

Site Manager Site Survey —

Site: Tufts Medical Center

Section Title	Last Update	Action
CCCE Sign Off	11/24/15 02:31 PM	
CCCE Sign Off		
CCCE Sign Off: 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	01/08/17 08:08 PM	
Information For the Academic Program		
Person Completing CSIF: Rennie Gilman, PT, DPT		
E-mail address of person completing CSIF: rgilman1@tuftsmedicalcenter.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): Tufts Medical Center		
Street Address		
Address: 800 Washington Street Box 419		
City: Boston		
State: MA		
Postal Code: 02111		
Facility Phone		
Phone Number: (617) 636-5632		
Ext:		
PT Department Phone		
Phone Number: (617) 636-5632		
Ext:		
PT Department Fax		
Phone Number: (617) 636-4722		
Clinical Center Web Address: www.tuftsmedicalcenter.org		
Director of Physical Therapy: Mike Foley, RTR		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Kristin Boyd, PT, DPT		

CCCE / Contact Person Phone:

(617) 636-5632

CCCE / Contact Person E-mail:

KSchram@tuftsmedicalcenter.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

01/08/17 08:08 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:

Tufts Medical Center

Contact Name:

Kristin Boyd, PT, DPT

Address

Address:

800 Washington Street

Box 419

City:

Boston

State:

MA

Postal Code:

02111

Phone

Phone Number:

(617) 636-5632

Ext:

Fax

Phone Number:

(617) 636-4722

E-mail:

KSchram@tuftsmedicalcenter.org

Affiliation Agreement Contract Fulfillment

Contact Person:

Kristin Boyd, PT, DPT

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

01/08/17 08:08 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

Physician/Physician Group Owned

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

01/08/17 08:08 PM

Clinical Site Primary Classification

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

Acute Care/Inpatient Hospital Facility

If appropriate, check () up to four additional categories that describe the other clinical centers associated with your facility.

- Acute Care/ Inpatient Hospital Facility
- Ambulatory Care/ Outpatient
- ECF/ Nursing Home/ SNF
- Federal/ State/ County Health
- Home Health
- Industrial/ Occupational Health Facility
- Multiple Level Medical Center
- Private Practice
- Rehabilitation/ Sub-acute Rehabilitation
- School/ Preschool Program
- Wellness/ Prevention/ Fitness Program
- Other

Section Sign Off:

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

This section has been completed.

Clinical Site Location

01/08/17 08:08 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

01/08/17 08:08 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	
Bay State College	Boston	MA	PTA	
Boston University	Boston	MA	PT	
MGHIHP	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
Simmons College	Boston	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
University of Vermont	Burlington	VT	PT	
Emory University	Atlanta	GA	PT	
The George Washington University	Washington	DC	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,		
ACCE PTA Demo,		
ASA College, FL		
Section Sign Off: Adventist University of Health Sciences, AZ		
Click the button on the right to review and finish with this section of the survey.		
Adventist University of Health Sciences, FL		
<input checked="" type="checkbox"/> This section has been completed.		
Adventist University of Health Sciences, AZ		

Information About the Clinical Teaching Faculty

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

Name:
Kristin Boyd

Email Address / CPI2 Login:
KSchram@tuftsmedicalcenter.org

Present Position (Title, Name of Facility):
Senior Physical Therapist and Center Coordinator of Clinical Education, Tufts Medical Center

No. of Years as the CCCE
1

No. of Years of Clinical Practice
6

No. of Years of Clinical Teaching
4

No. of Years Working at this Site
5

Check all that apply:

<input checked="" type="checkbox"/> PT	<input type="checkbox"/> PTA
----------------------------------------	------------------------------

Licensing/Registration Status
Licensed/Registered

State of Licensure/Registration
MA

License/Registration Number:
21493

Highest Earned Physical Therapy Degree
Doctor in Physical Therapy

Highest Earned Degree
Professional Doctor in Physical Therapy

APTA Credentialed CI
 Yes No

APTA Advanced Credentialed CI
 Yes No

Other CI Credentialing
 Yes No

ABPTS Certified Clinical Specialist (Check all that apply)

<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:
MGH Institute of Health Professionals

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

Major:
Physical Therapy

Degree:
Doctorate in Physical Therapy

Summary of Primary Employment

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

Employer:
Tufts Medical Center

Position:
Physical Therapist

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

Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities

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

Course:

Provider/Location:

Date

Section Sign Off:

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

This section has been completed.

Clinical Instructor Information

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
Blatt, Josh	jblatt@tuftsmedicalcenter.org	
Boneparth, Marie K	mboneparth@tuftsmedicalcenter.org	
Boucher, Megan	MBoucher1@tuftsmedicalcenter.org	
Boudouvas, Abbey J	AKole@tuftsmedicalcenter.org	
Boyd, Kristin M	kboyd3@tuftsmedicalcenter.org	
Breadmore, Kylie	kbreadmore@tuftsmedicalcenter.org	
Campbell, Kathleen M	kcampbell5@tuftsmedicalcenter.org	
(Connie) Sullivan, Concetta B	CSullivan7@tuftsmedicalcenter.org	
de Jong, Kristin	kdejong@tuftsmedicalcenter.org	
Fallano, Mary	Mfallano@tuftsmedicalcenter.org	
Fasano, Amanda	AFasano@tuftsmedicalcenter.org	
Guerin, Nicole A	nguerin@tuftsmedicalcenter.org	
Haines, Linda M	lhaines1@tuftsmedicalcenter.org	
Jablonski, Janelle	jjablonski@tuftsmedicalcenter.org	
Kajen, Julia N	jkajen@tuftsmedicalcenter.org	
Kiesz, Marisol M	Mkiesz@tuftsmedicalcenter.org	
Klinkenberg, Lisa	klinkenberg@tuftsmedicalcenter.org	
Ko, Cathy	cko@tuftsmedicalcenter.org	
Kras, Allison	AKras@tuftsmedicalcenter.org	
Krasney, Sara J	skrasney@tuftsmedicalcenter.org	
Lai, Carmen	clai@tuftsmedicalcenter.org	
Lebeche, Khaoula	Klebeche@tuftsmedicalcenter.org	
Livolsi, Rachel E	rlivolsi@tuftsmedicalcenter.org	
Mortali, Meaghan E	MMortali@tuftsmedicalcenter.org	
Poon, Eileen	epoon@tuftsmedicalcenter.org	

[Add New CI](#)

Displaying Clinical instructor 1 - 25 of 30 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

01/12/17 05:27 PM

Clinical Instructors

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

<input checked="" type="checkbox"/>	APTA Clinical Instructor Credentialing	<input checked="" type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Certification/training course
<input checked="" 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 type="checkbox"/>	Other		

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

<input checked="" 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 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

11/24/15 02:29 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:

415

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

415

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

11/24/15 02:29 PM

Number of Patients/Clients

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

Inpatient	Outpatient
10	12
Individual PT:	Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
10	12
Total patient/client visits per day:	Total patient/client visits per day:

Section Sign Off:

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

This section has been completed.

Patient/Client Lifespan and Continuum of Care

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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

76% - 100%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

1% - 25%

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

11/24/15 02:29 PM

Patient/Client Diagnoses

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

Musculoskeletal

51% - 75%

Which Musculoskeletal sub-categories are available to the student:

<input checked="" type="checkbox"/>	Acute injury	<input checked="" type="checkbox"/>	Amputation	<input checked="" type="checkbox"/>	Arthritis
<input checked="" type="checkbox"/>	Bone disease/ dysfunction	<input 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 checked="" 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 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

1% - 25%

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)

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 checked="" 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

11/24/15 02:29 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	20	5	25
PTAs	2		2
Aides/Techs	2		2
Other:	9		9
OT			

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

11/24/15 01:56 PM

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

<input checked="" 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 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 checked="" type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input type="checkbox"/> Industrial/Ergonomic PT
<input type="checkbox"/> Inservice Training/Lectures	<input checked="" type="checkbox"/> Neonatal Care	<input type="checkbox"/> Nursing Home/ ECF/ SNF
<input checked="" type="checkbox"/> Orthotic/Prosthetic Fabrication	<input type="checkbox"/> Pain Management Program	<input type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input checked="" type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/> Pediatric - Developmental Program Emphasis	<input checked="" type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input checked="" type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Quality Assurance/ CQI/ TQM	<input type="checkbox"/> Radiology
<input checked="" 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 checked="" type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input checked="" type="checkbox"/> Arthritis	<input type="checkbox"/> Balance	<input checked="" 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 checked="" type="checkbox"/> Other		

Please explain:

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 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 checked="" type="checkbox"/> Prosthetists / orthotists	<input checked="" type="checkbox"/> Psychologists	<input checked="" type="checkbox"/> Respiratory therapists
<input checked="" type="checkbox"/> Social workers	<input checked="" 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 checked="" type="checkbox"/> Other	

Please explain:

PTA, CO-OP

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

11/24/15 01:56 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 checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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**Physical Therapist
Intermediate Experiences:**

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

**Physical Therapist Assistant
First Experience:**

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

<input checked="" type="checkbox"/>	Full days	<input checked="" 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 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.:

12

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:

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

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.
(Answer if the clinical center employs only one PT or PTA.):

Section Sign Off:

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

This section has been completed and Assessment

11/24/15 01:56 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

11/24/15 02:28 PM

Student Requirements

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

Yes No

Please explain:

You will obtain your CI's email a minimum 6 weeks prior to your start date. The CI will confirm their hours. If you do not hear from you CI or the CCCE 6-8 weeks prior to your start date, please contact us.

Do students receive the same official holidays as staff?

Yes No

Please explain:

Does your clinical site require a student interview?

Yes No

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:

At Tufts Medical Center our students are required to be cleared by the hospital prior to their start date. This means they must physically come to Tuft Medical Center to bring copies of this information to the HR office and set up an appointment to with Health Services. Often times students drop the paper work off on the day of their appointment. Even if the CCCE is sent the copies of paperwork and know the student has completed all requirements, the CCCE CANNOT clear the student. The HR office that must receive this from the student in order for clearance. The student is encouraged to make the appointment AT LEAST 2 weeks prior to the start of their rotation. Once cleared by health services and human resources, the student will have to return to our campus to pick up their clearance form from the HR office (green piece of paper) and take that to the ID office to obtain official identification. Our ID office is not opened 24/7 so we encourage students to check the schedule so they do not have to make multiple trips. ALL of these steps must be completed prior to the students start date. We do understand student are often traveling during this time so please make them aware of these requirements. These steps are outlined in the packet that the students are send 6-8 weeks prior to the start of their clinical rotation.

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

Human Resources

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

TB SCREENING Two step TB testing is required for all volunteers and observers. A PPD within 6 months is acceptable. Quantiferon gold and T-spot within one year in lieu of skin testing is also acceptable. If you have not had this screening, it will be offered here in Employee Health. A second one will be administered in two weeks. Individuals with a previously positive PPD test will need to complete a symptom questionnaire, provide documentation of their evaluation and/or treatment, including a chest x-ray report. ** If you are coming from out of state or from outside the country we ask that you complete the TB testing requirement prior to your arrival to avoid delay/interruption of your start date. **TETANUS AND DIPHTHERIA (Td) BOOSTER** Documentation of a Td booster within the past 10 years; if you are unsure of your status, or cannot provide documentation a declination, can be signed, or we will provide you with an updated Td or Tdap booster. **MEASLES, MUMPS AND RUBELLA (MMR)** Documentation of two MMR vaccinations, or documentation of a blood test demonstrating immunity against these viruses. **Needs to be obtained before appointment with Employee Health. **CHICKENPOX (VARICELLA)** Documentation of either a positive varicella titer, two varicella vaccines or a history of having had chickenpox. **Needs to be obtained prior to appointment with Employee Health. **INFLUENZA (FLU) VACCINATION** Flu vaccination is mandatory for non-employees during the flu season (defined as the period between November 1 – March 31). We will provide a flu vaccination at no charge. Call the Employee Health office: (617) 636-5480 to schedule a health screening appointment. Employee Health is located on the 6th floor of the Farnsworth building at 800 Washington Street, Box 801, Boston, MA 02111. Only after these infection control requirements have been completed, will you be cleared to begin your service. **If a blood test or required vaccines are needed other than the aforementioned PPD and flu vaccine, you must obtain these from your primary care physician prior to your appointment. If you cannot obtain complete records prior to appointment, you will need to reschedule. **If your immunization records are in a foreign language, they must be translated and signed by a medical professional.

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

Yes No

Please explain:

Onsite appointment with Health Services to be set up by student at least 2 weeks prior to clinical.

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:

CPR/First Aid

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:

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:

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.):

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:

Students will present a departmental inservice during the latter half of thier experience.

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:

Weekly Critically Appraised Topics

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

Yes No

Please explain:

See handbook

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:

Employee Health Services

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:

This is a part of reading and signing our Coporate Compliance Handbook.

Is the student required to provide proof of HIPAA training?

Yes No

Please explain:

This is a part of reading and signing our Coporate Compliance Handbook.

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

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

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Student Schedule

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

Standard 8 hour day ▼

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

OP may be 4, 10 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"