

Site Manager Site Survey —

Site: St. Anne's Hospital - Fall River

Section Title	Last Update	Action
CCCE Sign Off	08/05/15 10:48 AM	
<b>CCCE Sign Off</b>		
<b>CCCE Sign Off:</b> Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input type="checkbox"/> This survey has been reviewed.		

Information For the Academic Program	11/13/17 03:04 PM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Maureen Luddy CCCE		
<b>E-mail address of person completing CSIF:</b> Maureen.Luddy@steward.org		
<b>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):</b> St. Anne's Hospital - Fall River		
<b>Street Address</b>		
<b>Address:</b> 795 Middle Street		
<b>City:</b> Fall River		
<b>State:</b> MA		
<b>Postal Code:</b> 02721		
<b>Facility Phone</b>		
<b>Phone Number:</b> (508) 674-5600		
<b>Ext:</b> x5300		
<b>PT Department Phone</b>		
<b>Phone Number:</b> (508) 646-9470		
<b>Ext:</b>		
<b>PT Department Fax</b>		
<b>Phone Number:</b> (508) 646-9719		
<b>Clinical Center Web Address:</b> <a href="http://www.saintanneshospital.org">http://www.saintanneshospital.org</a>		
<b>Director of Physical Therapy:</b> Patty McLaughlin		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Maureen Luddy		

CCCE / Contact Person Phone:

(508) 646-9470

CCCE / Contact Person E-mail:

Maureen.Luddy@steward.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

11/13/17 03:04 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:**

Saint Anne's Hospital/Steward Healthcare

**Contact Name:**

Patty McLaughlin, Director of Rehab

**Address**

**Address:**

795 Middle Street

**City:**

Fall River

**State:**

MA

**Postal Code:**

02721

**Phone**

**Phone Number:**

(508) 674-5600

**Ext:**

2123

**Fax**

**Phone Number:**

**E-mail:**

Patty.McLaughlin@steward.org

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Cheryl Herman - Cheryl.Herman@steward.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.

Clinical Site Accreditation/Ownership

11/13/17 03:04 PM

**Clinical Site Accreditation/Ownership**

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

<input type="checkbox"/>	Corporate/Privatey Owned	<input type="checkbox"/>	Government Agency	<input checked="" type="checkbox"/>	Hospital/Medical Center Owned
<input 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

11/13/17 03:04 PM

**Clinical Site Primary Classification**

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

Please choose: 

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

Please explain:

We have rotations in Outpatient and Inpatient at times depending on the CI, your rotation could include both of the above. We also have pediatric rotations but these are not usually full time.

**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

11/13/17 03:04 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

11/13/17 03:04 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	
University of New England	Portland	ME	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
University of Rhode Island	Kingston	RI	PT	
Community College of Rhode Island	Newport	RI	PTA	
New England Institute of Technology	Warwick	RI	PTA	
Husson University	Bangor	ME	PT	
Boston University	Boston	MA	PT	
American International College	Springfield	MA	PT	
Simmons College	Boston	MA	PT	
Touro University Nevada	Henderson	NV	PT	
Columbia University	New York	NY	PT	
Springfield College	Springfield	MA	PT	
Quinnipiac University	Hamden	CT	PT	
High Point University	High Point	NC	PT	
Quincy College	Plymouth	MA	PTA	

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

By A-Z:

Any 

By State:

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

Program Name:

City:

Any

State: AB

PT / PTA: PT

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 +

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

12/18/18 03:08 PM

**Information About the Clinical Teaching Faculty**

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

Name:

Maureen Luddy

Email Address / CPI2 Login:

maureen.luddy@steward.org

Present Position (Title, Name of Facility):

PTA St Anne's Hospital

No. of Years as the CCCE

3

No. of Years of Clinical Practice

23

No. of Years of Clinical Teaching

20

No. of Years Working at this Site

12

Check all that apply:

PT  PTA

Highest Earned Physical Therapy Degree

PTA Associate Degree

Highest Earned Degree

Associate 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)

OCS  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:**  
Newbury College

**Period of Study**  
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)  
From  &mdash; 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  &mdash; 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 12/18/18 03:28 PM

**Clinical Instructor Information**

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

CI Name Followed By Credentials	CI Username	Actions
Baganha, PTA, Jessica	Jessica.Baganha@steward.org	

Bizarro, MSPT, Kellie	Kellie.Bizarro@steward.org
Canto PTA, Tyler D	Tyler.Canto@steward.org
Fokin DPT, Kellie	kellie.fokin@steward.org
Konicki PT, Steven	steven.lonicki@steward.org
Kyle PT, Anais	anais.kyle@gmail.com
L Pontbriand PTA, Sharon L	Sharon.Pontbriand@steward.org
Luddy PTA, Maureen	Maureen.luddy@steward.org
Silvia PTA, Amanda	Amanda.Silvia@steward.org
Soares DPT, Ariana	ariana.soares@steward.org
Stuessi PT, Roberta	Roberta.Stuessi@steward.org
Volkman, PT, Kathleen	kathleen.volkman@steward.org

Add New CI
Displaying all 12 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. 12/18/18 03:09 PM

**Clinical Instructors**

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

<input type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/training course
<input type="checkbox"/> Clinical competence	<input checked="" type="checkbox"/> Delegated in position description	<input checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input type="checkbox"/> Other (not APTA) clinical instructor credentialing	<input checked="" type="checkbox"/> Therapist initiative/volunteer
<input checked="" type="checkbox"/> Years of experience	<input checked="" type="checkbox"/> Other	

Please explain:

Must have > or = 1 year experience

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

<input type="checkbox"/> 1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/> APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/> Academic for-credit coursework
<input type="checkbox"/> Clinical center inservices	<input type="checkbox"/> Continuing education by academic program	<input type="checkbox"/> Continuing education by consortia
<input checked="" 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 11/13/17 03:02 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:

140

Psychiatric center:

16

**Intensive care:**

12

**Rehabilitation center:**

**Step down:**

**Subacute/transitional care unit:**

**Extended care:**

**Other specialty centers:**

**Total Number of Beds:**

168

**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

11/13/17 03:02 PM

**Number of Patients/Clients**

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

Inpatient	Outpatient
10-12 Individual PT:	10-12 Individual PT:
7-8 Student PT:	8-10 Student PT:
12-15 Individual PTA:	14-16 Individual PTA:
8-10 Student PTA:	10-12 Student PTA:
PT/PTA Team:	PT/PTA Team:
3115 Total patient/client visits per day:	4250 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

11/13/17 03:02 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**

1% - 25%

**13-21 years**

26% - 50%

**22-65 years**

76% - 100%

**Over 65 years**

51% - 75%

**Continuum of Care**

Critical care, ICU, acute

1% - 25%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

76% - 100%

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

11/13/17 03:02 PM

**Patient/Client Diagnoses**

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

Musculoskeletal

76% - 100%

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

1% - 25%

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

<input 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

1% - 25%

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

0%

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)



0%

Which other sub-categories are available to the student:

<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	General medical conditions	<input 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

11/13/17 03:02 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs			10
PTAs			4
Aides/Techs			1
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

12/18/18 03:51 PM

Information About the Clinical Education Experience

Special Programs/ Activities/ Learning Opportunities

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

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Aquatic Therapy	<input type="checkbox"/>	Athletic Venue Coverage
<input type="checkbox"/>	Back School	<input type="checkbox"/>	Biomechanics Lab	<input 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 type="checkbox"/>	Orthotic/ Prosthetic Fabrication	<input checked="" type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input checked="" 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 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 checked="" type="checkbox"/>	Other				

Please explain:

Lymphedema

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Balance	<input checked="" type="checkbox"/>	Developmental
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<input type="checkbox"/>	Feeding clinic	<input checked="" 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 checked="" 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 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 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 type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input type="checkbox"/>	Podiatrists
<input 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 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	12/18/18 03:51 PM
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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
<input checked="" type="checkbox"/>	Other				

Please explain:

All level affiliations

Physical Therapist Assistant

First Experience:

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

Intermediate Experiences:

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

<input checked="" type="checkbox"/>	Final Experience	<input checked="" type="checkbox"/>	Other		
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Please explain:

All level affiliations

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 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

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 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

Average number of PT students affiliating per year.:

9

Average number of PTA students affiliating per year.:

6

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

Yes  No

Please explain:

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

Ongoing communication with student and school, attempt to accommodate learning style, reduce caseload, increase level of direct supervision

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

12/18/18 03:51 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)

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

Please explain:

As needed/required per student/school recommendation

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	12/18/18 03:59 PM
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**Student Requirements**

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

Yes  No

Please explain:

Students should contact the clinical site at least 1 month prior to the start of the experience to complete necessary paperwork/CORI check, CI(s) schedule, and any other pertinent information.

**Do students receive the same official holidays as staff?**

Yes  No

Please explain:

Students are expected to follow the schedule(s) of their CI(s). We do work some holidays/weekends.

**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

Please explain:

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

Yes  No

Please explain:

MMR, Flu

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

By mail or email

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

per contract with school

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

Yes  No

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

Yes  No

Please explain:

CHIPS Orientation packet with post test Meditech access form

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

<input type="checkbox"/> Child clearance	<input type="checkbox"/> Criminal background check	<input type="checkbox"/> Drug screening
--	--	---

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

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

Yes  No

Please explain:

CORI

**Is a child abuse clearance required?**

Yes  No

Please explain:

**Is the student responsible for the cost of required clearances?**

Yes  No

Please explain:

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

Yes  No

**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.):**

per contract

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

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**Special Information**

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

Yes  No

Please explain:

As per school requirement.

**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:

Must make up all missed days

**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

Please explain:

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

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

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#### 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 are expected to follow the schedule of the CI(s). Depending upon the schedule of the CI(s) and the type of affiliation, the student's schedule will vary and may include weekends.

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"