

Site Manager Site Survey —

Site: St. Vincent Hospital - Worcester

Section Title	Last Update	Action
CCCE Sign Off	09/07/16 08:33 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	09/07/16 08:33 AM	
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**Information For the Academic Program**

**Person Completing CSIF:**  
Mike Maldonado, PT

**E-mail address of person completing CSIF:**  
michael.maldonado@stvincenthospital.com

**Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field):**  
St. Vincent Hospital - Worcester

**Street Address**

**Address:**  
123 Summer St

**City:**  
Worcester

**State:**  
MA

**Postal Code:**  
01608

**Facility Phone**

**Phone Number:**  
508-363-5000

**Ext:**

**PT Department Phone**

**Phone Number:**  
508-363-6205

**Ext:**

**PT Department Fax**

**Phone Number:**  
508-363-9734

**Clinical Center Web Address:**  
www.stvincenthospital.com

**Director of Physical Therapy:**  
Brian Trinique, PT

**Center Coordinator of Clinical Education (CCCE) / Contact Person:**  
Mike Maldonado, PT

**CCCE / Contact Person Phone:**

508-363-6205

CCCE / Contact Person E-mail:

michael.maldonado@stvincenthospital.com

**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

09/07/16 08:33 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:**

St. Vincent Hospital Physical Therapy at Grove Street

**Contact Name:**

Mike Maldonado, PT

**Address**

**Address:**

440 Grove St

**City:**

Worcester

**State:**

MA

**Postal Code:**

01605

**Phone**

**Phone Number:**

508-853-1412

**Ext:**

**Fax**

**Phone Number:**

508-853-3135

**E-mail:**

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Mike Maldonado, PT

**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

09/07/16 08:33 AM

**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 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

09/07/16 08:33 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 checked="" type="checkbox"/> Acute Care/ Inpatient Hospital Facility	<input checked="" type="checkbox"/> Ambulatory Care/ Outpatient	<input type="checkbox"/> ECF/ Nursing Home/ SNF
<input checked="" type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input checked="" 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

09/07/16 08:33 AM

### 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

09/07/16 08:33 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	
American International College	Springfield	MA	PT	
Boston University	Boston	MA	PT	
Mount Wachusett Community College	Gardner	MA	PTA	
Northeastern University	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
New England Institute of Technology	Warwick	RI	PTA	
Quinnipiac University	Hamden	CT	PT	
University of Connecticut	Storrs	CT	PT	
Massachusetts College of Pharmacy and Health Sciences	Worcester	MA	PT	

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

By A-Z:

By State:

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

Program Name:

City:

State:

PT / PTA:

Add Clear

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

Information About the Clinical Teaching Faculty 05/24/16 07:04 AM

Alabama State University, AL

**Information About the Clinical Teaching Faculty**

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

**Name:**  
Mike J. Maldonado

**Email Address / CPI2 Login:**  
Michael.Maldonado@stvincenthospital.com

**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**  
Masters in Physical Therapy

**Highest Earned Degree**  
Masters degree

**APTA Credentialed CI**  
 Yes  No

**APTA Advanced Credentialed CI**  
 Yes  No

**Other CI Credentialing**  
 Yes  No

**ABPTS Certified Clinical Specialist (Check all that apply)**

<input type="checkbox"/>	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)

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

**Summary of Primary Employment**

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

<b>Employer:</b>
<b>Position:</b>
<b>Period of Employment</b>
(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)

<b>Course:</b>
<b>Provider/Location:</b>
<b>Date</b>
<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

05/24/16 07:04 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
Cassell, PTA, Nicole	ncassell29@yahoo.com	
Chaber, Nicholas	nchaber@gmail.com	

Cote, Amanda	amanda.cote@stvincenthospital.com
Cote, William a	William.cote@stvincenthospital.com
Czabaj, Meg M	mertzicmeg@gmail.com
D'Amelio, PT, Bridget	bridget.d'amelio@stvincenthospital.com
Davis, PT, CSCS, Rebecca	Rebecca.Davis@stvincenthospital.com
Deane, Alison	alison.deane@stvincenthospital.com
Dodge, PT, Amanda M	aillig6@aol.com
Dona, Melissa	melissa.dona@stvincenthospital.com
Druker, Daniel	dbdruker@gmail.com
Feeley, Christine	christinebromley@yahoo.com
Hale, Pamela	pamela.hale@stvincenthospital.com
Hale, PT, Pamela	map3299@peoplepc.com
Khalife, DPT, Ashley	pousland.ashley@gmail.com
Kundargi, DPT, Swati	kundargiswati@yahoo.com
Lussier, Melissa	melissa.lussier@stvincenthospital.com
Maldonado, Mike J	Michael.Maldonado@stvincenthospital.com
Maldonado, PT, ATC, Lauren	laurenmm@msn.com
Mathew, Shirley	shirleyamathew@gmail.com
Matthews, Shirley	shirley.matthews@stvincenthospital.com
McCarthy, Sheri	sheri.mccarthy@stvincenthospital.com
Morgan, Erica	erica.morgan@stvincenthospital.com
Movsessian, Lynn	lynn.movsessian@stvincenthospital.com
Narielwalla, Khushnum	khushnum.narielwalla@stvincenthospital.com

Add New CI

Displaying Clinical instructor 1 - 25 of 34 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

04/11/16 11:12 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 checked="" type="checkbox"/> Certification/training course
<input checked="" type="checkbox"/> Clinical competence	<input type="checkbox"/> Delegated in position description	<input checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input checked="" 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 type="checkbox"/> 1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/> APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/> Academic for-credit coursework
<input checked="" type="checkbox"/> Clinical center inservices	<input type="checkbox"/> Continuing education by academic program	<input type="checkbox"/> Continuing education by consortia

<input type="checkbox"/> No training	<input checked="" type="checkbox"/> Other (not APTA) clinical instructor credentialing program	<input checked="" type="checkbox"/> Professional continuing education (e.g., chapter, CEU course)
<input type="checkbox"/> Other		

**Section Sign Off:**

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

This section has been completed.

Information About the Physical Therapy Service 03/28/16 03:37 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:**

299

**Psychiatric center:**

12

**Intensive care:**

37

**Rehabilitation center:**

**Step down:**

4

**Subacute/transitional care unit:**

**Extended care:**

**Other specialty centers:**

10

**Total Number of Beds:**

362

**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 03/28/16 03:37 PM

**Number of Patients/Clients**

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

Inpatient	Outpatient
9 Individual PT:	12-14 Individual PT:
5 - 9 Student PT:	8-12 Student PT:
12 Individual PTA:	14 Individual PTA:
8 - 12 Student PTA:	10-12 Student PTA:
21 PT /PTA Team:	26 PT /PTA Team:
913 Total patient/client visits per day:	3078 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**

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

**Patient Lifespan****0-12 years**

**13-21 years**

**22-65 years**

**Over 65 years**

**Continuum of Care****Critical care, ICU, acute**

**SNF/ECF/sub-acute**

**Rehabilitation**

**Ambulatory/outpatient**

**Home health/hospice**

**Wellness/fitness/industry**

**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**

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

**Musculoskeletal**


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**


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 checked="" type="checkbox"/> Fitness	<input checked="" type="checkbox"/> Lymphedema
<input checked="" type="checkbox"/> Peripheral vascular dysfunction/disease	<input checked="" type="checkbox"/> Pulmonary dysfunction/disease	<input 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)**

26% - 50%

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

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

**Section Sign Off:**

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

This section has been completed.

Staffing

03/28/16 03:37 PM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	22	2	24
PTAs	6	1	7
Aides/Techs	0	0	0
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

03/28/16 03:46 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 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 checked="" 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 checked="" type="checkbox"/>	Employee Wellness Program
<input type="checkbox"/>	Group Programs/ Classes	<input type="checkbox"/>	Home Health Program	<input checked="" 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 type="checkbox"/>	Pediatric - General
<input type="checkbox"/>	Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/>	Pediatric - Neurological Emphasis	<input checked="" type="checkbox"/>	Prevention/Wellness
<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 type="checkbox"/>	Alternative therapies	<input checked="" 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 checked="" type="checkbox"/>	Podiatrists
<input type="checkbox"/>	Prosthetists / orthotists	<input checked="" type="checkbox"/>	Psychologists	<input checked="" type="checkbox"/>	Respiratory therapists
<input checked="" type="checkbox"/>	Social workers	<input type="checkbox"/>	Special education teachers	<input checked="" type="checkbox"/>	Speech/language pathologists
<input checked="" type="checkbox"/>	Students from other disciplines	<input checked="" type="checkbox"/>	Students from other physical therapy education programs	<input 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

03/28/16 03:46 PM

#### Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Check all that apply).

##### Physical Therapist First Experience:

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

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<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 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 type="checkbox"/> Other
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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.:**

9

**Average number of PTA students affiliating per year.:**

<2

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

Yes  No

Please explain:

Our facility is willing to make reasonable accommodations for students under ADA guidelines.

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

A meeting will be held with the student, CI, and CCCE. Formative evaluation tools will be used. The ACCE will be notified as soon as an issue is identified. APTA CI credentialing course recommended guidelines will be used.

**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.):**

Multiple PT's and PTA's work at this site and will be able to cover for CI absence.

**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

03/28/16 03:46 PM

### Clinical Site's Learning Objectives and Assessment

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

Yes  No

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

Yes  No

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

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

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

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

#### Section Sign Off:

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

This section has been completed.

Student Requirements

03/28/16 03:42 PM

### Student Requirements

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

Yes  No

Please explain:

Student schedules will vary based on the schedule worked by the CI (s).

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:

An interview may be required in situations where more than one student is interested in a single spot.

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

8:00 AM

Is a Mantoux TB test (PPD) required?

a) one step

Yes  No

b) two step

Yes  No

Is a Rubella Titer Test or immunization required?

Yes  No

Please explain:

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

Yes  No

Please explain:

Current flu vaccine

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

Health information and required forms may be emailed, mailed, or faxed to Mike Maldonado using the contact information listed on page 1 of the

CSIF.

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

Physical exams must be within 1 year 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

Please explain:

Current CPR certification

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

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

A CORI check must be performed within 1 year 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:

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

Yes  No

Please explain:

Students must provide proof of a 10-panel drug screen. STUDENTS MUST OBTAIN THE DRUG SCREEN ON THEIR OWN OR THROUGH THE SCHOOL. ST. VINCENT HOSPITAL DOES NOT PROVIDE THE SCREENING.

**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.):**

Please be aware that the following documentation must be sent to me prior to any student starting at St. Vincent: PPD test, MMR immunization, a physical exam within 1 year of the clinical, OSHA and HIPAA training, Hep B immunization, proof of health insurance, CPR certification, CORI check, flu vaccine, and 10-panel drug screen. STUDENTS WILL NOT BE ALLOWED TO START THEIR AFFILIATION UNLESS ALL REQUIREMENTS ARE FULFILLED BY THE START DATE.

If an individual is responsible for Compliance items, please fill out the Compliance contact information below:

**Compliance Contact Person Name:**

Mike Maldonado, PT

**Compliance Contact Person Phone Number**

**Phone Number:**

508-363-6205

**Ext:**

**Compliance Contact Person Email:**

michael.maldonado@stvincenthospital.com

**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

03/28/16 03:42 PM

**Special Information**

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

Yes  No

Please explain:

Every student must present an in-service.

**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:

Article/journal reviews may be required.

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

Yes  No

Please explain:

Students must call the department as early as possible on the day they are supposed to work to notify the clinic of their absence, 508-363-6205.

Missed days will be made up at the clinic's discretion or based on individual school policy.

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

Yes  No

Please explain:

**Is there a facility/student dress code?**

Yes  No

**Is emergency health care available for students?**

Yes  No

Please explain:

**Is the student responsible for emergency health care costs?**

Yes  No

Please explain:

**Is other non-emergency medical care available to students?**

Yes  No

Please explain:

**Is the student required to have proof of health insurance?**

Yes  No

Please explain:

**Is the student required to provide proof of OSHA training?**

Yes  No

Please explain:

**Is the student required to provide proof of HIPAA training?**

Yes  No

Please explain:

**Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?**

Yes  No

Please explain:

**Is the student required to be CPR certified? (Please note if a specific course is required).**

Yes  No

Please explain:

**Can the student receive CPR certification while on-site?**

Yes  No

Please explain:

**Is the student required to be certified in First Aid?**

Yes  No

Please explain:

**Can the student receive First Aid certification on-site?**

Yes  No

Please explain:

**Section Sign Off:**

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

This section has been completed.

Student Schedule

03/28/16 03:42 PM

### 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:**

Student schedules will be dependent on the CI's schedule. Students may be required to work anywhere from 4 to 12 hours a day, including nights, weekends, and holidays.

**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"