

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 10/03/2007
Revision Date 8/19/09

Person Completing CSIF	Michael Rennick				
E-mail address of person completing CSIF	rennickm@ohsu.edu				
Name of Clinical Center	Oregon Health and Science University				
Street Address	UHS-11, 3181 SW Sam Jackson Park Rd.				
City	Portland	State	OR	Zip	97239-3098
Facility Phone	503-494-3163	Ext.			
PT Department Phone	503-494-4998	Ext.			
PT Department Fax	503-494-6896				
PT Department E-mail	rennickm@ohsu.edu				
Clinical Center Web Address	www.ohsu.edu				
Director of Physical Therapy	Connie Amos, Divisional Director, Rehabilitation Services				
Director of Physical Therapy E-mail	amosc@ohsu.edu				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Michael Rennick				
CCCE / Contact Person Phone	5034943163				
CCCE / Contact Person E-mail	rennickm@ohsu.edu				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	Lombard, Jackie; Provost, Holly; Whitebirch, Wendy; Musholt, Ben; Rennick, Michael; Smith, Marv; Wert, Katy; Melzer, Cheryl; Rainey-Yates, Jennifer; Mohn, Samantha; Wittine, Anette;				
Other Credentialed CIs (List name and credentials)					
Indicate which of the following are required by your facility prior to the clinical education experience:	<input 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 type="checkbox"/> OSHA education <input checked="" type="checkbox"/> Other: Please list OHSU-Specific orientation				

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	OHSU – Acute Care Rehabilitation Services				
Street Address	3181 SW Sam Jackson Park Rd				
City	Portland	State	OR	Zip	97239-3098
Facility Phone	503-494-4998		Ext.		
PT Department Phone	Same		Ext.		
Fax Number	503-494-6896	Facility E-mail			
Director of Physical Therapy	Manager: Michael Rennick, Inpatient Rehab Services Mgr		E-mail	rennickm@ohsu.edu	
CCCE	Michael Rennick		E-mail	rennickm@ohsu.edu	

Name of Clinical Site	OHSU- Outpatient Rehabilitation Services				
Street Address	CH3T, 3303 SW BOND ST				
City	PORTLAND	State	OR	Zip	97239
Facility Phone	503-494-3151		Ext.		
PT Department Phone	503-494-3151		Ext.		
Fax Number	503-494-4360	Facility E-mail			
Director of Physical Therapy	Connie Amos		E-mail	amosc@ohsu.edu	
CCCE	Michael Rennick		E-mail	rennickm@ohsu.edu	

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		

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	
<input type="checkbox"/>	<input type="checkbox"/>	CARF	
<input 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/Private 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. 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 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 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: Michael Rennick		Length of time as the CCCE: 3 yrs	
DATE: (mm/dd/yy) 03/11/07		Length of time as a CI: n/a	
PRESENT POSITION: Inpatient Rehabilitation Manager, OHSU (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: 17 years
LICENSURE: (State/Numbers) NE #899, OR #5306	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:			
Other credentials: MPH, previous faculty in DPT program			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Johns Hopkins Bloomberg School of Public Health	5/01	5/04	Health Policy/Administr	MPH
University of Nebraska Medical Center	8/87	5/89	Physical Therapy	BS
Hastings College	8/83	5/87	Biology/Psychology	BA

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
OHSU	Manager	10/06	Present
University of Nebraska Medical Center	Assistant Professor	10/04	10/06
Methodist Hospital	Coordinator/Director	10/96	10/04
Sundance Rehabilitation	Regional Dir.	1994	1996
Jennie Edmundson Hospital	Clinical Dir.	1991	1994

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
Professional Practice Expectations I (Course Coordinator)	UNMC PT Education, Omaha, NE	2005-6
Functional Mobility Module (Instructor in 1 st year musculoskeletal course)	UNMC PT Education	2005-6
Integumentary Course(Co-coordinator)	UNMC PT Education	2005-6
Documentation Module (Instructor in Clin Ed I)	UNMC PT Education	2005-6
Faculty Development Series participant	UNMC	2004-6
TIPS (Educational strategies participant)	UNMC	2004
APTA Educational Conference for New Faculty	APTA, Alexandria, VA	2004
Faculty Advisor: SHARING Clinic (pro-bono student clinic)	Omaha, NE	2005-6

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.** 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
Maggie Gallagher, PT- Inpatient	Ithaca College	2008	BS, DPT, MSPT	1	0	No	No	05837	Oregon
Melodie Burdette, PT – Inpatient	Ohio University	1996	B.S. PT	14	6	A	No	3981	Oregon
Katy Wert, PT – Inpatient	Pacific University	1998	MPT	12	11	A	No	3665	Oregon
Bonnie Goetsch, PT Outpatient	North Georgia College	1995		14	12			03964	Oregon
Mary Gramling, PT - Inpatient	University of South Florida	2004	MSPT	5	0		No	4889	Oregon
Marvin Smith, PT – Outpatient	Eastern Washington University	2005	DPT	4	4			05011	Oregon
Jennifer Wilhelm, PT – Outpatient	Pacific University	2006	DPT	3	2		Yes	05234	Oregon
Ben Musholt, PT – Inpatient	University of New Mexico	2001	B.S. P.T.	8.5	NA	A	No	4301	Oregon
Cheryl Melzer, PT – Inpatient	Pacific University	1985	B.S. PT	23	23	A	No	1470	Oregon
Jackie Lombard, PT – Inpatient	University of Southern California	2002	DPT	7	5	A	Yes	04752	Oregon

Holly Provost, PT – Inpatient	University of Minnesota	2005	DPT	4	1	A	No	8378	Oregon
Susan Schmidt, PTA - Inpatient	Mt. Hood Community College	1991	PTA	18	17		No	7640	Oregon
Richelle Jones, PTA - Inpatient	Mt. Hood Community College	1982	PTA	21	15		No	7439	Oregon
Wendy Whitebitch, PT- Outpatient	Columbia University	1986	MSPT	23	22	A	No	3710	Oregon
Lourdes Lacson PT- Inpatient	Pacific University	2001	MSPT	8	NA	A	No	4997	Oregon
Molly Abbott, PT- Outpatient	Arcadia University	2007	DPT	2	.5			05362	Oregon
Lisa Erlandson, PT- Outpatient	University of Colorado Health and Sciences Center	1985	post bacclaurate degree, undergraduate B.A.	24	5-6		no	01721	Oregon
Sandi Gallagher, PT- Outpatient	University of Lowell	1986	BS	23	5			01735	Oregon
Rachel Gross, PT- Outpatient	Elon University	2006	DPT	3	1			05334	Oregon
Adrienne Hays, PT- Inpatient	Pacific University	2007	DPT	2	0			05461	Oregon
Cinda Hugos, PT- Outpatient	USC	1981	M.S.P.T	28	27			01140	Oregon
Chante' Larlee, PT Inpatient & Outpatient	Pacific University	2007	DPT	2	1			05430	Oregon

Dana Marasco, PT- Outpatient	University of Washington	2007	DPT	2	1			05469	Oregon
Shelley Mathewson, PT- Inpatient	University of Utah	2001	MPT	8	3			04170	Oregon
Jennifer Rainey-Yates, PT Inpatient	Idaho State University	2002	DPT	7.5	7	A	No	04849	Oregon
Margaret McReynolds, PT Outpatient	Pacific University	1981	M.Ed, PT	28	25			02925	Oregon
Aimee Mooney, SLP- Outpatient	Miami University	1989	M.S. CCC- SLP-L	19	0			011421	Oregon
Bill Rubine, PT- Outpatient	Columbia University	2001	MSPT	8	4	No	No	05510	Oregon
Ruth Semon, PT- Outpatient	Queen Margaret College	1995	BS, PT	14	8-9		No	03256	Oregon
Andrea Serdar, PT- Outpatient	University of Washington	1979	BS PT NCS	30	24			00943	Oregon
Sarah Shine, PT- Inpatient	Pacific University	2007	DPT	2	0			05435	Oregon
Rebecca Silverman, PT- Inpatient	Pacific University	2007	DPT	2	0			05438	Oregon
Kate Manuse, PT Inpatient/Outpatient	Duke University	2008	BS, DPT	1	0	No	Yes	05708	Oregon
Amy DeMaster, PT- Inpatient	College of St. Scholastica	2004	Masters	5	2			05365	Oregon
Mollie Suits, PT- Outpatient	Pacific University	1989	MSPT	20	NA			01898	Oregon
Allison (Ali) Thenen, PT- Outpatient	Regis University PT Program	2007	DPT	2	0			05432	Oregon

Jeff Schlimgen, PT Outpatient	University of Iowa	1998	MPT	11	8	No	No	05619	Oregon
Samantha Mohn, PT Outpatient	University of Wisconsin- La Crosse	2008	DPT	1	First student in fall '09	Yes, in fall '09 APTA	Yes	05633	Oregon
Matt Onderdonk, PT Outpatient	EWU	2008	DPT	1	1 st student in summer '09			05736	Oregon
Erin Gaughan, PT Outpatient	Northern Illinois University	2006	MSPT	3	0	No	Yes	05291	Oregon
Annette Wittine, PT Outpatient	Ohio State University	2005	MSPT	4	1	Yes- APTA	No	05770	Oregon
Sarah McCollister, PT Outpatient/Inpatient	University of WA	2009	DPT	.3	0	No	Yes	06017	Oregon
Karyn Trivette, PT- Inpatient	Bellarmino University	2004	DPT	5	1			05147	Oregon
Jill Vonderhaar, PT, NCS- Inpatient	St. Ambrose Univ.	1998	MPT, PT	11	10			05368	Oregon
Jessica Neill, OT Inpatient	Samuel Merritt College	2006	MS	3	1-12 wk rotation		AOTA member, no	222741	Oregon
Zoe Anderson, OT- Inpatient	University of Florida	1973	B.S.	36	NA			288126	Oregon
Suki Braverman, OT- Outpatient, Hand OT	Tufts University, Boston School of OT	1998	Masters OTR	11	NA			1032223	Oregon
Mary Alice Burton, OT- Inpatient	San Jose State	1984	B.S. OT/L	25	NA			546085	Oregon
Shawn Callahan, OT- Inpatient	Dominican University	2003	Bach.	6	NA			1067675	Oregon
Traci Carlson, OT- Inpatient	San Jose State University	2003	M.S.	6	NA			1070557	Oregon

Tammy Elliott, OT Inpatient	Mt. Hood Comm. Barry University	1996 2002	AAS, BS, OTR	13	NA			969611	Oregon
Amy Fielder, OT- Inpatient	Univ. of Washington	1994	B.S. OTR/L	15	NA			997414	Oregon
Jennifer Frydl, OT, CHT - Outpatient, Hand OT	Eastern Michigan University	1997	CHT	12	NA			1010590	Oregon
Lauren Gyss, OT- Inpatient	Quinnipiac University	2004 2005	B.S. BOT	5	NA			1074104	Oregon
Sabine Kaul-Connolly, OT- Inpatient	Springfield College	2007	B.Ed, OTR	2	NA			234538	Oregon
Jim Littlefield, OT- Inpatient	Pacific University	1992	B.S., OTR	17	NA			989079	Oregon
Debbie Morgan, OT- Inpatient	Pacific University	1994	B.S.O.T OTR/L	15	NA			998200	Oregon
Trisha Ostrander, OT- Inpatient	Creighton Univ. Nebraska	2006	OTD, OTR/L	3	NA			222850	Oregon
Bharati Sawant, OT- Inpatient	Seth G.S. Medical College, Univ. of Mumbai, India	1994	B.S.O.T	15	NA			1000609	Oregon
Pardis Brown, SLP Inpatient	Univ. of Kansas	2003	M.A., CCC- SLP	6	NA			013039	Oregon
Andrea Canning, SLP Inpatient	U of VA; Curry School of Ed; Common Disorders Program	2003	M.A., CCC- SLP	6	NA			012893	Oregon
Kristin Mangan, SLP Inpatient	University of MD	2001	M.A., CCC- SLP	8	NA			012642	Oregon
Gayla Iwata-Reuyl, SLP Inpatient	University of Utah	1997	PhD, CCC- SLP	12	NA			011723	Oregon

Robyn Walker, SLP Inpatient	Minot State Univ.	1999	M.S., CCC- SLP	10	NA			012175	Oregon
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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 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
<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 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 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 type="checkbox"/>	Professional continuing education (eg, chapter, CEU course)
<input type="checkbox"/>	Continuing education by academic program	<input checked="" type="checkbox"/>	Other (please specify): Informal to date

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	383	Psychiatric center	
Intensive care	80	Rehabilitation center	0
Step down	0	Other specialty centers: Specify	Trauma 0
Subacute/transitional care unit	0		
Extended care	0	Total Number of Beds	

Number of Patients/Clients

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

INPATIENT		OUTPATIENT	
12+	Individual PT	15+	Individual PT
varies	Student PT		Student PT
12+	Individual PTA		Individual PTA
varies	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
100	Total patient/client visits per day	100	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	3	Critical care, ICU, acute
2	13-21 years		SNF/ECF/sub-acute
4	22-65 years		Rehabilitation
3	Over 65 years	5	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		
<input checked="" type="checkbox"/>	Acute injury	<input checked="" type="checkbox"/>	Muscle disease/dysfunction
<input checked="" type="checkbox"/>	Amputation	<input checked="" type="checkbox"/>	Musculoskeletal degenerative disease
<input checked="" type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	Orthopedic surgery
<input checked="" type="checkbox"/>	Bone disease/dysfunction	<input type="checkbox"/>	Other: (Specify)
<input checked="" type="checkbox"/>	Connective tissue disease/dysfunction		
(1-5)	Neuro-muscular		
<input checked="" type="checkbox"/>	Brain injury	<input checked="" type="checkbox"/>	Peripheral nerve injury
<input checked="" type="checkbox"/>	Cerebral vascular accident	<input checked="" type="checkbox"/>	Spinal cord injury
<input checked="" type="checkbox"/>	Chronic pain	<input checked="" type="checkbox"/>	Vestibular disorder
<input checked="" type="checkbox"/>	Congenital/developmental	<input type="checkbox"/>	Other: (Specify)
<input checked="" type="checkbox"/>	Neuromuscular degenerative disease		
(1-5)	Cardiovascular-pulmonary		
<input checked="" type="checkbox"/>	Cardiac dysfunction/disease	<input checked="" type="checkbox"/>	Peripheral vascular dysfunction/disease
<input type="checkbox"/>	Fitness	<input type="checkbox"/>	Other: (Specify)
<input checked="" type="checkbox"/>	Lymphedema		
<input checked="" type="checkbox"/>	Pulmonary dysfunction/disease		
(1-5)	Integumentary		
<input type="checkbox"/>	Burns	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Open wounds		
<input type="checkbox"/>	Scar formation		
(1-5)	Other (May cross a number of diagnostic groups)		
<input checked="" type="checkbox"/>	Cognitive impairment	<input checked="" type="checkbox"/>	Organ transplant
<input checked="" type="checkbox"/>	General medical conditions	<input type="checkbox"/>	Wellness/Prevention
<input checked="" type="checkbox"/>	General surgery	<input type="checkbox"/>	Other: (Specify)
<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	5	Outpatient until 5:30 pm
Tuesday	7	5	Outpatient until 6:30 pm
Wednesday	7	5	Outpatient until 5:30 pm
Thursday	7	5	Outpatient until 6:30 pm
Friday	7	5	Outpatient until 5:30 pm
Saturday	7	430	Inpatient only- based on rotation
Sunday	7	430	Inpatient only- based on rotation

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:
 The student is expected to match the clinical instructor's schedule.

Staffing

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	14		14
PTAs	1.6		1.6
Aides/Techs	1		1
Others: Specify Outpatient Physical Therapists	13	10	23

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Industrial/ergonomic PT	<input checked="" type="checkbox"/>	Quality Assurance/CQI/TQM
<input checked="" type="checkbox"/>	Aquatic therapy	<input checked="" type="checkbox"/>	Inservice training/lectures	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Athletic venue coverage	<input type="checkbox"/>	Neonatal care	<input type="checkbox"/>	Research experience
<input type="checkbox"/>	Back school	<input type="checkbox"/>	Nursing home/ECF/SNF	<input checked="" type="checkbox"/>	Screening/prevention
<input type="checkbox"/>	Biomechanics lab	<input type="checkbox"/>	Orthotic/Prosthetic fabrication	<input checked="" type="checkbox"/>	Sports physical therapy
<input checked="" type="checkbox"/>	Cardiac rehabilitation	<input 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 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 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 checked="" 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 checked="" type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Seating/mobility clinic	<input checked="" type="checkbox"/>	Preparticipation sports
<input type="checkbox"/>	Hemophilia clinic	<input checked="" 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 checked="" 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 type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Physician assistants	<input checked="" 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 checked="" type="checkbox"/>	Exercise physiologists	<input type="checkbox"/>	Prosthetists /orthotists	<input type="checkbox"/>	Vocational rehabilitation counselors
<input checked="" type="checkbox"/>	Fitness professionals	<input checked="" type="checkbox"/>	Psychologists	<input type="checkbox"/>	Others (specify below)
<input checked="" 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	
<input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	First experience: Check all that apply.	<input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	First experience: Check all that apply.
<input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	Intermediate experiences: Check all that apply.	<input 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"/> Final experience		<input checked="" type="checkbox"/> Final experience	
<input 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.	6	24	6	24
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.	20+	4+

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?
 We defer to the school's policy and work with the ACCE to identify solutions.

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. Normally, the CI determines back-up coverage and facilitates the handoff, in the CI's absence the team leader or the CCCE would determine backup.

Box will expand to accommodate response.

Clinical Site's Learning Objectives and Assessment

Yes	No	
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	• The student's objectives?
<input type="checkbox"/>	<input type="checkbox"/>	• Students prepared at different levels within the academic curriculum?
<input type="checkbox"/>	<input type="checkbox"/>	• The academic program's objectives for specific learning experiences?
<input 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 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 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]).

OHSU is a diverse, multi-specialty academic medical center. Physical therapy is provided throughout the campus for inpatients, across 3 towers, in treatment settings including but not limited to Level I trauma, neurosciences and neuroscience ICU, cardiac and cardiac ICU, orthopaedic, general medicine, abdominal surgery, solid organ transplant, oncology, etc. Outpatient care is provided at the OHSU Center for Health and Healing on the South Waterfront, connected to OHSU's main campus via an arial tram. Outpatient teams include neuro, ortho/spine, and specialty (women's health, oncology, HIV, fibromyalgia, etc.). In addition there is a monthly amputee clinic and CHT's perform Orthotic/Prosthetic adjustment. The outpatient space is adjacent to a fitness center.

Education is central to the mission of OHSU, therefore the prepration of professional students is a priority for the department. Our aim is to provide an intensive, challenging learning experience for affiliates. This is a fast-paced and dynamic environment; and there are a number of benefits including the opportunity to participate with rounds (lunch series) and other offerings consistent with an academic medical center.

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?	Please contact the CI to arrange an informational interview prior to confirmation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<input checked="" type="checkbox"/>	<input 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.	varies dependant on the instructor, normally 8 a.m.
<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 type="checkbox"/>	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	MMR, Varicella, Hep B, TD
		8. How is this information communicated to the clinic? Provide fax number if required.	see information above, email communication is preferred. Angela LaMarsh is the administrative coordinator for the department and oversees pre-arrival requirements, contact Angela at lamarsha@ohsu.edu or 503-346-0774
		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 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?	OHSU training required
<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.	Packet of information will be sent prior to arrival. Online training specific to OHSU required
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	We don't provide Hep b for students.
<input type="checkbox"/>	<input checked="" 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 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.	Oregon state background check, will be completed with packet of information sent prior to internship
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Is a child abuse clearance required?	This type of screening is included in our background check.
<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.	Will be completed with packet of information sent prior to internship
<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.)	Packet of information sent prior to internship will provide: confidentiality statement, information sheet, emergency contact, quick on-site orientation and online training requirements for OHSU specific modules.

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?	
		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 checked="" type="checkbox"/>	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.			Portland State University Housing Website: http://www.pdx.edu/housing OHSU Website: http://www.ohsu.edu/academic/acad/housing/apartment.html
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	33. Will a student need a car to complete the clinical experience?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	10
<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?	miles
		b) Subway station?	miles
		c) Bus station?	miles
		d) Airport?	miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	
		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)	Hospital Cafeterias and café throughout facility. Cost Varies \$3.00-\$10.00
		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?	Full kitchen available at both inpatient and outpatient facilities.

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.	No jeans. Casual professional attire.
		a) Specify dress code for men:	
		b) Specify dress code for women:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
<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 type="checkbox"/>	Facility-wide or volunteer orientation	<input checked="" type="checkbox"/>	Student expectations
<input checked="" type="checkbox"/>	Learning style inventory	<input 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.)
<input type="checkbox"/>	Quality assurance		
<input type="checkbox"/>	Reimbursement issues		
<input 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.