Site Manager Site Survey —

Site: Parkland Medical Center

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	07/20/18 05:38 PM	

Information For the Academic Program

Person Completing CSIF:

Heather Gervais

E-mail address of person completing CSIF:

heather.gervais@hcahealthcare.com

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).:

Parkland Medical Center

Street Address

Address:

44 Birch St

Suite 300

City:

Derry

State:

NH

Postal Code:

03038

Facility Phone

Phone Number:

(603)421-1500

Ext:

PT Department Phone

Phone Number:

(603)421-2250

Ext:

PT Department Fax

Phone Number:

(603)421-2256

Clinical Center Web Address:

Director of Physical Therapy:

Heather Gervais

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

Heather Gervais

CCCE / Contact Person Phone:

603-421-2250

CCCE / Contact Person E-mail:

Information About the Corporate/Healthcare Systems Organization	07/20/18 05:38 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:

Parkland Rehabilitation Londonderry

Contact Name:

Address

 Address:

184 Mammoth Rd

 City:

Londonderry

 State:

NH

 Postal Code:

Phone

 Phone Number:

(603-432-9821

 Ext:

Fax

 Phone Number:

E-mail:

 Affiliation Agreement Contract Fulfillment

Contact Person:

Clinical Site Accreditation/Ownership	07/20/18 05:38 PM

Clinical Site Accreditation/Ownership

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

☐	Corporate/Privately Owned	☐	Government Agency	☑	Hospital/Medical Center Owned
☐	Nonprofit Agency	☐	PT Owned	☐	PT/PTA Owned
☐	Physician/Physician Group Owned	☐	Other		

Clinical Site Primary Classification	07/20/18 05:38 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.

☑ Acute Care/Inpatient Hospital Facility	☐ Ambulatory Care/Outpatient	☐ ECF/Nursing Home/SNF
☑ Federal/State/County Health	☐ Home Health	☐ Industrial/Occupational Health Facility
☐ Multiple Level Medical Center	☐ Private Practice	☐ Rehabilitation/Sub-acute Rehabilitation
☐ School/Preschool Program	☐ Wellness/Prevention/Fitness Program	☐ 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	07/20/18 05:38 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	07/20/18 05:38 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	
Hesser College	Manchester	NH	PTA	⊖
Northeastern University	Boston	MA	PT	⊖
University of Massachusetts - Lowell	Lowell	MA	PT	⊖
Husson University	Bangor	ME	PT	⊖
Boston University	Boston	MA	PT	⊖
University of New England	Portland	ME	PT	⊖
Franklin Pierce University	Manchester	NH	PT	⊖

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

By A-Z: Any ▼

By State: Any ▼

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

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

Program Name: _____

City: _____

State: AB ▼

PT / PTA: PT ▼

[Add] [Clear]

Section Sign Off:

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

☑ **This section has been completed.**

Information About the Clinical Teaching Faculty	11/03/17 10:09 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:

Heather Gervais

Email Address / CPI2 Login:

heather.gervais@hcahealthcare.com

Present Position (Title, Name of Facility):

co-director rehab

No. of Years as the CCCE

[0 ▼]

No. of Years of Clinical Practice

[0 ▼]

No. of Years of Clinical Teaching

[0 ▼]

No. of Years Working at this Site

[0 ▼]

Check all that apply:

☑	PT	☐	PTA	

Licensing/Registration Status

[Licensed/Registered ▼]

State of Licensure/Registration

[NH ▼]

License/Registration Number:

Licensing/Registration Status

[Licensed/Registered ▼]

State of Licensure/Registration

[Please choose: ▼]

License/Registration Number:

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

[Professional Doctor in Physical Therapy ▼]

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)

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	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 [＿＿＿＿＿] — 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 [＿＿＿＿＿] — To [＿＿＿＿＿]

Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities

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

Course:

Provider/Location:

Date

[＿＿＿＿＿]

Section Sign Off:

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

☑ **This section has been completed.**

Clinical Instructor Information	11/03/17 10:09 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
Anderson, Bethany J	bethany.anderson@hcahealthcare.com	
Coupal, Lorrie	lorrie.coupal@hcahealthcare.com	
Eng, Sheri	sheri.eng@hcahealth.com	
Michaud, Michael L	michael.michaud@hcahealthcare.com	
Thompson, Leeann	leeannthompson@hcahealthcare.org	
Woodruff, Jeff	Jeff.woodruff@hcahealthcare.com	

Add New CI   Displaying **all 6** 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	11/03/17 10:09 AM	

Clinical Instructors

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

☐ APTA Clinical Instructor Credentialing	☐ Career ladder opportunity	☐ Certification/ training course
☐ Clinical competence	☐ Delegated in position description	☐ Demonstrated strength in clinical teaching
☐ No criteria	☐ Other (not APTA) clinical instructor credentialing	☐ Therapist initiative/ volunteer
☐ Years of experience	☐ Other	

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

☐ 1:1 individual training (CCCE:CI)	☐ APTA Clinical Instructor Education and Credentialing Program	☐ Academic for-credit coursework
☐ Clinical center inservices	☐ Continuing education by academic program	☐ Continuing education by consortia
☐ No training	☐ Other (not APTA) clinical instructor credentialing program	☐ Professional continuing education (e.g., chapter, CEU course)
☐ 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	07/20/18 05:49 PM	

Information About the Physical Therapy Service

Number of Inpatient Beds For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care:

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	07/20/18 05:49 PM	

Number of Patients/Clients

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

Inpatient	**Outpatient**
Individual PT:	10 Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
22 PT/PTA Team:	PT/PTA Team:
22 Total patient/client visits per day:	10 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	07/20/18 05:49 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

0% ▼

22-65 years

26% - 50% ▼

Over 65 years

51% - 75% ▼

Continuum of Care

Critical care, ICU, acute

76% - 100% ▼

SNF/ECF/sub-acute

0% ▼

Rehabilitation

1% - 25% ▼

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	07/20/18 05:49 PM

Patient/Client Diagnoses

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

Musculoskeletal

26% - 50% ▼

Which Musculoskeletal sub-categories are available to the student:

☐	Acute injury	☐	Amputation	☑	Arthritis
☑	Bone disease/dysfunction	☐	Connective tissue disease/dysfunction	☑	Muscle disease/dysfunction
☑	Musculoskeletal degenerative disease	☑	Orthopedic surgery	☐	Other

Neuro-muscular

26% - 50% ▼

Which Neuro-muscular sub-categories are available to the student:

☐	Brain injury	☑	Cerebral vascular accident	☑	Chronic pain
☐	Congenital/developmental	☑	Neuromuscular degenerative disease	☑	Peripheral nerve injury
☐	Spinal cord injury	☑	Vestibular disorder	☐	Other

Cardiovascular-pulmonary

1% - 25% ▼

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

☑	Cardiac dysfunction/disease	☐	Fitness	☑	Lymphedema
☑	Peripheral vascular dysfunction/disease	☑	Pulmonary dysfunction/disease	☐	Other

Integumentary

1% - 25% ▼

Which Integumentary sub-categories are available to the student:

☐	Burns	☑	Open wounds	☐	Scar formation
☐	Other				

Other (May cross a number of diagnostic groups)

1% - 25% ▼

Which other sub-categories are available to the student:

☑	Cognitive impairment	☑	General medical conditions	☑	General surgery
☐	Oncologic conditions	☐	Organ transplant	☐	Wellness/Prevention

☐	Other		

Staffing	07/20/18 05:49 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	1	3	4
PTAs	0	1	1
Aides/Techs	0	0	0
Other:			

Information About the Clinical Education Experience	07/20/18 05:51 PM

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

☑ Administration	☐ Aquatic Therapy	☐ Athletic Venue Coverage
☐ Back School	☐ Biomechanics Lab	☐ Cardiac Rehabilitation
☐ Community/Re-entry Activities	☑ Critical Care/Intensive Care	☐ Departmental Administration
☐ Early Intervention	☐ Employee Intervention	☐ Employee Wellness Program
☐ Group Programs/Classes	☐ Home Health Program	☐ Industrial/Ergonomic PT
☑ Inservice Training/Lectures	☐ Neonatal Care	☐ Nursing Home/ECF/SNF
☐ Orthotic/Prosthetic Fabrication	☐ Pain Management Program	☐ Pediatric - Classroom Consultation Emphasis
☐ Pediatric - Cognitive Impairment Emphasis	☐ Pediatric - Developmental Program Emphasis	☐ Pediatric - General
☐ Pediatric - Musculoskeletal Emphasis	☐ Pediatric - Neurological Emphasis	☐ Prevention/Wellness
☑ Pulmonary Rehabilitation	☐ Quality Assurance/CQI/TQM	☐ Radiology
☐ Research Experience	☐ Screening/Prevention	☐ Sports Physical Therapy
☑ Surgery (observation)	☑ Team Meetings/Rounds	☑ Vestibular Rehabilitation
☐ Women's Health/OB-GYN	☐ Work Hardening/Conditioning	☐ Wound Care
☐ Other		

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

☐ Arthritis	☐ Balance	☐ Developmental
☐ Feeding clinic	☐ Hand clinic	☐ Hemophilia clinic
☐ Industry	☐ Neurology clinic	☐ Orthopedic clinic
☐ Pain clinic	☐ Preparticipation sports	☐ Prosthetic/orthotic clinic
☐ Scoliosis	☐ Screening clinics	☐ Seating/mobility clinic
☐ Sports medicine clinic	☐ Wellness	☐ Women's health
☐ 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.

☑	Administrators	☑	Alternative therapies	☐	Athletic trainers
☐	Audiologists	☑	Dietitians	☐	Enterostomal / wound specialists
☐	Exercise physiologists	☐	Fitness professionals	☐	Health information technologists
☐	Massage therapists	☑	Nurses	☑	Occupational therapists
☑	Physician assistants	☑	Physicians	☐	Podiatrists
☑	Prosthetists / orthotists	☐	Psychologists	☑	Respiratory therapists
☑	Social workers	☐	Special education teachers	☑	Speech/language pathologists
☑	Students from other disciplines	☐	Students from other physical therapy education programs	☐	Therapeutic recreation therapists
☐	Vocational rehabilitation counselors	☐	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	07/20/18 05:51 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:

☐	Full days	☐	Half days	☐	Other

Physical Therapist
Intermediate Experiences:

☐	Full days	☐	Half days	☐	Other

Physical Therapist

☐	Final Experience	☐	Internship (6 months or longer)	☐	Specialty experience
☐	Other				

Physical Therapist Assistant
First Experience:

☐	Full days	☐	Half days	☐	Other

Physical Therapist Assistant
Intermediate Experiences:

☐	Full days	☐	Half days	☐	Other

Physical Therapist Assistant

☐	Final Experience	☐	Other

PT

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

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

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

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September

☐	October	☐	November	☐	December

PTA

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

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

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

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	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

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

**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.):**

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	07/20/18 05:51 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)

☐	At end of clinical experience	☐	At mid-clinical experience	☐	Beginning of the clinical experience
☐	Daily	☐	Weekly	☐	Other

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

☑	As per student request in addition to formal and ongoing written & oral feedback	☑	Ongoing feedback throughout the clinical	☑	Student self-assessment throughout the clinical
☑	Written and oral mid-evaluation	☑	Written and oral summative final evaluation	☐	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	11/03/17 10:20 AM

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.

[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

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

○ Yes   ○ No

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

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

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

○ Yes   ○ No

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

○ Yes   ○ No

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

☐ Child clearance	☑ Criminal background check	☑ Drug screening
☑ HIPAA education	☐ OSHA education	☑ Proof of student health clearance
☐ 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

Is a child abuse clearance required?

○ Yes   ○ No

Is the student responsible for the cost of required clearances?

○ Yes   ○ No

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

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

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

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

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
Please explain:

Can the student receive CPR certification while on-site?

○ Yes   ○ No

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

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

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:

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"