

Site Manager Site Survey —

Site: Ohio State University Medical Center - Dodd Rehabilitation Hospital

Section Title	Last Update	Action
CCCE Sign Off	04/16/18 01:37 PM	
CCCE Sign Off		
CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input checked="" type="checkbox"/> This survey has been reviewed.		
Information For the Academic Program	04/16/18 01:37 PM	
Information For the Academic Program		
Person Completing CSIF: David Haley, PT, DPT, NCS		
E-mail address of person completing CSIF: David.Haley@osumc.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 - Dodd Rehabilitation Hospital		
Street Address		
Address: 480 Medical Center Dr.		
City: Columbus		
State: OH		
Postal Code: 43210		
Facility Phone		
Phone Number: 6142935275		
Ext:		
PT Department Phone		
Phone Number: 6142935275		
Ext:		
PT Department Fax		
Phone Number: 6142934409		
Clinical Center Web Address: https://wexnermedical.osu.edu/locations-and-parking/dodd-rehabilitation-hospital		
Director of Physical Therapy: Barbara Beech-Brown, MA, CCC, SLP		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Dave Haley, PT, DPT, NCS		
CCCE / Contact Person Phone:		

614-327-7206

CCCE / Contact Person E-mail:

david.haley@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

04/16/18 01:37 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:

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

04/16/18 01:37 PM

Clinical Site Accreditation/Ownership

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

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

Section Sign Off:

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

This section has been completed.

Clinical Site Primary Classification

04/16/18 01:37 PM

Clinical Site Primary Classification

Choose the category that best describes how your facility functions the majority (> 50%) of the time.

Acute Care/Inpatient Hospital Facility

If appropriate, check () up to four additional categories that describe the other clinical centers associated with your facility.

<input checked="" type="checkbox"/> Acute Care/ Inpatient Hospital Facility	<input type="checkbox"/> Ambulatory Care/ Outpatient	<input type="checkbox"/> ECF/ Nursing Home/ SNF
<input type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input checked="" 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 04/16/18 01:37 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 04/16/18 01:37 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	
Emory University	Atlanta	GA	PT	<input type="button" value="x"/>
Gannon University	Erie	PA	PT	<input type="button" value="x"/>
Hocking College	Nelsonville	OH	PTA	<input type="button" value="x"/>
Indiana University	Indianapolis	IN	PT	<input type="button" value="x"/>
Marion Technical College	Marion	OH	PTA	<input type="button" value="x"/>
Midwestern University - Downer's Grove Campus	Downers Grove	IL	PT	<input type="button" value="x"/>
Mount St. Joseph University	Cincinnati	OH	PT	<input type="button" value="x"/>
North Central State College	Mansfield	OH	PTA	<input type="button" value="x"/>
Ohio University	Athens	OH	PT	<input type="button" value="x"/>
Quinnipiac University	Hamden	CT	PT	<input type="button" value="x"/>
Shawnee State University	Portsmouth	OH	PTA	<input type="button" value="x"/>
Shenandoah University	Winchester	VA	PT	<input type="button" value="x"/>
University of Dayton	Dayton	OH	PT	<input type="button" value="x"/>
University of Findlay	Findlay	OH	PT	<input type="button" value="x"/>
University of Kentucky	Lexington	KY	PT	<input type="button" value="x"/>
University of Massachusetts - Lowell	Lowell	MA	PT	<input type="button" value="x"/>
University of Michigan - Flint	Flint	MI	PT	<input type="button" value="x"/>
University of North Carolina at Chapel Hill	Chapel Hill	NC	PT	<input type="button" value="x"/>
University of Tennessee at Chattanooga	Chattanooga	TN	PT	<input type="button" value="x"/>
University of Toledo	Toledo	OH	PT	<input type="button" value="x"/>

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

By A-Z:

By State:

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

Program Name:

City:

State:

PT / PTA:

ACCE Demo University,		
ACCE Demo University,		
ACCE Demo University, Section Sign Off:		
ACCE PTA Demo, Click the box below to indicate you have reviewed and finished with this section of the survey.		
ASA College, FL		
<input checked="" type="checkbox"/> Still University of Health Sciences, AZ		
<input checked="" type="checkbox"/> This section has been completed.		
Academy for Nursing and Health Occupations, FL		

Information About the Clinical Teaching Faculty		01/29/19 12:58 PM
Alabama State University, AL		

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, PT Clinical Coordinator, CCCE, Dodd Rehabilitation Hospital

No. of Years as the CCCE
2

No. of Years of Clinical Practice
7

No. of Years of Clinical Teaching
6

No. of Years Working at this Site
7

Check all that apply:

<input checked="" type="checkbox"/> PT	<input type="checkbox"/> PTA
--	------------------------------

Licensing/Registration Status
Licensed/Registered

State of Licensure/Registration
OH

License/Registration Number:
013061

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"/>	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:
The Ohio State University

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

Major:
Physical Therapy

Degree:
Doctor of Physical Therapy

Institution:
The Ohio State University

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

Major:
Psychology

Degree:
BS

Institution:

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

Major:

Degree:

Institution:

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

Major:

Degree:

Institution:

Period of Study

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

From — To

Major:

Degree:

Institution:

Period of Study

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

From — To

Major:

Degree:

Institution:

Period of Study

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

From — To

Major:

Degree:

Institution:

Period of Study

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

From — To

Major:

Degree:

Institution:

Period of Study

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

From — To

Major:

Degree:

Institution:

Period of Study

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

From — To

Major:

Degree:

Summary of Primary Employment

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

Employer:

The Ohio State University Wexner Medical Center, Dodd Rehabilitation Hospital

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

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

04/16/18 02:14 PM

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
Banhos, Meredith	Meredith.Banhos@osumc.edu	
Carlozzo, Alison	alison.carlozzo@osumc.edu	
Casey, Nathan	Nathan.Casey@osumc.edu	
Eubank, Alex	Alex.eubank@osumc.edu	
Haley, David	david.haley@osumc.edu	
Kasper, Mallory	mallory.kasper@osumc.edu	
MacLean, Meghan	meghan.maclean@osumc.edu	
Reaser, Kyle	Kyle.reaser@osumc.edu	
Sholl, Julie K	jk1580@yahoo.com	
Sulka, Daniel	daniel.sulka@osumc.edu	
Willett, Matthew	Matthew.Willett@osumc.edu	

[Add New CI](#)

Displaying all 11 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

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

<input 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 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 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

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:

60

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

60

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
Individual PT:	Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:

PT/PTA Team:

0

Total patient/client visits per day:

PT/PTA Team:

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

04/16/18 02:25 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

0% ▼

13-21 years

1% - 25% ▼

22-65 years

76% - 100% ▼

Over 65 years

51% - 75% ▼

Continuum of Care

Critical care, ICU, acute

0% ▼

SNF/ECF/sub-acute

0% ▼

Rehabilitation

76% - 100% ▼

Ambulatory/outpatient

0% ▼

Home health/hospice

0% ▼

Wellness/fitness/industry

0% ▼

Section Sign Off:

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

This section has been completed.

Patient/Client Diagnoses

04/16/18 02:25 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 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:

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:

Cardiovascular-pulmonary

26% - 50%

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

Please explain:

Integumentary

1% - 25%

Which Integumentary sub-categories are available to the student:

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

Please explain:

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 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

04/16/18 02:25 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	11	0	11

PTAs	1	0	1
Aides/Techs	2	9	10
Other:			
neuro resident	1	0	1

Section Sign Off:

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

This section has been completed.

Information About the Clinical Education Experience

04/16/18 02:29 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 type="checkbox"/> Cardiac Rehabilitation
<input checked="" type="checkbox"/> Community/Re-entry Activities	<input type="checkbox"/> Critical Care/Intensive Care	<input type="checkbox"/> Departmental Administration
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Employee Intervention	<input type="checkbox"/> Employee Wellness Program
<input checked="" type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input type="checkbox"/> Industrial/Ergonomic PT
<input checked="" type="checkbox"/> Inservice Training/Lectures	<input type="checkbox"/> Neonatal Care	<input type="checkbox"/> Nursing Home/ ECF/ SNF
<input checked="" type="checkbox"/> Orthotic/Prosthetic Fabrication	<input 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 type="checkbox"/> Pulmonary Rehabilitation	<input checked="" type="checkbox"/> Quality Assurance/CQU/TQM	<input type="checkbox"/> Radiology
<input checked="" type="checkbox"/> Research Experience	<input checked="" type="checkbox"/> Screening/Prevention	<input type="checkbox"/> Sports Physical Therapy
<input type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input type="checkbox"/> Women's Health/OB-GYN	<input type="checkbox"/> Work Hardening/Conditioning	<input checked="" type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input type="checkbox"/> Arthritis	<input 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 checked="" 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 checked="" type="checkbox"/> Alternative therapies	<input type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input checked="" type="checkbox"/> Dietitians	<input checked="" type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input 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 type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input checked="" type="checkbox"/> Prosthetists / orthotists	<input checked="" type="checkbox"/> Psychologists	<input checked="" type="checkbox"/> Respiratory therapists
<input checked="" type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input checked="" type="checkbox"/> Speech/language pathologists
<input checked="" type="checkbox"/> Students from other disciplines	<input checked="" type="checkbox"/> Students from other physical therapy education programs	<input checked="" type="checkbox"/> Therapeutic recreation therapists
<input type="checkbox"/> Vocational rehabilitation counselors	<input checked="" type="checkbox"/> Other	

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.

Availability of the Clinical Education Experience

04/16/18 02:29 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 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 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 checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

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

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

Average number of PT students affiliating per year.:

25

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. We attempt to maximize students accepted, however, maintain flexibility if a situation such as this were to arise.

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

04/16/18 02:29 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

04/16/18 02:33 PM

Student Requirements

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

Yes No

Please explain:

We will send an introductory letter. We ask that communication between the CI and student is completed prior to the experience to discuss details.

Do students receive the same official holidays as staff?

Yes No

Please explain:

We typically ask students to follow the schedule of their CI. Being an inpatient facility we do rotate weekends and holidays. Special arrangements can be made to accommodate holidays and travel.

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.

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:

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

Yes No

Please explain:

HEP B or waiver. Flu shot if clinical during flu season (Sept - April). 5 panel drug screen

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

We request hard copies to be on file while the student is on the rotation

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

within past year

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

Yes No

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

Yes No

Please explain:

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

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

It is the policy of OSUWMC that students complete the background check on site 30-60 days prior to their start date. It may process quicker, but to ensure no delay to begin the clinical, we request it be done in this time frame. OSUWMC does not accept background checks from any other entity, thus travel to OSUWMC prior to the clinical is required.

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:

5 panel drug screen completed one month prior to the clinical

Is medical testing available on-site for students?

Yes No

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

On-site orientation will be completed with CCCE and on-going with CI. We collect all paperwork on day 1 and have students sign a confidentiality statement and provide us with emergency contact information.

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

04/16/18 02:33 PM

Special Information

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

Yes No

Please explain:

We follow the requirements set forth by the academic program.

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:

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

04/16/18 02:33 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:

8-4:30 (some variations per CI). We ask that the student follow the schedule of the CI, including weekends/holidays. Therapists are on a rotating schedule for weekends and holidays. Accommodations to special situations and travel can be made.

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"