapist

Intermediate Experiences:

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

Physical Therapist

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

Physical Therapist Assistant

Intermediate Experiences:

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

Physical Therapist Assistant

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

Please explain:

We will accept any level PTA student providing it is a full-time experience.

PT

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 |

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.:

12

Average number of PTA students affiliating per year.:

2

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

Yes No

Please explain:

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

Discuss with the student, CI and CCCE, set goals for the student. Contact the ACCE as needed.

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.):

The student is placed with another CI or participates in an extra learning experience.

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

09/06/15 03:55 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 checked="" type="checkbox"/> Daily | <input checked="" type="checkbox"/> Weekly | <input type="checkbox"/> Other |

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

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

Section Sign Off:

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

This section has been completed.

Student Requirements

08/20/15 04:00 PM

Student Requirements

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

Yes No

Please explain:

Do students receive the same official holidays as staff?

Yes No

Please explain:

Does your clinical site require a student interview?

Yes No

Please explain:

Indicate the time the student should report to the clinical site on the first day of the experience.

7:30 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:

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

Yes No

Please explain:

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

Please explain:

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:

Indicate which of the following are required by your facility prior to the clinical education experience:

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Child clearance | <input checked="" type="checkbox"/> Criminal background check | <input checked="" type="checkbox"/> Drug screening |
| <input checked="" type="checkbox"/> HIPAA education | <input checked="" type="checkbox"/> OSHA education | <input checked="" 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:

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

Please explain:

Is medical testing available on-site for students?

Yes No

Please explain:

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

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

Compliance Contact Person Name:

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

08/20/15 04:00 PM

Special Information

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

Yes No

Please explain:

Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?

Yes No

Please explain:

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

Yes No

Please explain:

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

Yes No

Please explain:

Is there a facility/student dress code?

Yes No

Is emergency health care available for students?

Yes No

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

08/20/15 04:00 PM

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:

The student is required to follow the schedule and work hours of the CI assigned to him/her. Students need to be made aware that we do cover weekends and it is expected that they work one weekend day with their CI. In compensation they will, however, receive a day off.

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"