

Site Manager Site Survey —

Site: South Shore Health System

Section Title	Last Update	Action
CCCE Sign Off	02/07/19 11:11 AM	

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	02/07/19 11:11 AM	
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Information For the Academic Program

Person Completing CSIF:
Marguerite Magri

E-mail address of person completing CSIF:
mmagri@southshorehealth.org

Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field):
South Shore Health System

Street Address

Address:
55 Fogg Road

City:
South Weymouth

State:
MA

Postal Code:
02190

Facility Phone

Phone Number:
781-624-8000

Ext:

PT Department Phone

Phone Number:
781-624-8140

Ext:

PT Department Fax

Phone Number:
781-624-8143

Clinical Center Web Address:
www.southshorehealth.org

Director of Physical Therapy:
Jackie Kilrain

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

CCCE / Contact Person Phone:

781-624-8176

CCCE / Contact Person E-mail:

marguerite_magri@sshosp.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

02/07/19 11:11 AM

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

02/07/19 11:11 AM

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

02/07/19 11:11 AM

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 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 checked="" type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Rehabilitation/ Sub-acute Rehabilitation
<input type="checkbox"/> School/ Preschool Program	<input type="checkbox"/> Wellness/ Prevention/ Fitness Program	<input type="checkbox"/> Other

Section Sign Off:

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

This section has been completed.

Clinical Site Location 02/07/19 11:11 AM

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 02/07/19 11:11 AM

Affiliated PT and PTA Educational Programs

List all PT and PTA education programs with which you currently affiliate.

Program Name	City	State	PT / PTA	
Bay State College	Boston	MA	PTA	
Boston University	Boston	MA	PT	
North Shore Community College	Danvers	MA	PTA	
Simmons College	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
Hesser College	Manchester	NH	PTA	
University of Rhode Island	Kingston	RI	PT	
Quinnipiac University	Hamden	CT	PT	
MCPHS University	Worcester	MA	PT	
MGHIHP	Boston	MA	PT	
Quincy College	Plymouth	MA	PTA	
Springfield College	Springfield	MA	PT	
Franklin Pierce University	Manchester	NH	PT	
New England Institute of Technology	East Greenwich	RI	PTA	
University of Rhode Island	Kingston	RI	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	

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

By A-Z:

By State:

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

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

Program Name:

City:

State:

PT / PTA:

Section Sign Off:

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

This section has been completed.

Information About the Clinical Teaching Faculty

02/07/19 10:51 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:

Marguerite Magri

Email Address / CPI2 Login:

mmagri@southshorehealth.org

Present Position (Title, Name of Facility):

Clinical Specialist, OT, CHT, South Shore Hospital

No. of Years as the CCCE

15

No. of Years of Clinical Practice

43

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

32

Check all that apply:

PT

PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

OT /259

Highest Earned Physical Therapy Degree

Please choose:

Highest Earned Degree

Masters degree

APTA Credentialed CI

Yes No

APTA Advanced Credentialed CI

Yes No

Other CI Credentialing

Yes No

Please explain:

AOTA Fieldwork Educator Credentialed

ABPTS Certified Clinical Specialist (Check all that apply)

OCS

GCS

PCS

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:
M/ED, OTR/L, CHT

Summary of College and University Education

(Start with most current)

Institution:
Northeastern University

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

Major:
Rehabilitation Administration

Degree:
MEd

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:

SouthShore Hospital

Position:

Clinical Specialist, OT, CHT

Period of Employment

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

From — To

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

Name:

Email Address / CPI2 Login:

Present Position (Title, Name of Facility):

No. of Years as the CCCE

▼

No. of Years of Clinical Practice

▼

No. of Years of Clinical Teaching

▼

No. of Years Working at this Site

▼

Check all that apply:

PT

PTA

Licensing/Registration Status

Please choose:

State of Licensure/Registration

Please choose:

License/Registration Number:

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Bachelors degree

APTA Credentialed CI

Yes No

APTA Advanced Credentialed CI

Yes No

Other CI Credentialing

Yes No

ABPTS Certified Clinical Specialist (Check all that apply)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

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

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

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 <input type="text"/>

Name:

Marguerite Magri

Email Address / CPI2 Login:

Mmagri@southshorehealth.org

Present Position (Title, Name of Facility):

No. of Years as the CCCE

Please choose:

No. of Years of Clinical Practice

Please choose:

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

Please choose:

Check all that apply:

<input type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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Licensing/Registration Status

Please choose:

State of Licensure/Registration

Please choose:

License/Registration Number:

Highest Earned Physical Therapy Degree

Please choose:

Highest Earned Degree

Please choose:

APTA Credentialed CI

Yes No

APTA Advanced Credentialed CI

Yes No

Other CI Credentialing

Yes No

ABPTS Certified Clinical Specialist (Check all that apply)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS

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

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

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

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:
Period of Study
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)
From <input type="text"/> — To <input type="text"/>
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 <input type="text"/> — 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.

02/07/19 10:51 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
Austin, Sharlene	Sharlene_Austin@sshosp.org	
Bruno, Suzanne J	sjkbruno@yahoo.com	
Budrick, Steven	Steven_Budrick@sshosp.org	

Carlson, Shannon	Shannon_Carlson@sshosp.org
Clark, Kathleen	Kathleen_Clark@sshosp.org
Dube, Cayla A	Cdube@southshorehealth.org
Ducharme, Kim	kim_ducharme@sshosp.org
Farina, Mary E	Mary_Farina@sshosp.org
Ferreira, Andrea	aferreira@southshorehealth.org
Foss, Robert	RFoss@southshorehealth.org
Gerrish, Patrick	Patrick_Gerrish@sshosp.org
Godlewski, Laura	lgodlewski@southshorehealth.org
Greenblatt, Elaine M	elaine_greenblatt@sshosp.org
Holm, Lauren M	lholm@southshorehealth.org
Jean, Randy A	rjean@nebh.org
Kaye, Sarah	SKaye@southshorehealth.org
Kennedy, Melissa	melissa_kennedy@sshosp.org
Krumpelbeck, Molly M	Molly_Krumpelbeck@sshosp.org
Lamb, Lina P	llamb@southshorehealth.org
Lampros, Rachel	rachel_lampros@sshosp.org
Lebeche, Khaoula	khaoula_lebeche@sshosp.org
Lincoln-Gauthier, Jean a	jean_lincoln_gauthier@sshosp.org
Marie Bohmiller, Ann	ann_marie_bohmiller@sshosp.org
Morris, Cayla	Cayla_Morris@sshosp.org
Mottau, Scott	smottau@southshorehealth.org

Add New CI

Displaying Clinical instructor 1 - 25 of 32 in total

Previous 1 2 Next

Section Sign Off:

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

This section has been completed.

Clinical Instructors

02/07/19 10:52 AM

Clinical Instructors

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

<input checked="" type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/training course
<input checked="" type="checkbox"/> Clinical competence	<input type="checkbox"/> Delegated in position description	<input 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 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)

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

02/07/19 10:58 AM

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:

300

Psychiatric center:

Intensive care:

24

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

324

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

02/07/19 10:58 AM

Number of Patients/Clients

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

Inpatient	Outpatient
10 Individual PT:	12 Individual PT:
8 Student PT:	8 Student PT:
10 Individual PTA:	14 Individual PTA:
8 Student PTA:	8 Student PTA:
80 PT/PTA Team:	62 PT/PTA Team:
116 Total patient/client visits per day:	104 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

02/07/19 10:58 AM

Patient/Client Lifespan and Continuum of Care

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

Patient Lifespan

0-12 years

1% - 25% ▼

13-21 years

1% - 25% ▼

22-65 years

26% - 50% ▼

Over 65 years

51% - 75% ▼

Continuum of Care

Critical care, ICU, acute

51% - 75% ▼

SNF/ECF/sub-acute

0% ▼

Rehabilitation

0% ▼

Ambulatory/outpatient

51% - 75% ▼

Home health/hospice

0% ▼

Wellness/fitness/industry

1% - 25% ▼

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

02/07/19 10:58 AM

Patient/Client Diagnoses

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

Musculoskeletal

51% - 75% ▼

Which Musculoskeletal sub-categories are available to the student:

<input checked="" type="checkbox"/> Acute injury	<input checked="" type="checkbox"/> Amputation	<input checked="" type="checkbox"/> Arthritis
<input checked="" type="checkbox"/> Bone disease/ dysfunction	<input checked="" type="checkbox"/> Connective tissue disease/ dysfunction	<input checked="" type="checkbox"/> Muscle disease/ dysfunction
<input checked="" type="checkbox"/> Musculoskeletal degenerative disease	<input checked="" type="checkbox"/> Orthopedic surgery	<input type="checkbox"/> Other

Neuro-muscular

26% - 50% ▼

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

<input checked="" type="checkbox"/> Brain injury	<input checked="" type="checkbox"/> Cerebral vascular accident	<input checked="" type="checkbox"/> Chronic pain
<input checked="" type="checkbox"/> Congenital/ developmental	<input checked="" type="checkbox"/> Neuromuscular degenerative disease	<input checked="" type="checkbox"/> Peripheral nerve injury
<input type="checkbox"/> Spinal cord injury	<input checked="" 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 checked="" type="checkbox"/> Lymphedema
<input checked="" type="checkbox"/> Peripheral vascular dysfunction/ disease	<input checked="" type="checkbox"/> Pulmonary dysfunction/ disease	<input type="checkbox"/> Other

Integumentary

1% - 25%

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)

1% - 25%

Which other sub-categories are available to the student:

<input type="checkbox"/> Cognitive impairment	<input checked="" type="checkbox"/> General medical conditions	<input checked="" type="checkbox"/> General surgery
<input checked="" type="checkbox"/> Oncologic conditions	<input type="checkbox"/> Organ transplant	<input type="checkbox"/> Wellness/ Prevention
<input checked="" type="checkbox"/> Other		

Please explain:

NICU on a limited basis;
 Pediatrics on a limited basis except if student is doing an OP Pedi rotation;
 Aquatic Therapy on a limited basis

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

02/07/19 10:58 AM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	20	5	24
PTAs	6	2	8
Aides/Techs	4	1	5
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

02/07/19 11:01 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 checked="" type="checkbox"/> Aquatic Therapy	<input type="checkbox"/> Athletic Venue Coverage
<input type="checkbox"/> Back School	<input type="checkbox"/> Biomechanics Lab	<input checked="" type="checkbox"/> Cardiac Rehabilitation
<input type="checkbox"/> Community/Re-entry Activities	<input checked="" type="checkbox"/> Critical Care/Intensive Care	<input 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 checked="" type="checkbox"/>	Neonatal Care	<input type="checkbox"/>	Nursing Home/ ECF/ SNF
<input 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 checked="" type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input checked="" type="checkbox"/>	Pediatric - General
<input checked="" type="checkbox"/>	Pediatric - Musculoskeletal Emphasis	<input checked="" type="checkbox"/>	Pediatric - Neurological Emphasis	<input type="checkbox"/>	Prevention/Wellness
<input type="checkbox"/>	Pulmonary Rehabilitation	<input checked="" type="checkbox"/>	Quality Assurance/ CQI/ TQM	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Research Experience	<input checked="" type="checkbox"/>	Screening/Prevention	<input checked="" type="checkbox"/>	Sports Physical Therapy
<input checked="" type="checkbox"/>	Surgery (observation)	<input checked="" type="checkbox"/>	Team Meetings/Rounds	<input checked="" type="checkbox"/>	Vestibular Rehabilitation
<input type="checkbox"/>	Women's Health/OB-GYN	<input type="checkbox"/>	Work Hardening/Conditioning	<input type="checkbox"/>	Wound Care
<input type="checkbox"/>	Other				

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

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

Health and Educational Providers at the Clinical Site

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

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

Section Sign Off:

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

This section has been completed.

Availability of the Clinical Education Experience

02/07/19 11:01 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
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**Physical Therapist
Intermediate Experiences:**

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

<input checked="" type="checkbox"/>	Final Experience	<input type="checkbox"/>	Internship (6 months or longer)	<input type="checkbox"/>	Specialty experience
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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.

<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.:

15

Average number of PTA students affiliating per year.:

7

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

Yes No

Please explain:

Would be willing to discuss needs with the school and student to determine if we could accommodate.

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

When an issue is identified by the CI, it is brought to the attention of the student with an expectation for immediate and sustained improvement. Input from the student is solicited to help determine what an effective plan would be to facilitate the improvement in performance. This conversation may happen with or without the CCCE present but the CCCE and/or area manager is aware of the situation. The student's improvement is monitored and if no gains are noted within the week, the ACCE will be consulted. This often results in a meeting and a remediation plan is put into place, followed by continued monitoring and with the expectation for improvement. If no improvement is noted, a student could be terminated. Should a student's performance be considered grossly unsafe or otherwise harmful to the safety and well being of patients or staff, it is possible that a termination would occur immediately.

**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

02/07/19 11:01 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 checked="" type="checkbox"/> At mid-clinical experience	<input checked="" type="checkbox"/> Beginning of the clinical experience
<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Other

Please explain:

this conversation will also occur during the interview process done prior to the start of the affiliation.

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

<input 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 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

02/07/19 11:09 AM

Student Requirements**Do students need to contact the clinical site for specific work hours related to the clinical experience?** Yes No

Please explain:

Students will be expected to work the same schedule as their CI and will be informed of this schedule prior to their start date, usually at their interview. Start times for their first day will be discussed with their CI.

Do students receive the same official holidays as staff? Yes No

Please explain:

However, staff are expected to work holidays and students may need to work the holidays their CIs are working. In OP, the department is closed New Year's, Thanksgiving and Christmas. OP may be open the other holidays. IP operates year round.

Does your clinical site require a student interview? Yes No

Please explain:

Students schedule an interview with their assigned CI prior to the start of their affiliation.

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:

One step PPD acceptable if done yearly. A Two-Step is required if the testing has not been done in over a year.

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

Yes No

Please explain:

Documentation provided will include Varicella titer, MMR, Hepatitis B vaccination and tetanus toxoid booster status. Students will also need to provide evidence of having received an up to date flu vaccine. Other requirements will be listed in the handbook provided.

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

Schools or students can mail this information or can e-mail documents to the CCCE. Students could also hand carry this information on the first day of the affiliation.

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

Within 3 months of the start date of the affiliation

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 type="checkbox"/> HIPAA education	<input type="checkbox"/> OSHA education	<input type="checkbox"/> Proof of student health clearance
<input type="checkbox"/> Other		

Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.

Yes No

Please explain:

CORI checks provided by the schools are acceptable. CORI checks need to be done in the state of Massachusetts or nationwide. CORIs are to be completed within 6 mos prior to the start of the affiliation.

Is a child abuse clearance required?

Yes No

Please explain:

Is the student responsible for the cost of required clearances?

Yes No

Please explain:

Students may be responsible to obtain their CORI clearances if the school does not provide this.

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

Yes No

Is medical testing available on-site for students?

Yes No

Please explain:

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

Students will be asked to sign a Culture of Service Excellence contract, a HIPAA acknowledgement statement, and Security and Confidentiality statement and an acknowledgement that they have read the Student Manual. In addition they will take a Privacy Test. These forms will be e-mailed to the student prior to the start of their affiliation.

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.

02/07/19 11:09 AM

Special Information

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

Yes No

Please explain:

Students will provide a 30-45 min inservice on a topic of their choosing that will also be of interest to the Rehab team or may do a project relevant to the setting in which they are working.

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

Yes No

Please explain:

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

Yes No

Please explain:

As students are expected to log a minimum number of hours during affiliations, non-planned absences from the affiliation due to illness, personal needs, etc. will not exceed the number of days or hours recommended by the schools and/or the professional organizations that establish standards for the affiliation, AOTA, APTA, ASHA. The clinical instructor or the CCCE for a student whose non-planned absences exceeds 2 days will contact the ACCE to determine the acceptable number of days absent. If the student absences are exceeding the recommended number, a plan of action will be determined between the student, clinical instructor, CCCE and ACCE. Such plans may include extending the affiliation, requiring the student to work extra days or hours during the planned affiliation time, or, in the event of excessive absences, terminating the affiliation.

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

Yes No

Please explain:

Access is available through our computers for work that is relevant to your position.

Is there a facility/student dress code?

Yes No

Is emergency health care available for students?

Yes No

Please explain:

Students will be treated in the Emergency Department using their personal health insurance.

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

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

02/07/19 11:09 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:

Students will work the same scheule as their CI unless otherwise directed. This can include evening hours, weekends and holidays as well as extended hour days

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"