

Site Manager Site Survey —

Site: VA Boston Healthcare System - West Roxbury

Section Title	Last Update	Action
CCCE Sign Off	01/03/17 11:05 AM	
CCCE Sign Off		
CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input checked="" type="checkbox"/> This survey has been reviewed.		

Information For the Academic Program	01/03/17 11:05 AM	
Information For the Academic Program		
Person Completing CSIF: Jayna Rogers PT, DPT, MS, CCCE		
E-mail address of person completing CSIF: Jayna.Rogers@va.gov		
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): VA Boston Healthcare System - West Roxbury		
Street Address		
Address: Physical Therapy Dept (117) 1400 VFW Parkway		
City: West Roxbury		
State: MA		
Postal Code: 02132		
Facility Phone		
Phone Number: 617-323-7700		
Ext: 36515		
PT Department Phone		
Phone Number: 1-857-203-5117		
Ext:		
PT Department Fax		
Phone Number: 1-857-203-5680		
Clinical Center Web Address: vawww.visn1.med.va.gov		
Director of Physical Therapy: Catherine A. Kelly PT, DPT, MS		
Center Coordinator of Clinical Education (CCCE) / Contact Person:		

Jayna Rogers, PT, DPT, MS, CCCE/Christina Sole-Plasa PT, DPT, MS, CCCE

CCCE / Contact Person Phone:

(857) 203-5182

CCCE / Contact Person E-mail:

Jayna.rogers@va.gov/Christina.Sole-plasa@va.gov

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

01/03/17 11:05 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:

VA Boston Healthcare System

Contact Name:

Jayna Rogers PT, DPT, MS, CCCE/Christina Sole-Plasa PT, DPT, MS, CCCE

Address

Address:

1400 VFW Parkway

City:

West Roxbury

State:

MA

Postal Code:

02132

Phone

Phone Number:

(617) 323-7700

Ext:

35182

Fax

Phone Number:

(857) 203-5680

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

Jayna Rogers PT, DPT, MS, CCCE

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

01/03/17 11:05 AM

Clinical Site Accreditation/Ownership

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

<input type="checkbox"/>	Corporate/Privatey Owned	<input checked="" 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

01/03/17 11:05 AM

Clinical Site Primary Classification

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

Acute Care/Inpatient Hospital Facility

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

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

Section Sign Off:

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

This section has been completed.

Clinical Site Location

01/03/17 11:05 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

01/03/17 11:05 AM

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Bay State College	Boston	MA	PTA	
Northeastern University	Boston	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Boston University	Boston	MA	PT	
Simmons College	Boston	MA	PT	
Franklin Pierce University	Concord	NH	PT	
Husson University	Bangor	ME	PT	
MGHHP	Boston	MA	PT	
Quinnipiac University	Hamden	CT	PT	
University of Rhode Island	Kingston	RI	PT	
University of New England	Portland	ME	PT	
Bay State College	Boston	MA	PTA	

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	
AT Still University of Health Sciences, AZ	
Academy for Nursing and Health Occupations, FL	
Section Sign Off: Adventist University of Health Sciences, FL	
Alabama State University, AL	

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 01/22/19 07:08 AM

Information About the Clinical Teaching Faculty

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

Name:

Jayna E. Rogers PT, DPT, MS, CCCE

Email Address / CPI2 Login:

jayna.rogers@va.gov

Present Position (Title, Name of Facility):

Outpatient Physical Therapist, CCCE, PT Residency Director

No. of Years as the CCCE

7

No. of Years of Clinical Practice

13

No. of Years of Clinical Teaching

9

No. of Years Working at this Site

10

Check all that apply:

PT PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

16612

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

MA

License/Registration Number:

16612

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

APTA Credentialed CI

Yes No

APTA Advanced Credentialed CI

Yes No

Other CI Credentialing

Yes No

Please explain:

Residency Program Director

ABPTS Certified Clinical Specialist (Check all that apply)

OCS

GCS

PCS

NCS

CCS

SCS

ECS

WCS

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

Aquatic

Musculoskeletal

Cardiopulmonary

Neuromuscular

Geriatric

Pediatrics

Integumentary

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

Northeastern University

Period of Study

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

From 9/97 — To 6/03

Major:

PT

Degree:

Masters of Science in Physical Therapy

Institution:

Simmons College

Period of Study

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

From 9/09 — To 5/10

Major:

Physical Therapy

Degree:

tDPT

Summary of Primary Employment

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

Employer:

People First Rehabilitation

Position:

SNFPT

Period of Employment

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

From — To

Employer:

Carney Hospital

Position:

Outpatient PT

Period of Employment

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

From — To

Employer:

VA Boston Healthcare System

Position:

outpatient PT, CCCE

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:

Billing and Coding for Therapy

Provider/Location:

Worcester, MA

Date

Course:

Pelvic Floor Rehabilitation 1

Provider/Location:

Austin, TX

Date

Course:

The Role of the CCCE

Provider/Location:

NECACCE-Lowell, MA

Date

[Empty input field]

Name:

Christina Sole-Plasa

Email Address / CPI2 Login:

Christina.Sole-Plasa@va.gov

Present Position (Title, Name of Facility):

Outpatient PT, CCCE

No. of Years as the CCCE

1

No. of Years of Clinical Practice

11

No. of Years of Clinical Teaching

10

No. of Years Working at this Site

11

Check all that apply:

PT

PTA

Licensing/Registration Status

Please choose:

State of Licensure/Registration

Please choose:

License/Registration Number:

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

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

- Geriatric
 Integumentary

- Pediatrics

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

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

From — To

Major:

Degree:

Institution:
Husson College

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:
transitional Doctor of PT

Summary of Primary Employment

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

Employer:

Position:

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

From — To

Employer:
VA Boston Healthcare System

Position:
Outpatient PT, CCCE

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)

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

11/28/16 07:49 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
Allen, Jessica	Jessica.Allen@va.gov	
Brintnall, Barbara J	Barbara.Brintnall@va.gov	
Burns, Lynn	Lynn.Burns@va.gov	
Calilung PT, MPH, RN, Anthony	anthony.calilung@va.gov	
Dennehy PT, DPT, ATP, Denise A	denise.dennehy@va.gov	
Flynn, Joanna	joanna.flynn@va.gov	
Foy, Kathryn	Kathryn.Foy@va.gov	
Gleason-Jennings PT, DPT, NCS, Heather r	Heather.Gleason@va.gov	
Guerreiro, Hai W	HaiWei.Guerreiro@va.gov	
Hill, DPT, Amy	Amy.Hill3@va.gov	
Jennings, Heather r	heather.jennings@va.gov	
Lyson, Joanne	Joanne.Lyson@va.gov	
McEleney, Bethany	Bethany.Mceleney@va.gov	
Morris PT, DPT, MS, Leeann	leeann.morris2@va.gov	
Rogers PT, DPT, MS, CCCE, Jayna E	jayna.rogers@va.gov	
Sole-Plasa, Christina	Christina.Sole-Plasa@va.gov	
Thomas, Murray	Thomas.Murray2@va.gov	

Add New CI

Displaying all 17 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.

Clinical Instructors

11/28/16 07:47 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 checked="" 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 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 checked="" type="checkbox"/>	Continuing education by academic program	<input checked="" 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

02/24/14 01:52 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:

168

Psychiatric center:

Intensive care:

30

Rehabilitation center:

7

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

205

Section Sign Off:

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

This section has been completed.

Number of Patients/Clients

02/24/14 01:52 PM

Number of Patients/Clients

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

Inpatient	Outpatient
8 Individual PT:	10 Individual PT:
5 Student PT:	7 Student PT:
10 Individual PTA:	12 Individual PTA:
8 Student PTA:	10 Student PTA:
2 PT/PTA Team:	1 PT/PTA Team:
33 Total patient/client visits per day:	40 Total patient/client visits per day:

Section Sign Off:

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

This section has been completed.

Patient/Client Lifespan and Continuum of Care

02/24/14 01:52 PM

Patient/Client Lifespan and Continuum of Care

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

Patient Lifespan

0-12 years

0%

13-21 years

1% - 25%

22-65 years

26% - 50%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

51% - 75%

SNF/ECF/sub-acute

0%

Rehabilitation

1% - 25%

Ambulatory/outpatient

26% - 50%

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

02/24/14 01:52 PM

Patient/Client Diagnoses

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

Musculoskeletal

26% - 50%

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 checked="" type="checkbox"/>	Brain injury	<input checked="" type="checkbox"/>	Cerebral vascular accident	<input checked="" type="checkbox"/>	Chronic pain
<input 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 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)

1% - 25%

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 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

02/24/14 01:52 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	8	3	11
PTAs	1	0	1
Aides/Techs			
Other:			

Section Sign Off:

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

This section has been completed.

Information About the Clinical Education Experience

02/24/14 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 checked="" type="checkbox"/> Aquatic Therapy	<input type="checkbox"/> Athletic Venue Coverage
<input checked="" 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 checked="" type="checkbox"/> Departmental Administration
<input type="checkbox"/> Early Intervention	<input checked="" type="checkbox"/> Employee Intervention	<input type="checkbox"/> Employee Wellness Program
<input checked="" type="checkbox"/> Group Programs/Classes	<input checked="" type="checkbox"/> Home Health Program	<input type="checkbox"/> Industrial/Ergonomic PT
<input checked="" type="checkbox"/> Inservice Training/Lectures	<input type="checkbox"/> Neonatal Care	<input checked="" type="checkbox"/> Nursing Home/ECF/SNF
<input checked="" 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 type="checkbox"/>	Prevention/Wellness
<input type="checkbox"/>	Pulmonary Rehabilitation	<input checked="" type="checkbox"/>	Quality Assurance/ CQI/TQM	<input checked="" type="checkbox"/>	Radiology
<input checked="" type="checkbox"/>	Research Experience	<input 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 checked="" type="checkbox"/>	Women's Health/OB-GYN	<input type="checkbox"/>	Work Hardening/Conditioning	<input type="checkbox"/>	Wound Care
<input type="checkbox"/>	Other				

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	Balance	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input checked="" type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Hemophilia clinic
<input type="checkbox"/>	Industry	<input checked="" type="checkbox"/>	Neurology clinic	<input checked="" type="checkbox"/>	Orthopedic clinic
<input checked="" type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Preparticipation sports	<input checked="" type="checkbox"/>	Prosthetic/ orthotic clinic
<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Screening clinics	<input checked="" type="checkbox"/>	Seating/ mobility clinic
<input checked="" 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 checked="" type="checkbox"/>	Administrators	<input type="checkbox"/>	Alternative therapies	<input type="checkbox"/>	Athletic trainers
<input checked="" type="checkbox"/>	Audiologists	<input checked="" type="checkbox"/>	Dietitians	<input type="checkbox"/>	Enterostomal / wound specialists
<input checked="" type="checkbox"/>	Exercise physiologists	<input checked="" type="checkbox"/>	Fitness professionals	<input checked="" type="checkbox"/>	Health information technologists
<input type="checkbox"/>	Massage therapists	<input checked="" type="checkbox"/>	Nurses	<input checked="" type="checkbox"/>	Occupational therapists
<input checked="" type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input 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 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 checked="" type="checkbox"/>	Therapeutic recreation therapists
<input checked="" type="checkbox"/>	Vocational rehabilitation counselors	<input type="checkbox"/>	Other		

Section Sign Off:

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

This section has been completed.

Availability of the Clinical Education Experience

02/24/14 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 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 checked="" 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:**

Full days Half days Other

Physical Therapist Assistant

Final Experience Other

PT

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

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

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

<input 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 type="checkbox"/> February	<input type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Average number of PT students affiliating per year.:

8-10

Average number of PTA students affiliating per year.:

1-2

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?:

using a critical incident report, setting weekly goals, involving CCCE, university

**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.):**

students are provided coverage from another experienced 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.

Clinical Site's Learning Objectives and Assessment

02/24/14 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

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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:

The VA sends a packet of application materials. Within that packet there is a welcome letter indicating the specifics of the clinical instructor's work day. Student will then have access to CI and CCCE contact information.

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:

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

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

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

within one year

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:

The students must fingerprinting done at the VA campus, online education and I-9 form completion prior to beginning their experience.

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 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

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.):

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:

full time students only

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:

at the discretion of the clinical instructor

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 are required to make up time missed if greater than 3 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

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

Can the student receive CPR certification while on-site?

Yes No

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:

inpatient PTs work 8 hour days with occasional weekend rotation, outpatient PT works Monday-Friday, divided between 2 therapists. No weekends in outpatient. Student schedules with mirror their CI.

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"