

CLINICAL SITE INFORMATION FORM (CSIF)

APTA Department of Physical Therapy Education

Revised January 2006

INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
 - Information About the Clinical Site (pages 4-6)
 - Information About the Clinical Teaching Faculty (pages 7-10)
 - Information About the Physical Therapy Service (pages 10-12)
 - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.



American Physical Therapy Association

**Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA's website at under “**Education Programs,**” click on “Clinical” and choose “Clinical Site Information Form.” This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility’s information. The title should be the clinical site’s zip code, clinical site’s name, and the date (eg, 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.
2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed. If you need additional space please attach a separate sheet of paper.
3. **Save the completed CSIF.**
4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF to the Department of Physical Therapy Education at angelaboyd@apta.org.
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on **page 4**. Complete **page 4**, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. ***Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.***

What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.

Table of Contents

Introduction and Instructions	1-2
Clinical Site Information	
Primary Site	4
Multi-Center Facilities	5
Accreditation/Ownership	6
Primary Classification	6
Location	6
Clinical Teaching Faculty	
Center Coordinators of Clinical Education (CCCEs) – Abbreviated Resume	6
Education	7
Employment	7
Teaching Preparation	8
Clinical Instructor	
Information	9
Selection Criteria	10
Training	10
Physical Therapy Service	
Number of Inpatient Beds	10
Number of Patients/Clients	10
Patient/Client Lifespan and Continuum of Care	11
Patient/Client Diagnoses	11
Hours of Operation	12
Staffing	12
Clinical Education Experience	
Special Programs/Activities/Learning Opportunities	13
Specialty Clinics	13
Health and Educational Providers at the Clinical Site	14
Affiliated PT and PTA Education Programs	14
Availability of the Clinical Education Experience	15
Learning Objectives and Assessments	16
Student Information	
Arranging the Experience	17
Housing	17-18
Transportation	19
Meals	19
Stipend/Scholarship	20
Special Information	20
Other	20

CLINICAL SITE INFORMATION FORM

I: Information For the Academic Program
Information About the Clinical Site – Primary

Initial Date 05/10/06
Revision Date 11/30/08

Person Completing CSIF	Jennifer Martin				
E-mail address of person completing CSIF	jennifer.martin@mosescone.com				
Name of Clinical Center	Moses Cone Health System				
Street Address	1200 North Elm Street				
City	Greensboro	State	NC	Zip	27401
Facility Phone	336-832-8120	Ext.			
PT Department Phone	336-832-8120	Ext.			
PT Department Fax	336-832-7366				
PT Department E-mail					
Clinical Center Web Address	www.mosescone.com				
Director of Physical Therapy	Susan Davis, PT-Acute Program Director; Anne Macner, PT, Executive Director of Post-Acute Services				
Director of Physical Therapy E-mail	susan.davis@mosescone.com; anne.macner@mosescone.com				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Jennifer Martin				
CCCE / Contact Person Phone	336-832-8120				
CCCE / Contact Person E-mail	jennifer.martin@mosescone.com				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	Denise Robertson, PTA; Jennifer Martin, PT; Holly Garrigan, PT; Rebecca Boone, PT; Dawn Ingold, PT; Nikki Spivey, PTA; Kathy Bury, PTA				
Other Credentialed CIs (List name and credentials)					
Indicate which of the following are required by your facility prior to the clinical education experience:	<input checked="" type="checkbox"/> Proof of student health clearance <input type="checkbox"/> Criminal background check <input type="checkbox"/> Child clearance <input type="checkbox"/> Drug screening <input checked="" type="checkbox"/> First Aid and CPR <input checked="" type="checkbox"/> HIPAA education <input checked="" type="checkbox"/> OSHA education <input type="checkbox"/> Other: Please list				

Information About Multi-Center Facilities

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate "SAME." If more than three sites, copy this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

Name of Clinical Site	Wesley Long Community Hospital				
Street Address	501 North Elam Avenue				
City	Greensboro	State	NC	Zip	27403
Facility Phone	336-832-0420		Ext.		
PT Department Phone	same		Ext.		
Fax Number	336-832-1239	Facility E-mail			
Director of Physical Therapy	Susan Davis, PT-Acute Program Director		E-mail	susan.davis@mosescone.com	
CCCE	Jennifer Martin, PT		E-mail	jennifer.martin@mosescone.com	

Name of Clinical Site	Moses Cone Outpatient Rehabilitation Center				
Street Address	1904 North Church Street				
City	Greensboro	State	NC	Zip	27401
Facility Phone	336-271-4840		Ext.		
PT Department Phone	same		Ext.		
Fax Number	336-271-4921	Facility E-mail			
Director of Physical Therapy	Anne Macner, PT-Executive Director or Post-Acute Services		E-mail	anne.macner@mosescone.com	
CCCE	Jennifer Martin, PT		E-mail	jennifer.martin@mosescone.com	

Name of Clinical Site	Outpatient Rehabilitation Center at Adams Farm				
Street Address	5817 High Point Road				
City	Greensboro	State	NC	Zip	27407
Facility Phone	336-218-0531		Ext.		
PT Department Phone	same		Ext.		
Fax Number	336-218-0562	Facility E-mail			
Director of Physical Therapy	Anne Macner, PT		E-mail	anne.macner@mosescone.com	
CCCE	Jennifer Martin,PT		E-mail	jennifer.martin@mosescone.com	

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	JCAHO	August 2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CARF	November 2007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
		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 checked="" type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input type="checkbox"/> PT Owned <input type="checkbox"/> PT/PTA Owned <input type="checkbox"/> Other (please specify)	

Clinical Site Primary Classification

To complete this section, please:

- A. Place the number 1 (**1**) beside the category that best describes how your facility functions the majority ($\geq 50\%$) of the time.
- B. Next, if appropriate, check (\checkmark) up to four additional categories that describe the other clinical centers associated with your facility.

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

Clinical Site Location

Which of the following best describes your clinical site's location?

- Rural
- Suburban
- Urban

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME: Jennifer Martin		Length of time as the CCCE: 2 year	
DATE: (mm/dd/yy) 12/01/08		Length of time as a CI: 2 year	
PRESENT POSITION: Clinical Education Coordinator, Physical Therapist for Moses Cone Health System (Title, Name of Facility)		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 3 years
LICENSURE: (State/Numbers) NC 10214	APTA Credentialed CI Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Area of Clinical Specialization: Acute Care			
Other credentials: MS, Exercise Science; DPT			

SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (Start with most current):

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of South Carolina	8/00	8/05	ExSc, PT	MS, DPT
University of North Carolina	8/90	12/94	English	BA

SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
Moses Cone Health System	CCCE, PT	09/05	present

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs. For clinical sites with multiple locations, use one form for each location and identify the location here. Moses Cone Memorial Hospital

Name followed by credentials (eg, Joe Therapist, DPT, OCS Jane Assistant, PTA, BS)	PT/PTA Program from Which CI Graduated	Year of Graduation	Highest Earned Physical Therapy Degree	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	List Certifications KEY: A = APTA credentialed. CI B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number E= Eligible T= Temporary	
								L/E/T Number	State of Licensure
Kristen Soth	Elon University	2001	MPT	10	5			L	NC
Dawn Fesmire	UNC-CH	1993	BS	12	10	A		L	NC
Holly Garrigan	University of Alabama- Birmingham	2001	MS	5	2		Yes	L	NC
Alison Greenway	UNC-CH	2003	MS	3	2			L	NC
Rebecca Boone	UNC-CH	2005	DPT	1	1	A		L	NC
Dawn Ingold	Winston-Salem State University	1996	BS	10	9	A	Yes	L	NC
Denise Robertson	College of Health Sciences	1995	AS	11	10	A	No	L	NC
Luis Sanchez	Union County College		AS	9	6			L	NC
Karen Hill	UNC-CH	1986	BS	27	17	A	Yes	L	NC

Clinical Instructors

What criteria do you use to select clinical instructors? (Mark (X) all that apply):

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	No criteria
<input checked="" type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing
<input type="checkbox"/>	Certification/training course	<input checked="" type="checkbox"/>	Therapist initiative/volunteer
<input checked="" type="checkbox"/>	Clinical competence	<input checked="" type="checkbox"/>	Years of experience: Number: 1 year
<input type="checkbox"/>	Delegated in job description	<input checked="" type="checkbox"/>	Other (please specify): Therapist must have been at facility for 6 months
<input checked="" type="checkbox"/>	Demonstrated strength in clinical teaching		

How are clinical instructors trained? (Mark (X) all that apply)

<input checked="" type="checkbox"/>	1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	Academic for-credit coursework	<input type="checkbox"/>	No training
<input checked="" type="checkbox"/>	APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program
<input checked="" type="checkbox"/>	Clinical center inservices	<input checked="" type="checkbox"/>	Professional continuing education (eg, chapter, CEU course)
<input checked="" type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Other (please specify):

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	525	Psychiatric center	
Intensive care	53	Rehabilitation center	45
Step down	37	Other specialty centers: Specify	Peds: 20
Subacute/transitional care unit	19		
Extended care	150	Total Number of Beds	849

Number of Patients/Clients

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

INPATIENT		OUTPATIENT	
8-10	Individual PT	10-14	Individual PT
1-6	Student PT		Student PT
8-10	Individual PTA	12-16	Individual PTA
1-6	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
200-275	Total patient/client visits per day	250	Total patient/client visits per day

Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:
 1 = (0%) 2=(1-25%) 3=(26-50%) 4=(51-75%) 5=(76-100%)

Rating	Patient Lifespan	Rating	Continuum of Care
2	0-12 years	5	Critical care, ICU, acute
2	13-21 years	5	SNF/ECF/sub-acute
3	22-65 years	5	Rehabilitation
4	Over 65 years	5	Ambulatory/outpatient
		1	Home health/hospice
		1	Wellness/fitness/industry

Patient/Client Diagnoses

- Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:
 1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)
- Check (✓) those patient/client diagnostic sub-categories available to the student.

(1-5)	Musculoskeletal		
5 <input checked="" type="checkbox"/>	Acute injury	3 <input checked="" type="checkbox"/>	Muscle disease/dysfunction
4 <input checked="" type="checkbox"/>	Amputation	5 <input checked="" type="checkbox"/>	Musculoskeletal degenerative disease
5 <input checked="" type="checkbox"/>	Arthritis	5 <input checked="" type="checkbox"/>	Orthopedic surgery
4 <input checked="" type="checkbox"/>	Bone disease/dysfunction	<input type="checkbox"/>	Other: (Specify)
2 <input checked="" type="checkbox"/>	Connective tissue disease/dysfunction		
(1-5)	Neuro-muscular		
4 <input checked="" type="checkbox"/>	Brain injury	3 <input checked="" type="checkbox"/>	Peripheral nerve injury
5 <input checked="" type="checkbox"/>	Cerebral vascular accident	2 <input checked="" type="checkbox"/>	Spinal cord injury
2 <input checked="" type="checkbox"/>	Chronic pain	2 <input checked="" type="checkbox"/>	Vestibular disorder
2 <input checked="" type="checkbox"/>	Congenital/developmental	<input type="checkbox"/>	Other: (Specify)
3 <input checked="" type="checkbox"/>	Neuromuscular degenerative disease		
(1-5)	Cardiovascular-pulmonary		
5 <input checked="" type="checkbox"/>	Cardiac dysfunction/disease	5 <input checked="" type="checkbox"/>	Peripheral vascular dysfunction/disease
1 <input type="checkbox"/>	Fitness	<input type="checkbox"/>	Other: (Specify)
3 <input checked="" type="checkbox"/>	Lymphedema		
5 <input checked="" type="checkbox"/>	Pulmonary dysfunction/disease		
(1-5)	Integumentary		
1 <input checked="" type="checkbox"/>	Burns	<input type="checkbox"/>	Other: (Specify)
5 <input checked="" type="checkbox"/>	Open wounds		
2 <input checked="" type="checkbox"/>	Scar formation		
(1-5)	Other (May cross a number of diagnostic groups)		
4 <input checked="" type="checkbox"/>	Cognitive impairment	1 <input type="checkbox"/>	Organ transplant
5 <input checked="" type="checkbox"/>	General medical conditions	1 <input type="checkbox"/>	Wellness/Prevention
5 <input checked="" type="checkbox"/>	General surgery	<input type="checkbox"/>	Other: (Specify)
3 <input checked="" type="checkbox"/>	Oncologic conditions		

Hours of Operation

Facilities with multiple sites with different hours must complete this section for each clinical center.

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	8:00	4:30	varies by venue and facility
Tuesday	8:00	4:30	
Wednesday	8:00	4:30	
Thursday	8:00	4:30	
Friday	8:00	4:30	
Saturday	8:00	4:30	
Sunday	8:00	4:30	

Student Schedule

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

- Standard 8 hour day
- Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:
 Student is expected to follow CI's work schedule. Some CI's work 4 ten hour days, etc. Students are not expected to work weekends, though they may and substitute a comp day during the week. Holidays are not automatically given off, and the departments are generally open every day except Thanksgiving and Christmas days.

Staffing

Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	20.35		18.45
PTAs	6.45		4.6
Aides/Techs	15		13.2
Others: Specify			

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

Please mark (X) all special programs/activities/learning opportunities available to students.

<input checked="" type="checkbox"/>	Administration	<input checked="" type="checkbox"/>	Industrial/ergonomic PT	<input checked="" type="checkbox"/>	Quality Assurance/CQI/TQM
<input type="checkbox"/>	Aquatic therapy	<input checked="" type="checkbox"/>	Inservice training/lectures	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Athletic venue coverage	<input checked="" type="checkbox"/>	Neonatal care	<input type="checkbox"/>	Research experience
<input type="checkbox"/>	Back school	<input checked="" type="checkbox"/>	Nursing home/ECF/SNF	<input type="checkbox"/>	Screening/prevention
<input type="checkbox"/>	Biomechanics lab	<input checked="" type="checkbox"/>	Orthotic/Prosthetic fabrication	<input type="checkbox"/>	Sports physical therapy
<input checked="" type="checkbox"/>	Cardiac rehabilitation	<input type="checkbox"/>	Pain management program	<input checked="" type="checkbox"/>	Surgery (observation)
<input checked="" type="checkbox"/>	Community/re-entry activities	<input checked="" type="checkbox"/>	Pediatric-general (emphasis on):	<input checked="" type="checkbox"/>	Team meetings/rounds
<input checked="" type="checkbox"/>	Critical care/intensive care	<input type="checkbox"/>	Classroom consultation	<input checked="" type="checkbox"/>	Vestibular rehab
<input checked="" type="checkbox"/>	Departmental administration	<input checked="" type="checkbox"/>	Developmental program	<input checked="" type="checkbox"/>	Women's Health/OB-GYN
<input type="checkbox"/>	Early intervention	<input checked="" type="checkbox"/>	Cognitive impairment	<input checked="" type="checkbox"/>	Work Hardening/conditioning
<input type="checkbox"/>	Employee intervention	<input checked="" type="checkbox"/>	Musculoskeletal	<input checked="" type="checkbox"/>	Wound care
<input checked="" type="checkbox"/>	Employee wellness program	<input checked="" type="checkbox"/>	Neurological	<input type="checkbox"/>	Other (specify below)
<input checked="" type="checkbox"/>	Group programs/classes	<input type="checkbox"/>	Prevention/wellness		
<input type="checkbox"/>	Home health program	<input checked="" type="checkbox"/>	Pulmonary rehabilitation		

Specialty Clinics

Please mark (X) all specialty clinics available as student learning experiences.

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

Health and Educational Providers at the Clinical Site

Please mark (X) 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"/>	Massage therapists	<input checked="" type="checkbox"/>	Speech/language pathologists
<input type="checkbox"/>	Alternative therapies: List:	<input checked="" type="checkbox"/>	Nurses	<input checked="" type="checkbox"/>	Social workers
<input type="checkbox"/>	Athletic trainers	<input checked="" type="checkbox"/>	Occupational therapists	<input type="checkbox"/>	Special education teachers
<input checked="" type="checkbox"/>	Audiologists	<input checked="" type="checkbox"/>	Physicians (list specialties)	<input checked="" type="checkbox"/>	Students from other disciplines
<input checked="" type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Students from other physical therapy education programs
<input checked="" type="checkbox"/>	Enterostomal /wound specialists	<input type="checkbox"/>	Podiatrists	<input checked="" type="checkbox"/>	Therapeutic recreation therapists
<input checked="" type="checkbox"/>	Exercise physiologists	<input checked="" type="checkbox"/>	Prosthetists /orthotists	<input type="checkbox"/>	Vocational rehabilitation counselors
<input type="checkbox"/>	Fitness professionals	<input checked="" type="checkbox"/>	Psychologists	<input type="checkbox"/>	Others (specify below)
<input type="checkbox"/>	Health information technologists	<input checked="" type="checkbox"/>	Respiratory therapists		

Affiliated PT and PTA Educational Programs

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

Program Name	City and State	PT	PTA
East Carolina University	Greenville, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duke University	Durham, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Winston-Salem State University	Winston-Salem, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Kentucky	Lexington, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of North Carolina at Chapel Hill	Chapel Hill, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washington University	St. Louis, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virginia Commonwealth University	Richmond, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Elon College	Elon, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Western Carolina University	Cullowhee, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fayetteville Technical Community College	Fayetteville, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Guilford Technical Community College	Jamestown, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caldwell Community College	Hudson, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jefferson College of Health Sciences	Roanoke, VA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Central Piedmont Community College	Charlotte, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
University of South Carolina	Columbia, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The University of Findlay	Findlay, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Availability of the Clinical Education Experience

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

Physical Therapist		Physical Therapist Assistant	
<input checked="" type="checkbox"/> First experience: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		<input checked="" type="checkbox"/> First experience: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input checked="" type="checkbox"/> Intermediate experiences: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		<input checked="" type="checkbox"/> Intermediate experiences: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input checked="" type="checkbox"/> Final experience		<input checked="" type="checkbox"/> Final experience	
<input checked="" type="checkbox"/> Internship (6 months or longer)			
<input type="checkbox"/> Specialty experience			

	PT		PTA	
	From	To	From	To
Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.	1	24	1	8
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	1	24	1	8

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.	12	8

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	Must notify in advance to allow time to prepare for accommodations

What is the procedure for managing students whose performance is below expectations or unsafe?
Follow department policy for Student Dismissal.

Answer if the clinical center employs only one PT or PTA.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site. Qualified staff will assume the CI role. The students' experiences will be minimally disrupted.

Clinical Site's Learning Objectives and Assessment

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
		2. Do these objectives accommodate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	• The student's objectives?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	• Students prepared at different levels within the academic curriculum?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	• The academic program's objectives for specific learning experiences?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Students with disabilities?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

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

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

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

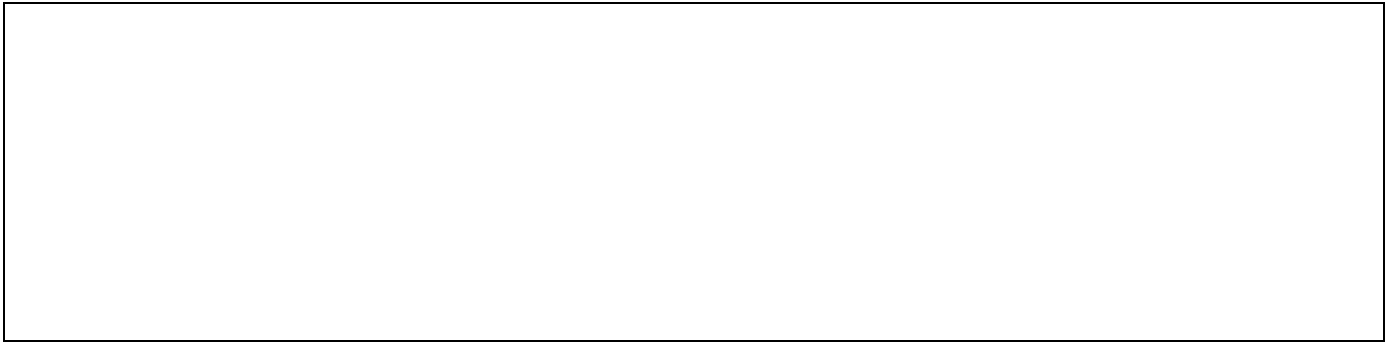
<input checked="" type="checkbox"/>	Written and oral mid-evaluation	<input checked="" type="checkbox"/>	Ongoing feedback throughout the clinical
<input checked="" type="checkbox"/>	Written and oral summative final evaluation	<input checked="" type="checkbox"/>	As per student request in addition to formal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

OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Moses Cone is a multi-center health system offering acute, inpatient rehab and outpatient experiences. Students who demonstrate the ability to perform within expectations as determined by the academic program, the student and the clinical instructor can expect to also participate in a rich and varied number or ancillary experiences while affiliating with our health system.

Students will receive a preaffiliation packet approximately 4-6 weeks prior to the beginning of the affiliation detailing requirements and including forms to be completed and returned at least 2 weeks prior to the start of the affiliation. We do not require students to redundantly provide medical and/or insurance information, only that all requirements are completed and received either from the student or the academic program.

Our clinical education philosophy embraces the importance of developing intellectually curious and clinically competent professionals whose practice is informed by an appreciation of the individual-team impact on patient outcomes. We strive to offer a challenging and rewarding foundational experience upon which a student-practitioners will build a lifetime of successful practice.



Part II. Information for Students

Use the check (✓) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

Arranging the Experience

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	Preaffiliation letters mailed 4-6 weeks prior to start date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	Closed Christmas and Thanksgiving Days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Does your clinical site require a student interview?	
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	Typically by 8 am, though depends on CI's work hours. Letter will detail.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Is a Mantoux TB test (PPD) required? a) one step _____ (✓ check) b) two step _____ (✓ check) If yes, within what time frame?	One-step. One Year AND 3 months prior to beginning of affiliation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is a Rubella Titer Test or immunization required?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	Tetanus within 10 years;MMR. Strongly recommend flu shot.
		8. How is this information communicated to the clinic? Provide fax number if required.	must receive copies of immunizations prior to start of affiliation
		9. How current are student physical exam records required to be?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Is the student required to provide proof of OSHA training?	Must complete our OSHA training once on site
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	Must complete our HIPAA training once on site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	CPR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	Document hep-B series or sign decination form.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Is the student required to have proof of health insurance?	If they do not have health insurance, student must provide a statement stating such.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Is emergency health care available for students?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Is the student responsible for emergency health care costs?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Is other non-emergency medical care available to students?	

<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).
-------------------------------------	--------------------------	---

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) Can the student receive CPR certification while on-site?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Is the student required to be certified in First Aid?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) Can the student receive First Aid certification on-site?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is a criminal background check required (eg, Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	Currently not, though highly recommended, and this may change in the future.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Is a child abuse clearance required?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Is the student responsible for the cost or required clearances?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	Students may be subjected to random drug screens
<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Is medical testing available on-site for students?	
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	Site orientation informally completed by CCCE and CI within first week. Students sign Acknowledgement form, including confidentiality and standards of behavior.

Housing

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Is housing provided for female students? (If no, go to #32)	
		28. What is the average cost of housing?	
		29. Description of the type of housing provided:	AHEC housing (student arranges personally) are shared apartments. Limited staff-provided housing at \$70/week. Contact CCCE for more details.
		30. How far is the housing from the facility?	varies. AHEC within walking distance

		31. Person to contact to obtain/confirm housing:	http://www.gahec.org/SandP/ho using.htm
		Name:	
		Address:	
		City: State: Zip:	
		Phone: E-mail:	
Yes	No		Comments
		32. If housing is not provided for either gender:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.	Jennifer Martin 336-832-8120
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	

Transportation

Yes	No		Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	33. Will a student need a car to complete the clinical experience?	must get to/from sites
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Is public transportation available?	
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	2 miles
		b) Subway station?	n/a miles
		c) Bus station?	<.10 miles
		d) Airport?	10 miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. Greensboro is a community focused city located in the Piedmont area of North Carolina. There are many recreational and cultural activities available and it is close to both the mountains and the ocean. Greensboro population is approximately 200,000 and is located in Guilford County population approximately 360,000.	
		38. Please enclose a map of your facility, specifically the location of the department and parking. Travel directions can be obtained from several travel directories on the internet. (eg. Delorme , Microsoft , Yahoo , Mapquest).	

Meals

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Are meals available for students on-site? (If no, go to #40)	

		Breakfast (if yes, indicate approximate cost)	3.00
		Lunch (if yes, indicate approximate cost)	5.00
		Dinner (if yes, indicate approximate cost)	5.00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	

Stipend/Scholarship

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	41. Is a stipend/salary provided for students? If no, go to #43.	
		a) How much is the stipend/salary? (\$ / week)	
<input type="checkbox"/>	<input type="checkbox"/>	42. Is this stipend/salary in lieu of meals or housing?	
		43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

Special Information

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	44. Is there a facility/student dress code? If no, go to # 45. If yes, please describe or attach.	Dress code provided in pre-affiliation information packet
		a) Specify dress code for men:	
		b) Specify dress code for women:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	Affiliations > 4weeks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	46. Do you require any additional written or verbal work from the student (eg, article critiques, journal review, patient/client education handout/brochure)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	Call if you will be out. Talk to a person, don't just leave a message. Make-up days arrange by CI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	Several desktop units, and wireless access.

Other Student Information

Yes	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	49. Do you provide the student with an on-site orientation to your clinical site?	
(mark X below)		a) Please indicate the typical orientation content by marking an X by all items that are included.	
<input checked="" type="checkbox"/>		Documentation/billing	<input checked="" type="checkbox"/> Review of goals/objectives of clinical experience
<input checked="" type="checkbox"/>		Facility-wide or volunteer orientation	<input checked="" type="checkbox"/> Student expectations
<input checked="" type="checkbox"/>		Learning style inventory	<input checked="" type="checkbox"/> Supplemental readings
<input checked="" type="checkbox"/>		Patient information/assignments	<input checked="" type="checkbox"/> Tour of facility/department
<input checked="" type="checkbox"/>		Policies and procedures (specifically outlined plan for emergency responses)	<input checked="" type="checkbox"/> Other (specify below - eg, bloodborne pathogens, hazardous materials, etc.) HIPPA, OSHA, FIM, Corporate Compliance
<input checked="" type="checkbox"/>		Quality assurance	
<input checked="" type="checkbox"/>		Reimbursement issues	
<input checked="" type="checkbox"/>		Required assignments (eg, case study, diary/log, inservice)	

In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners' professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.