

Site: Rhode Island Hospital/Hasbro Children's Hospital

| Section Title   | Last Update       | Action |
|---|-------------------|--------|
| CCCE Sign Off   | 10/30/18 04:42 PM |        |
| <b>CCCE Sign Off</b>  |                   |        |
| <div><b>CCCE Sign Off:</b><br/>Click the box below to indicate that you have reviewed all sections of your clinical site survey.<br/><input checked="" type="checkbox"/> This survey has been reviewed.</div> |                   |        |
| Information For the Academic Program  | 10/30/18 04:42 PM |        |
| <b>Information For the Academic Program</b>   |                   |        |
| <b>Person Completing CSIF:</b><br>Elizabeth Clegg   |                   |        |
| <b>E-mail address of person completing CSIF:</b><br>eclegg@lifespan.org   |                   |        |
| <b>Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CP1 Web, update it in this field).:</b><br>Rhode Island Hospital/Hasbro Children's Hospital            |                   |        |
| <b>Street Address</b>   |                   |        |
| <b>Address:</b><br>765 Allens Ave   |                   |        |
| <b>City:</b><br>Providence  |                   |        |
| <b>State:</b><br>Rhode Island   |                   |        |
| <b>Postal Code:</b><br>02905  |                   |        |
| <b>Facility Phone</b>   |                   |        |
| <b>Phone Number:</b><br>401 444-5418  |                   |        |
| <b>Ext:</b>   |                   |        |
| <b>PT Department Phone</b>  |                   |        |
| <b>Phone Number:</b><br>401 793-2744  |                   |        |
| <b>Ext:</b>   |                   |        |
| <b>PT Department Fax</b>  |                   |        |
| <b>Phone Number:</b><br>401-793-7482  |                   |        |
| <b>Clinical Center Web Address:</b><br>www.lifespan.org   |                   |        |
| <b>Director of Physical Therapy:</b><br>Patricia Wolfe  |                   |        |
| <b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b><br>Elizabeth Clegg   |                   |        |
| <b>CCCE / Contact Person Phone:</b>   |                   |        |

401 793-2744

CCCE / Contact Person E-mail:

eclegg@lifespan.org

**Section Sign Off:**

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

☒ This section has been completed.

Information About the Corporate/Healthcare Systems Organization

10/30/18 04:42 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:**

Lifespan

**Contact Name:**

Patricia Wolfe

**Address**

**Address:**

765 Allens Ave

**City:**

Providence

**State:**

Rhode Island

**Postal Code:**

02905

**Phone**

**Phone Number:**

401-444-5418

**Ext:**

**Fax**

**Phone Number:**

**E-mail:**

pwolfe1@lifespan.org

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Patricia L. Wolfe

**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

10/30/18 04:42 PM

**Clinical Site Accreditation/Ownership**

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

|                                     |                                 |                          |                   |                                     |                               |
|-------------------------------------|---------------------------------|--------------------------|-------------------|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Corporate/Privatey 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

10/30/18 04:42 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 checked="" type="checkbox"/> | Ambulatory Care/ Outpatient           | <input type="checkbox"/>            | ECF/ Nursing Home/ SNF                   |
| <input type="checkbox"/>            | Federal/ State/ County Health           | <input type="checkbox"/>            | Home Health                           | <input type="checkbox"/>            | Industrial/ Occupational Health Facility |
| <input checked="" 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

10/30/18 04:42 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

10/30/18 04:42 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 |  |
|--|----------------|-------|----------|--|
| South College Doctor of Physical Therapy | Knoxville      | TN    | PT       |  |
| Community College of Rhode Island        | Newport        | RI    | PTA      |  |
| New England Institute of Technology      | East Greenwich | RI    | PTA      |  |
| University of Rhode Island               | Kingston       | RI    | PT       |  |
| American International College           | Springfield    | MA    | PT       |  |
| Northeastern University                  | Boston         | MA    | PT       |  |
| Simmons College                          | Boston         | MA    | PT       |  |
| Springfield College                      | Springfield    | MA    | PT       |  |
| University of Massachusetts - Lowell     | Lowell         | MA    | PT       |  |
| Sacred Heart University                  | Fairfield      | CT    | PT       |  |
| Quinnipiac University                    | Hamden         | CT    | PT       |  |

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

By A-Z: Any

By State: Any

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

Program Name:

City:

State: AB

PT / PTA: PT

Add Clear

|   |  |                   |
|---|--|-------------------|
| ACCE Demo University,   |  |                   |
| ACCE Demo University,   |  |                   |
| ACCE Demo University,   |  |                   |
| Section Sign Off:   |  |                   |
| ASA College, FL   |  |                   |
| Click the box below to indicate you have reviewed and finished with this section of the survey. |  |                   |
| AT Still University of Health Sciences, AZ  |  |                   |
| <input checked="" type="checkbox"/> deny for Nursing and Health Occupations, FL                 |  |                   |
| <input checked="" type="checkbox"/> This section has been completed.                            |  |                   |
| Adventist University of Health Sciences, FL   |  |                   |
| Information About the Clinical Teaching Faculty   |  | 10/30/18 09:59 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:

Elizabeth Clegg MS OTR/LBCPR

Email Address / CPI2 Login:

eclegg@lifespan.org

Present Position (Title, Name of Facility):

Clinical Education Coordinator for Lifespan Rehab

No. of Years as the CCCE

1

No. of Years of Clinical Practice

16

No. of Years of Clinical Teaching

14

No. of Years Working at this Site

10

Check all that apply:

☐ PT ☐ PTA

Highest Earned Physical Therapy Degree

Other

Highest Earned Degree

Masters degree

APTA Credentialed CI

☐ Yes ☒ No

APTA Advanced Credentialed CI

☐ Yes ☒ No

Other CI Credentialing

☒ Yes ☐ No

Please explain:

MS OTR/LBCPR

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)

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 <input type="text"/> &mdash; To <input type="text"/>   |

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                 |
| <input type="text"/> |

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

10/30/18 09:48 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 |
|---------------------------------|------------------------|---------|
| Andrew, Mark k                  | m.andrew@cox.net       |         |
| Baer, Sarah                     | sbaer@lifespan.org     |         |
| Baldenko, Julia                 | jbaldenko@lifespan.org |         |
| Beltis, Christina               | cbeltis@lifespan.org   |         |
| Bibeault, Carolyn               | cbibeault@lifespan.org |         |
| Brady, Scott P                  | sbrady@lifespan.org    |         |
| Brown, Kristin                  | kbrown8@lifespan.org   |         |
| Caetano, Marcia                 | mcaetano@lifespan.org  |         |
| Caetano, Marcia                 | mcaetano@lifespan.org  |         |
| Caffrey, Liz                    | ecaffrey1@lifespan.org |         |
| Calise, Tina                    | tcalise@lifespan.org   |         |
|                                 |                        |         |

|  |                               |
|--|-------------------------------|
| Campbell, Lindsay  | lindsay.loskutoff@gmail.com   |
| Chenot, Catherine  | cchenot@lifespan.org          |
| Clare, Keri  | kclare@lifespan.org           |
| DaSilva, Erin  | erindasilva@gmail.com         |
| Dwyer, Danielle  | ddwyer@lifespan.org           |
| E Wilson, Christina  | Christina.Wilson@lifespan.org |
| Ferreira, Betsey   | bferreira1@lifespan.org       |
| Fontanez, Elizabeth H  | ecostello@lifespan.org        |
| Fox, Wendy   | wfox@lifespan.org             |
| Garceau Stinchfield, Denise  | dgarceau@lifespan.org         |
| Gesualdi, Lauren K   | lgesualdi@lifespan.org        |
| Gore, Jessica  | kgore@lifespan.org            |
| Hasbrouck, Sarah   | shasbrouck@lifespan.org       |
| Kleniewski, Paula  | pkleniewski@gmail.com         |
| <div> Add New CI Displaying Clinical instructor 1 - 25 of 45 in total <div>Previous12Next</div> </div> |                               |

#### 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 | 10/30/18 09:49 AM |
|----------------------|-------------------|

#### 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 type="checkbox"/> Clinical competence                    | <input type="checkbox"/> Delegated in position description                  | <input type="checkbox"/> Demonstrated strength in clinical teaching |
| <input type="checkbox"/> No criteria                            | <input type="checkbox"/> Other (not APTA) clinical instructor credentialing | <input type="checkbox"/> Therapist initiative/volunteer             |
| <input type="checkbox"/> Years of experience                    | <input type="checkbox"/> Other  |   |

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

|  |   |  |
|--|---|--|
| <input type="checkbox"/> 1:1 individual training (CCCE:CI) | <input type="checkbox"/> APTA Clinical Instructor Education and Credentialing Program | <input type="checkbox"/> Academic for-credit coursework                                |
| <input type="checkbox"/> Clinical center inservices        | <input type="checkbox"/> Continuing education by academic program                     | <input type="checkbox"/> Continuing education by consortia                             |
| <input type="checkbox"/> No training                       | <input type="checkbox"/> Other (not APTA) clinical instructor credentialing program   | <input type="checkbox"/> Professional continuing education (e.g., chapter, CEU course) |
| <input type="checkbox"/> Other                             |   |  |

#### Section Sign Off:

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

☒ This section has been completed.

|  |                   |
|--|-------------------|
| Information About the Physical Therapy Service | 08/06/17 07:09 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

08/06/17 07:09 PM

#### 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:                         | PT/PTA Team:                         |
| 0                                    | 0                                    |
| Total patient/client visits per day: | Total patient/client visits per day: |

#### Section Sign Off:

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

☒ This section has been completed.

Patient/Client Lifespan and Continuum of Care

08/06/17 07:09 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

51% - 75%

Over 65 years

51% - 75%

##### Continuum of Care

Critical care, ICU, acute

76% - 100%

**SNF/ECF/sub-acute**

Please choose: ▼

**Rehabilitation**

Please choose: ▼

**Ambulatory/outpatient**

Please choose: ▼

**Home health/hospice**

Please choose: ▼

**Wellness/fitness/industry**

Please choose: ▼

**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

08/06/17 07:09 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 type="checkbox"/>            | Connective tissue disease/ dysfunction | <input checked="" type="checkbox"/> | Muscle disease/ dysfunction |
| <input type="checkbox"/>            | Musculoskeletal degenerative disease | <input checked="" type="checkbox"/> | Orthopedic surgery                     | <input type="checkbox"/>            | Other                       |

**Neuro-muscular**

26% - 50% ▼

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

|                                     |                           |                                     |                                    |                          |                         |
|-------------------------------------|---------------------------|-------------------------------------|------------------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | Brain injury              | <input checked="" type="checkbox"/> | Cerebral vascular accident         | <input type="checkbox"/> | Chronic pain            |
| <input type="checkbox"/>            | Congenital/ developmental | <input checked="" type="checkbox"/> | Neuromuscular degenerative disease | <input type="checkbox"/> | Peripheral nerve injury |
| <input checked="" type="checkbox"/> | Spinal cord injury        | <input type="checkbox"/>            | Vestibular disorder                | <input type="checkbox"/> | Other                   |

**Cardiovascular-pulmonary**

26% - 50% ▼

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

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

**Integumentary**

26% - 50% ▼

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

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

**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 type="checkbox"/>            | Organ transplant           | <input 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 | 08/06/17 07:09 PM |
|----------|-------------------|

**Staffing**

|             | Full-time Budgeted | Part-time Budgeted | Current Staffing |
|-------------|--------------------|--------------------|------------------|
| PTs         |                    |                    |                  |
| PTAs        |                    |                    |                  |
| Aides/Techs |                    |                    |                  |
| Other:      |                    |                    |                  |

**Section Sign Off:**

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

☒ This section has been completed.

|   |                   |
|---|-------------------|
| Information About the Clinical Education Experience | 10/30/18 10:04 AM |
|---|-------------------|

**Information About the Clinical Education Experience**

Special Programs/Activities/Learning Opportunities

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

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

|                          |       |  |  |
|--------------------------|-------|--|--|
| <input type="checkbox"/> | Other |  |  |
|--------------------------|-------|--|--|

Health and Educational Providers at the Clinical Site

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

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

**Section Sign Off:**

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

☒ This section has been completed.

|   |                   |
|---|-------------------|
| Availability of the Clinical Education Experience | 10/30/18 10:04 AM |
|---|-------------------|

**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 type="checkbox"/> | Specialty experience |
| <input type="checkbox"/>            | Other            |                          |                                 |                          |                      |

**Physical Therapist Assistant**  
**First Experience:**

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

**Physical Therapist Assistant**  
**Intermediate Experiences:**

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

**Physical Therapist Assistant**

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

PT

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

|                          |         |                          |          |                          |           |
|--------------------------|---------|--------------------------|----------|--------------------------|-----------|
| <input 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.:

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. <br/> (Answer if the clinical center employs only one PT or PTA.):

#### Section Sign Off:

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

☒ This section has been completed.

Clinical Site's Learning Objectives and Assessment

10/30/18 10:04 AM

#### Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students?

☒ Yes ☐ No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

☒ Yes ☐ No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

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

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

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

#### Section Sign Off:

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

☒ This section has been completed.

Student Requirements

10/30/18 10:08 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:

On occasion.

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

Please choose:

Is a Mantoux TB test (PPD) required?

a) one step

☐ Yes ☐ No

b) two step

☒ Yes ☐ No

Is a Rubella Titer Test or immunization required?

☒ Yes ☐ No

Please explain:

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

☒ Yes ☐ No

Please explain:

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

|                                     |                 |                                     |                           |                                     |                                   |
|-------------------------------------|-----------------|-------------------------------------|---------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/>            | Child clearance | <input checked="" type="checkbox"/> | Criminal background check | <input 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

Is the student responsible for the cost of required clearances?

☒ Yes ☐ No

Please explain:

Is the student required to submit to a drug test? If yes, please describe parameters.

☐ Yes ☐ No

Is medical testing available on-site for students?

☐ Yes ☐ No

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

10/30/18 10:08 AM

**Special Information**

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

☒ Yes ☐ No

Please explain:

Inservice, case study or project.

**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

**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

**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

**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

10/30/18 10:08 AM

#### Student Schedule

Indicate which of the following best describes the typical student work schedule:

Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:

May include long days/ evenings or weekends per CIs schedule.

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"