

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.

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CLINICAL SITE INFORMATION FORM

Part I: Information For the Academic Program

Information About the Clinical Site – Primary

Initial Date 4-12-2011

Revision Date

Person Completing CSIF	Gabrielle Shumrak PT, DPT				
E-mail address of person completing CSIF	gshumra1@jhmi.edu				
Name of Clinical Center	Johns Hopkins Hospital				
Street Address	600 North Wolfe Street				
City	Baltimore	State	MD	Zip	21287-5189
Facility Phone	410-955-6214	Ext.			
PT Department Phone	410-955-6214	Ext.			
PT Department Fax	410-955-7885				
PT Department E-mail	n/a				
Clinical Center Web Address	http://www.hopkinsmedicine.org/rehab				
Director of Physical Therapy	Michael Freidman, PT, MBA				
Director of Physical Therapy E-mail	mfried26@jhmi.edu				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Gabrielle Shumrak PT, DPT				
CCCE / Contact Person Phone	443-287-5546				
CCCE / Contact Person E-mail	gshumra1@jhmi.edu				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	Gabrielle Shumrak DPT, Kerry Vela DPT, Kristin Sutton DPT, Cynthia Barbe DPT, Jessalyn Ciampa DPT, Emily Rogers DPT, Megan Graham MSPT, Archana Vatwani DPT, Erica Holland DPT, Jennifer Millar MSPT, Tess Zoltak DPT, Charissa Steinbacher DPT, Peiting Lien DPT				
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 checked="" type="checkbox"/> Criminal background check <input type="checkbox"/> Child clearance <input type="checkbox"/> Drug screening <input checked="" type="checkbox"/> First Aid and CPR <input type="checkbox"/> HIPAA education <input 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, 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	Johns Hopkins at Green Spring Station				
Street Address	10753 Falls Road, Suite 235				
City	Lutherville	State	MD	Zip	21093
Facility Phone	410-583-2665		Ext.		
PT Department Phone	410-583-2665		Ext.		
Fax Number	410-847-3838	Facility E-mail	n/a		
Director of Physical Therapy	Director of Rehab – Michael Friedman Clinic Director – Ken Johnson		E-mail	kjohn147@jhmi.edu	
CCCE	SAME		E-mail	SAME	

Name of Clinical Site					
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					
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	
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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	2010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CARF	2009
<input type="checkbox"/>	<input type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	TJC stroke certification 2011 Certified Pediatric Burn Center
		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 checked="" type="checkbox"/> Hospital/Medical Center Owned <input 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. 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.

1 <input checked="" type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
<input checked="" 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 type="checkbox"/>	Private Practice	<input type="checkbox"/>	Other: Specify
<input type="checkbox"/>	Federal/State/County Health	<input checked="" 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: Gabrielle Shumrak PT, DPT		Length of time as the CCCE: 3 months	
DATE: (mm/dd/yy) 03/01/11		Length of time as a CI: 5 years	
PRESENT POSITION: Clinical Specialist on the Acute Care Service at Johns Hopkins Hospital, CCCE (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: 6 years
LICENSURE: (State/Numbers) MD/21638	APTA Credentialed CI Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other CI Credentialing Yes <input checked="" type="checkbox"/> No <input 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: Neurology			
Other credentials: APTA Advanced CI Credentialed			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Marymount University	8/2007	5/2009	t-DPT	t-DPT
University of Florida	6/2003	8/2005	Physical Therapy	MPT
Tulane University	8/1999	12/2002	Exercise and Sports Science	BS

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
Johns Hopkins Hospital	Clinical Specialist on the Acute Care Service	9/2005	Present

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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. Johns Hopkins Hospital** Tab to add additional rows.

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
Gabrielle Shumrak	University of Florida (entry level) Marymount University (post professional)	2005/2009	DPT	6	5	A B	yes	21638	MD
Kerry Vela	WVU (entry level) and Drexel (post professional)	2007/2011	DPT	4	3	A	No	22346	MD
Holly Loosen	University of North Carolina	1994	BS	16	14	None	No	17918	MD
Naomi Gunter	University of MD- Baltimore	2010	DPT	1	<1	None	Yes	23588	MD
Kristin Sutton	Simmons College	2007	DPT	4	4	A	No	23555	MD
Kristan Fish	University of MD- Baltimore	2008	DPT	3	2	None	No	22596	MD
Cynthia Barbe	University of Delaware (entry level) Temple (post professional)	2002/2008	DPT	9	7	A	No	20751	MD
Jessalyn Ciampa	University of Delaware	2007	DPT	3	3	A C- GCS	Yes	22853	MD

Jessica Bowers	Quinnipiac University	2008	DPT	2	1	None	Yes	22856	MD
Emily Rogers	George Washington University	2008	DPT	3	2	A	No	22578	MD
Megan Graham	University of Hartford	2007	MSPT	4	3	A	No	22181	MD
Archana Vatwani	Temple University	2006	DPT	5	4	A	No	22048	MD
Erica Holland	University of Evansville – MPT, Virginia Commonwealth University –DPT	2006/2009	DPT	5	4	A	Yes	21954	MD
Jennifer Millar	Boston University	1993	MSPT	17	10	A	No	17823	MD
Jody Seshardi	Drexel University	2005	DPT	6	5	None	No	21553	MD
Julie Finocchiaro	Drexel University	2005	DPT	6	4	None	No	21912	MD
Jenna Bohrer	Arcadia University	2010	DPT	1	<1	None	Yes	23279	MD
Amada Wheatley	Somerset community college, Kentucky	2002	AA, BS	9	8	None	No	A3268	MD
Tess Zoltak	University of Delaware	2007	DPT	3	2	A	No	22474	MD
Anne Spar	Deamen College	1990	BS	21	19	None	No	16982	MD
Suzanne Leach	Ithaca College	2006	DPT	6	5	None	No	22747	MD

Charissa Steinbacher	Drexel University (MPT and DPT)	2000/2007	DPT	10	7	A	Yes	22895	MD
Rachel Skolky	Ithaca College	2007	DPT	4	2	None	Yes	22516	MD
GREEN SPRING STATION									
Kathy McGinty	Carol Community College	2009	AA	2	<1	None	No	A3372	MD
Keri Carullo	University of Colorado	2009	DPT	2	<1	None	No		MD
Peiting Lien	Univ of Otago/Boston University	2004/2008	DPT	6	1	A	Yes	22580	MD
Jill May	University of Maryland- Baltimore	2008	DPT	3	<1	None	Yes	22566	MD
Terrence McGee	Sacred Heart/U of MD	2000/2009	MSPT/ DScPT	11	1	None	Yes	20032	MD
Andrea Lasner	University of Hartford	2009	MSPT	2	0	None	Yes	22899	MD
Susan Ricard	DeAnza College	2000	AA	10	0	None	No	A2628	MD
Ken Johnson	Univ of Buffalo	1995	BSPT	16	0	None	Yes	23309	MD

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 checked="" type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing
<input checked="" 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: At least 1 year
<input checked="" 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 checked="" type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	Academic for-credit coursework	<input checked="" 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	1027	Psychiatric center	86 (acute care)
Intensive care	146 (acute care)	Rehabilitation center	14
Step down		Other specialty centers: Specify	0
Subacute/transitional care unit	0		
Extended care		Total Number of Beds	1041

Number of Patients/Clients

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

INPATIENT		OUTPATIENT	
8-10	Individual PT	8-10	Individual PT
8-10	Student PT	8-10	Student PT
8-10	Individual PTA	8-10	Individual PTA
8-10	Student PTA	8-10	Student PTA

0	PT/PTA Team	0	PT/PTA Team
8-10	Total patient/client visits per day	8-10	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
5	0-12 years	4	Critical care, ICU, acute
5	13-21 years	1	SNF/ECF/sub-acute
5	22-65 years	5	Rehabilitation
5	Over 65 years	5	Ambulatory/outpatient
		1	Home health/hospice
		1	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		
5 <input checked="" type="checkbox"/>	Acute injury	5 <input checked="" type="checkbox"/>	Muscle disease/dysfunction
5 <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
5 <input checked="" type="checkbox"/>	Bone disease/dysfunction	5 <input type="checkbox"/>	Other: (Specify)
5 <input checked="" type="checkbox"/>	Connective tissue disease/dysfunction		
(1-5)	Neuro-muscular		
5 <input checked="" type="checkbox"/>	Brain injury	4 <input checked="" type="checkbox"/>	Peripheral nerve injury
5 <input checked="" type="checkbox"/>	Cerebral vascular accident	4 <input checked="" type="checkbox"/>	Spinal cord injury
5 <input checked="" type="checkbox"/>	Chronic pain	4 <input checked="" type="checkbox"/>	Vestibular disorder
4 <input checked="" type="checkbox"/>	Congenital/developmental	<input type="checkbox"/>	Other: (Specify)
5 <input checked="" type="checkbox"/>	Neuromuscular degenerative disease		
(1-5)	Cardiovascular-pulmonary		
5 <input checked="" type="checkbox"/>	Cardiac dysfunction/disease	4 <input checked="" type="checkbox"/>	Peripheral vascular dysfunction/disease
<input type="checkbox"/>	Fitness	<input type="checkbox"/>	Other: (Specify)
3 <input checked="" type="checkbox"/>	Lymphedema		
4 <input checked="" type="checkbox"/>	Pulmonary dysfunction/disease		
(1-5)	Integumentary		
3 <input checked="" type="checkbox"/>	Burns	5 <input checked="" type="checkbox"/>	Other: (Specify) inpatient and outpatient PT wound care
5 <input checked="" type="checkbox"/>	Open wounds		
3 <input checked="" type="checkbox"/>	Scar formation		
(1-5)	Other (May cross a number of diagnostic groups)		

4 <input checked="" type="checkbox"/>	Cognitive impairment	5 <input checked="" type="checkbox"/>	Organ transplant
5 <input checked="" type="checkbox"/>	General medical conditions	2 <input checked="" type="checkbox"/>	Wellness/Prevention
5 <input checked="" type="checkbox"/>	General surgery	3 <input checked="" type="checkbox"/>	Other: (Specify) women's health
5 <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	7:00	7:00	Hours are dependent on the CI's hours.
Tuesday	7:00	7:00	
Wednesday	7:00	7:00	
Thursday	7:00	7:00	
Friday	7:00	7:00	
Saturday	8:00	6:00	
Sunday	8:00	6:00	

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 are expected to work the same schedule as their CI. They will be informed of the schedule prior to the start of the affiliation. This may involve working weekends and holidays in some areas.

Staffing

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	57.22	1	57.6
PTAs	7.8	0	6.8
Aides/Techs	12.3	1.5	6.4
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 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 checked="" type="checkbox"/>	Neonatal care	<input type="checkbox"/>	Research experience
<input type="checkbox"/>	Back school	<input 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 checked="" 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 type="checkbox"/>	Developmental program	<input checked="" type="checkbox"/>	Women's Health/OB-GYN
<input checked="" 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 type="checkbox"/>	Employee wellness program	<input checked="" type="checkbox"/>	Neurological	<input type="checkbox"/>	Other (specify below)
<input 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 checked="" type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input checked="" type="checkbox"/>	Prosthetic/orthotic clinic	<input type="checkbox"/>	Scoliosis
<input checked="" type="checkbox"/>	Hand clinic	<input checked="" type="checkbox"/>	Seating/mobility clinic	<input type="checkbox"/>	Preparticipation sports
<input checked="" type="checkbox"/>	Hemophilia clinic	<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Industry	<input checked="" type="checkbox"/>	Women's health	<input type="checkbox"/>	Other (specify below)
<input checked="" 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 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 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		

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	
First experience: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		First experience: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
Intermediate experiences: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		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 checked="" 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.	8	26	5	12
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	3	8	3	8

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

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	

What is the procedure for managing students whose performance is below expectations or unsafe?
 There is constant communication with the DCE/ACCE. Critical incident report forms are used to document unsafe or performance that is below expectaitons. If necessary a learning contract is pursued.

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.

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 checked="" type="checkbox"/>	At mid-clinical experience
<input checked="" type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	At end of clinical experience
<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? **(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]).

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?	Hours vary based on setting and CI
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<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.	7:30 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?	A 2 step PPD is required within 6 weeks of the start date
<input type="checkbox"/>	<input checked="" 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:	Flu shot. If you defer the flu shot, you must wear a mask with all patients. Hepatitis B is highly recommended.
		8. How is this information communicated to the clinic? Provide fax number if required.	Students should bring copies of these records on the first day.
		9. How current are student physical exam records required to be?	As per individual school policy
<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?	The student will attend Hospital orientation that covers OSHA training.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	The student will complete HIPAA training within their first week.
<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?	
<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).
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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 checked="" type="checkbox"/>	<input 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.	Needs to be within 2 years of the start date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Is a child abuse clearance required?	
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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.)	Further on site orientation will be given the first week.

Housing

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)	
<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?	Rent in Baltimore is typically \$600-\$1200
		29. Description of the type of housing provided:	none
		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 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 #.		Contact the CCCE for information on this.
<input type="checkbox"/>	<input checked="" 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?	Green Spring Station is in a suburban area that may require a car. However, there is public transportation and JHH shuttles available in the metro area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	-t60110
<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?	3 miles
		b) Subway station?	Metro station stop is at JHH miles
		c) Bus station?	0.25 miles
		d) Airport?	20 miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. Johns Hopkins Hospital is located in an inner city neighborhood in Baltimore. It is patrolled by security, however is in a high crime area. Green Spring Station Outpatient Center is in a suburban area.	
		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)	\$3-5

		Lunch (if yes, indicate approximate cost)	\$5-10
		Dinner (if yes, indicate approximate cost)	\$5-10
<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:	Professional dress. No open toed shoes.
		b) Specify dress code for women:	Professional dress. No open toed shoes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	
<input checked="" type="checkbox"/>	<input 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.	Students are expected to make up missed days in accordance with the school's policy.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	

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.) online EMR training
<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.