

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 (e.g., 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.
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 Word document to the Department of Physical Therapy Education at kristinestoneley@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.

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CLINICAL SITE INFORMATION FORM

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

Initial Date 2/27/08
Revision Date 2/13/11

Person Completing CSIF	Bob Robinson PT.DPT.MS.Dip.MDT.FAAOMPT				
E-mail address of person completing CSIF	bobnchris99@gmail.com				
Name of Clinical Center	Craven Physical Therapy & Spine				
Street Address	2111-k Neuse Blvd.				
City	New Bern	State	N.C.	Zip	28560
Facility Phone	(252) 637-5001	Ext.			
PT Department Phone	(252) 637-5001	Ext.			
PT Department Fax	(252) 637-5007				
PT Department E-mail	www.info@cravenpt.com				
Clinical Center Web Address	www.cravenpt.com				
Director of Physical Therapy	Bob Robinson				
Director of Physical Therapy E-mail	bobnchris99@gmail.com				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Bob Robinson				
CCCE / Contact Person Phone	(252) 637-5001				
CCCE / Contact Person E-mail	bobnchris99@gmail.com				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	Bob Robinson PT.DPT.MS.Dip.MDT.FAAOMPT Credentialed C.I. (APTA) CCCE: Craven Physical Therapy & Spine				
Other Credentialed CIs (List name and credentials)	None				
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 checked="" type="checkbox"/> Criminal background check <input type="checkbox"/> Child clearance <input checked="" 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 checked="" type="checkbox"/> Other: Please list Personal liability insurance				

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, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

Name of Clinical Site	NA				
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
CCCE				E-mail	

Name of Clinical Site	NA				
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
CCCE				E-mail	

Name of Clinical Site	NA				
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
CCCE				E-mail	

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	JCAHO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARF	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	Clinical Site Opened 1/21/08
		Which of the following best describes the ownership category for your clinical site? (check all that apply)	
		<input type="checkbox"/> Corporate/Privately Owned <input type="checkbox"/> Government Agency <input type="checkbox"/> Hospital/Medical Center Owned <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input checked="" 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. Click on the drop down box to the left to select the number 1.
- B. Next, if appropriate, check (\checkmark) up to four additional categories that describe the other clinical centers associated with your facility.

<input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
<input type="checkbox"/>	Ambulatory Care/Outpatient	<input type="checkbox"/>	Multiple Level Medical Center	<input type="checkbox"/>	Wellness/Prevention/Fitness Program
<input type="checkbox"/>	ECF/Nursing Home/SNF	<input checked="" type="checkbox"/>	Private Practice	<input type="checkbox"/>	Other: Specify
<input type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	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: Bob Robinson		Length of time as the CCCE: 1/21/08	
DATE: (mm/dd/yy) 5/6/09		Length of time as a CI: 15 years	
PRESENT POSITION: CO-OWNER, CCCE,CI, Craven Physical Therapy & Spine (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: 14 years
LICENSURE: (State/Numbers) NC 6372	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 checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Area of Clinical Specialization: Dipomat in Mechanical Diagnosis and Therapy, Fellow of the American Academy of Othopedic and Manual Physical Therapy			
Other credentials: Credentialed Clinical Instructor APTA (2001) Diploma in Mechanical Diagnosis and Therapy, Fellow of the American Academy of Orthopedic and Manual Physical Therapy			

SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (Start with most current): Tab to add additional rows.

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Temple University	1/04	6/06	Physical Therapy	DPT
D'Youville College	1/92	5/96	Physical Therapy	BS/MS
Monroe Community College	9/89	12/91	Criminal Justice	AS

SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
Craven Physical Therapy & Spine	Physical Therapist	1/08	Present
St. Joseph's/Candler Outpatient PT Dept.	Physical Therapist	10/01	11/07
Brunswick Hospital	Physical Therapist	3/00	9/01
Atlantic Physical Therapy	Physical Therapist	7/99	2/00

Conway Hospital Outpatient PT.Dept	Physical Therapist	11/97	7/99
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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**): Tab to add additional rows.

Course	Provider/Location	Date
FAAOMPT Clinical Residency 130 hours (completed) Problem Solving hours 360 (completed) Final Fellowship examination (passed) Application excepted for Fellowship status AAOMPT (2/13/11)	Dr. Ronald Schenk Dr. Erson Religioso Buffalo N.Y	Begin 5/1/09 to 2/13/11.
McKenzie Conference of the Americas	Dr. Ronald Schenk, Dr. Chad Cook, Baltimore Maryland	8/4/10-8/7/10
PT 720 Thrust Manipulation (MDT Fellowship Program: Audit)	Dr. Ronald Schenk, Buffalo, NY	4/30/10-5/2/10
PT 720 Thrust Manipulation (MDT Fellowship Pre-requisite)	Dr. Ronald Schenk, Buffalo, NY	5/1/09-5/3/09
Evidence-Based Examination and Selected Interventions for Patients with Lower Extremity Disorders	Dr. Joshua Cleland, Burlington, NC	3/21/09-3/22/09
The McKenzie Institute USA: MDT Clinical Skills Update	Mark Miller and Robert Medcalf, Winston-Salem, NC	5/3/08-5/4/08
Cash Practice: Breaking Down Barriers and Positioning Your Practice	Marilyn D. Phillips, UNC Chapel Hill, NC	3/29/08-3/30/08
Using the APTA Physical Therapist Clinical Performance Instrument for Studentes	Online	9/21/08
Vestibular Rehabilitation: Evaluation & Management	Greg Green, Raleigh, NC	12/5/07
10 th McKenzie Institute International Conference	Lawrence Dott: Queenstown, New Zealand	3/23/07-3/25/07
A Day with Robin McKenzie	Robin Mckenzie: Queenstown, New Zealand	3/22/07
The McKenzie Institute Conference of the America's	Carol Boaks: Montreal, Quebec	8/11/06-8/13/06
MDT International Diploma Examination	Stephen May, Montreal Quebec	8/9/06-8/10/06
Ethics and Jurisprudence (APTA workshop)	Anne Thompson, Savannah, GA	6/14/05
The McKenzie Institute Diploma Research Component (online)	Otago University and International MDT faculty	6/20/04-11/15/04
The McKenzie Institute Diploma Residency	Scott Herbowy & Mark Miller. St. David's Spine Center. TX	6/21/05 -8/29/05
The McKenzie Institute Conference of the America's	Mark Werneke, Cleveland Ohio	8/20/04-8/22/04
Mulligan: Mobilization with Movement: Lower Quadrant	Julie Paolino PT, Hilton Head, S.C.	2/26/04-2/27/04
McKenzie MDT of Extremities Part E	Colin Davis, Winston Salem, NC	2/21/04-2/22/04
Mulligan: Mobilization with Movement Upper Quadrant	Julie Paolino Hilton Head, SC	12/6/03-12/7/03
Ethics and Jurisprudence (APTA workshop)	Anne Thompson, Savannah, GA	3/6/03
Core Control: Lumbar Stabilization & Functional	Theresa McNerney, Orlando, FL	1/18/03-1/19/03

Strength Training (CCI Certification)		
Post Surgical Rehabilitation Programs for Cervical & Lumbar Spine	Carol McFarland, Columbus, OH	10/26/02-10/27/02
Muscle Energy Technique of the Spine	Beth Ventre, Savannah, Ga	2/14/03-2/16/03
McKenzie USA: Credentialing Examination	Mark Miller & Scott Herbowy, Austin, Tx	4/6/02
McKenzie Part D: Advanced Problem Solving	Phil Burchell. Buffalo, NY	12/13/01 – 12/16/01
APTA: Clinical Instructor Certification Course	Karen McCulloch, Guilford, NC	7/26/01-7/27/01
McKenzie Part C: Clinical Problem Solving	Mark Miller, Winston-Salem, NC	7/20/01-7/22/01
McKenzie Part B: Cervical & Thoracic	Robert Medcalf, Winston-Salem, NC	3/23/01-3/25/01
McKenzie Part A: Lumbar Spine	Elaine Gilman, Winston-Salem, NC	1/18/01-1/21/01
Muscle Energy Technique of the Spine and SI	Beth Ventre, Wilmington, NC	10/17/00-11/28/00
Basic & Advanced Myofascial Release	John Hecke, Wilmington, NC	4/7/00-4/8/00
Brian Mulligan's Follow-up Mobilization with Movement	Brian Mulligan, Springfield, Ill	5/16/01-5/17/01
The Upledger Institute: Craniosacral Therapy Level 1	Ken DiPersio, Myrtle, S.C.	5/3/00 – 5/7/00
Functional Capacity Evaluations: (FCE Isernhagen)	Susan Isernhagen, Bayton Rouge, La	7/30/99-7/31/99
Geriatric Orthopedics	Jennifer Bottomley, Savannah, Ga.	3/20/98-3/21/98
Current Concepts in Wound Healing	Jeff Feeder, Greensboro, NC	9/12/98-9/13/98
Mulligan Concept – Mobilization with Movement	Brian Mulligan, Jacksonville, FL	11/4/97-11/5/97
Pathophysiology & Mechanics of the Shoulder	Robert Donatelli, 6/27/97-6/28/97 Durham, N.C.	6/27/97-6/28/97
Diagnosis & Treatment of Orthopaedic Disorders of Lower Limb (Cyriax)	Buffalo, N.Y.	3/29/96-3/30/96
***Journal Club with George Davis DPT	Savannah, GA	Monthly x 3 years

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are **CI**s. **For clinical sites with multiple locations, use one form for each location and identify the location here.** Tab to add additional rows.

Name followed by credentials (e.g., 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
Bob Robinson PT.DPT.MS.DIP.MDT	D'Youville, Buffalo,NY. (MS) Temple (DPT)	1996 2006	DPT	15	14	A	yes	6372 3124 7242	NC SC GA
Tony Diamadi BHS,MS.PT	D'Youville Buffalo, NY	1995	MS	16	15		yes	6210	NC

Clinical Instructors

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

<input checked="" type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	No criteria
<input 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: 2+
<input type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify):
<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 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 type="checkbox"/>	Clinical center inservices	<input checked="" type="checkbox"/>	Professional continuing education (e.g., chapter, CEU course)
<input 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		Psychiatric center	
Intensive care		Rehabilitation center	
Step down		Other specialty centers: Specify	
Subacute/transitional care unit			
Extended care		Total Number of Beds	NA

Number of Patients/Clients

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

INPATIENT		OUTPATIENT	
	Individual PT	15	Individual PT
	Student PT	8	Student PT
	Individual PTA	8	Individual PTA
	Student PTA	8	Student PTA
	PT/PTA Team	20	PT/PTA Team
	Total patient/client visits per day		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%)

Click on the gray bar under rating to select from the drop down box.

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

Patient/Client Diagnoses

1. 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%)

2. Check (✓) those patient/client diagnostic sub-categories available to the student.

Click on the gray bar under rating to select from the drop down box.

(1-5)	Musculoskeletal		
3 <input type="checkbox"/>	Acute injury	4 <input type="checkbox"/>	Muscle disease/dysfunction
1 <input type="checkbox"/>	Amputation	4 <input type="checkbox"/>	Musculoskeletal degenerative disease
4 <input checked="" type="checkbox"/>	Arthritis	3 <input type="checkbox"/>	Orthopedic surgery
4 <input type="checkbox"/>	Bone disease/dysfunction	2 <input type="checkbox"/>	Other: (Specify) Mechanical Disorders
4 <input type="checkbox"/>	Connective tissue disease/dysfunction		
(1-5)	Neuro-muscular		
1 <input type="checkbox"/>	Brain injury	2 <input type="checkbox"/>	Peripheral nerve injury
2 <input type="checkbox"/>	Cerebral vascular accident	1 <input type="checkbox"/>	Spinal cord injury
3 <input checked="" type="checkbox"/>	Chronic pain	2 <input type="checkbox"/>	Vestibular disorder
1 <input type="checkbox"/>	Congenital/developmental	<input type="checkbox"/>	Other: (Specify)
2 <input type="checkbox"/>	Neuromuscular degenerative disease		
(1-5)	Cardiovascular-pulmonary		
2 <input type="checkbox"/>	Cardiac dysfunction/disease	2 <input checked="" type="checkbox"/>	Peripheral vascular dysfunction/disease
3 <input type="checkbox"/>	Fitness	<input type="checkbox"/>	Other: (Specify)
1 <input type="checkbox"/>	Lymphedema		
2 <input type="checkbox"/>	Pulmonary dysfunction/disease		
(1-5)	Integumentary		
1 <input type="checkbox"/>	Burns	<input type="checkbox"/>	Other: (Specify)
1 <input type="checkbox"/>	Open wounds		
2 <input type="checkbox"/>	Scar formation		
(1-5)	Other (May cross a number of diagnostic groups)		
2 <input type="checkbox"/>	Cognitive impairment	1 <input type="checkbox"/>	Organ transplant
3 <input type="checkbox"/>	General medical conditions	1 <input type="checkbox"/>	Wellness/Prevention
3 <input type="checkbox"/>	General surgery	<input type="checkbox"/>	Other: (Specify)
2 <input 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	700	600	Students work 8 hours (Normally 8-5 with an hour for lunch.
Tuesday	700	600	
Wednesday	700	600	
Thursday	700	600	
Friday	700	300	
Saturday			
Sunday			

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:
 Students work from 8 to 12 and 1 to 5 with an hour for lunch. (no nights or weekends)

Staffing

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	2	0	2
PTAs	0	0	0
Aides/Techs	0	0	0
Others: Specify	Hiring additional MSPT in July.		

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

Specialty Clinics

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

<input type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	Orthopedic clinic	<input type="checkbox"/>	Screening clinics
<input checked="" type="checkbox"/>	Balance	<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input 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 type="checkbox"/>	Other (specify below)
<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 type="checkbox"/>	Speech/language pathologists
<input type="checkbox"/>	Alternative therapies: List:	<input checked="" type="checkbox"/>	Nurses	<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Athletic trainers	<input type="checkbox"/>	Occupational therapists	<input type="checkbox"/>	Special education teachers
<input type="checkbox"/>	Audiologists	<input checked="" type="checkbox"/>	Physicians (list specialties)	<input type="checkbox"/>	Students from other disciplines
<input type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Physician assistants	<input type="checkbox"/>	Students from other physical therapy education programs
<input type="checkbox"/>	Enterostomal /wound specialists	<input type="checkbox"/>	Podiatrists	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Exercise physiologists	<input checked="" type="checkbox"/>	Prosthetists /orthotists	<input type="checkbox"/>	Vocational rehabilitation counselors
<input type="checkbox"/>	Fitness professionals	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Others (specify below) Primary referral sources: Neuro-surgeons, Orthopedic surgeons, Physiatrists, and Internal Medicine/GP's
<input type="checkbox"/>	Health information technologists	<input type="checkbox"/>	Respiratory therapists		

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 type="checkbox"/> Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		<input type="checkbox"/> Intermediate experiences: Check all that apply. <input 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	12	1	12
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	1	12	1	12

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.	4-6	2

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	In Process, Not at this time

What is the procedure for managing students whose performance is below expectations or unsafe?
 Students will receive various forms of feedback. Students having difficulties will be counseled immediately and provided a chance to modify their performance based upon the clinical instructors feedback. The ACCE will be advised of the situation and provided ongoing feedback from the CI/CCCE. Problems that cannot be resolved between the CI/CCCE will be managed with a conference call or Cite visit with the ACCE. (do to the size of our clinic, the CCCE/CI is held by Bob Robinson. Students may consult directly with Tony Diamadi (President/ Craven PT & Spine) for consultation other than their CI.

Box will expand to accommodate response.

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.
 Students with Follow with Tony Diamadi MSPT in the event that Bob Robinson is not on site.

Box will expand to accommodate response.

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	At mid-clinical experience
<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	At end of clinical experience
<input type="checkbox"/>	Weekly	<input 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 type="checkbox"/>	As per student request in addition to formal and ongoing written & oral feedback
<input 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]).

It is the goal of Craven Physical Therapy to provide an outpatient orthopedic clinical rotation that prepares students for their boards and the transition from student to entry level practioner. We hope to develop students in their ability to access and analyze research with application to their patient care. Returning to school for the transitional DPT combined with 13 years of clinical practice has helped me shape a better understanding of the use of evidenced based therapy, which in many cases will challenge traditional practice.

Prior to beginnning their affiliation, students are required to fill out the learning styles inventory and a summary of their goals and objectives for their clinical rotation. They will meet with their C.I. on the first day to go over their goals while being introduced to the goals of the clinic. Different student respond to different types of supervision and feedback. We will do our best to accommodate this as not every student responds to the same type of feedback and instruction.

Pacing and productivity are not a high priority the first few weeks. Our goals is not to have a student seeing 16 patient's a day by the end of their rotation. Our clinical model will allow for the student to perform an hour long evaluation (or longer), and then have additional time to write up the evaluaiton and download

research that applies to the patient. Having the opportunity to process clinical findings before going on to the next patient is a method of teaching that I have found extremely successful in developing clinical skills as well as confidence. I have not found a benefit to students "running" with the C.I. trying to keep up with a full schedule. If they learn one or two strong clinical scenarios per day, they will develop a multitude of assessment and treatment tools to apply to the heavy caseload that they will undoubtedly face when they graduate. These internships are their best opportunity to acclamate their academic instruction from their respective universities to real time patient care. Students that are willing to put in the work, to include reading at night, downloadind and analyzing research, as well as working through the critical thought process will leave this internship ready for entry level practice.

Lastly, My training has taken me through a variety of training. This is "not" a McKenzie Clinical. Students will let the evidence guide their assessments and treatments. I can work with students from a variety of clinical and educational backgrounds. The pre-requisites for a student applying to Craven Physical Therapy and Spine are empathy, a strong work ethic, and the ability to respond to constructive feedback for the betterment of our patients.

Bob Robinson PT

Box will expand to accommodate response.

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?	(252) 637-5001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your clinical site require a student interview?	Optional
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	7:00 AM
<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?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is a Rubella Titer Test or immunization required?	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	Tuberculosis
		8. How is this information communicated to the clinic? Provide fax number if required.	(252) 637-5007 Fax
		9. How current are student physical exam records required to be?	Two Years
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is the student required to provide proof of OSHA training?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	
<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 certification
<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?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Is the student required to have proof of health insurance?	
<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 checked="" type="checkbox"/>	<input 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 (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
<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.)	

Housing

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)	Working on housing
<input type="checkbox"/>	<input checked="" 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:	
		30. How far is the housing from the facility?	
		31. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State: Zip:
		Phone:	E-mail:

Yes	No		Comments
		32. If housing is not provided for either gender:	
<input 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 #.	
<input 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 type="checkbox"/>	33. Will a student need a car to complete the clinical experience?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Is public transportation available?	Bus system
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	na miles
		b) Subway station?	na miles
		c) Bus station?	.1 miles
		d) Airport?	8 miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. Craven Physical Therapy & Spine is located in a state of the art facility directly across from The Craven Regional Medical Center in the center of New Bern. This is a populated, safe area. New Bern has approximately 30,000 citizens. It is a small city which can be classified as rural.	
		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. (e.g., Google Maps , Yahoo , MapQuest , Expedia).	

Meals

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	39. Are meals available for students on-site? (If no, go to #40)	
		Breakfast (if yes, indicate approximate cost)	
		Lunch (if yes, indicate approximate cost)	
		Dinner (if yes, indicate approximate cost)	
<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 checked="" 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.	
		a) Specify dress code for men:	Slacks, dress shoes and a polo shirt (or button down) No jeans. (lab coat and tie not required)
		b) Specify dress code for women:	Slacks, skirt, dress (no jeans) dress shoes. (lab coat not required)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	One inservice, written and lab practical assessments, article review. Reading assignments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?	Variable and student specific
<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.	Allowable two missed days.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	To include: hooked on evidence, Ovid, Pedro, Cochrane Data Base

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 type="checkbox"/> Other (specify below – e.g., bloodborne pathogens, hazardous materials, etc.)
<input checked="" type="checkbox"/>		Quality assurance	
<input checked="" type="checkbox"/>		Reimbursement issues	

<input checked="" type="checkbox"/>	Required assignments (e.g., case study, diary/log, inservice)	
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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.