

CLINICAL SITE INFORMATION FORM (CSIF)

developed by
APTA Department of Physical Therapy Education

Why have a consistent Clinical Site Information Form?

The primary purpose of this form is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites. This information will facilitate clinical site selection, student placements, assessment of learning experiences and clinical practice opportunities available to students; and provide assistance with completion of documentation for accreditation in clinical education.

How is the form designed?

The form is divided into two sections, Information for Academic Programs - Part I (pages 3-14) and Information for Students - Part II (pages 15-17), to allow ease in retrieval of information for academic programs and for students, especially if the academic program is using a database to manage the information. Duplication of information being requested is kept to a minimum except when separation of Part I and Part II of the form would omit critical information needed by both students and the academic program. The form is also designed using a check-off format wherever possible to reduce the amount of time required for completion. This instrument can be retrieved from APTA's website at www.apta.org. Simply select the link titled "PT Education", then the link titled "Clinical Education" and choose "Clinical Site Information Form".

Although using a computer to complete the form is not mandatory; it is highly recommended to facilitate legible updates with minimal time investment from your facility. Additionally, the information provided will be more legible to students, academic programs, and the APTA's Department of Physical Therapy Education. The form includes several features designed to streamline navigation, including a hyperlink index on page 18. (Please note that several of the hyperlinks contained in the document require your computer to have an open internet connection and a web browser).

If you prefer to complete the form manually, you may download the CSIF from APTA's website (see above). If you do not have access to a computer for this purpose, hard copies of the CSIF are available from the APTA Department of Physical Therapy Education, as well as from all PT and PTA academic programs through their Academic Coordinator of Clinical Education (ACCE).

What should I do once the form has been completed?

We encourage you to invest the time to complete the form thoroughly and accurately. Once the form has been completed, the clinical education site may e-mail the instrument to each academic program with which it affiliates, minimizing administrative time and associated costs. **Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis.

In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, we request that a copy of the completed form be e-mailed to the Department of Physical Therapy Education at csif@apta.org or mail to:



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

DIRECTIONS FOR COMPLETION:

If using a computer to complete this form:

When completing this form, after opening the original form, and before entering your facility's information, **save the form**. The title should be your zip code, your site's name, and the date (eg, 90210BevHillsRehab10-26-99. Please **note** that the date must be set apart with dashes; if slashes are used, the computer will unsuccessfully search for a directory and return an error message). Saving the document will preserve the original copy on the disk or hard drive, allowing for you to easily update your information. When completing, 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 easier data entry). Enter relevant information only in blank spaces as appropriate to your clinical site.

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 (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete *pages 3 and 4*. On *page 3*, provide the primary clinical site for the clinical experience. On *page 4*, indicate other clinical sites or satellites associated with the primary clinical site. *Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.*

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 form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

CLINICAL SITE INFORMATION FORM

I. Information About the Clinical Site

Date February 24, 2009

E-mail address of person completing questionnaire		smader@shrinenet.org			
Name of Clinical Center	Shriners' Hospital for Children – Spokane Unit				
Street Address	911 W. 5 th Avenue				
City	Spokane	State	WA	Zip	99204
Facility Phone	(509)455-7844		Ext.		
PT Department Phone	(509)623-0460		Ext.		
PT Department Fax	(509)623-0472				
PT Department E-mail					
Web Address	www.shriners.org				
Director of Physical Therapy	Michal Preston, OT				
Director of Physical Therapy E-mail	mpreston@shrinenet.org				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Shelley Mader, PT, PCS				
CCCE / Contact Person Phone	(509)623-0416				
CCCE / Contact Person E-mail	smader@shrinenet.org				

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
X		1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
X		JCAHO	April 2006
		CARF	
X		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	State of Washington September 2007
		Other	
		3. Who or what type of entity owns your clinical site? <input type="checkbox"/> PT owned <input type="checkbox"/> Hospital Owned <input checked="" type="checkbox"/> General business / corporation – Non-Profit <input type="checkbox"/> Other (please specify) _____	

4. Place the **number 1** next to your clinical site's primary classification – noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

1	Acute Care/Hospital Facility		Functional Capacity Exam- FCE	X	spinal cord injury
	university teaching hospital		industrial rehab	X	traumatic brain injury
X	pediatric		other (please specify)		other
	cardiopulmonary		Federal/State/County Health		School/Preschool Program
X	orthopedic		Veteran's Administration		school system
	other		Pediatric develop. ctr.		preschool program
X	Ambulatory Care/Outpatient		Adult develop. ctr.		early intervention
	geriatric		other		other
	hospital satellite		Home Health Care		Wellness/Prevention Program
	medicine for the arts		agency		on-site fitness center
X	orthopedic		contract service		other
	pain center		hospital based	X	Other
X	pediatric		other		international clinical site
	podiatry	X	Rehab/Subacute Rehab		administration
X	sports PT	X	inpatient	X	research
	other	X	outpatient		other
	ECF/Nursing Home/SNF	X	pediatric		
	Ergonomics		adult		
	work hardening/conditioning		geriatric		

4a. Which of these best characterizes your clinic's location? Indicate with an 'X'.

rural		suburban		urban	X
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5. If your clinical site provides inpatient care, what are the number of:

26	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
26	Total Number of Beds

II. Information about the Provider of Physical Therapy Service at the Primary Center

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	7:00	6:00	
Tuesday	7:00	6:00	
Wednesday	7:00	6:00	
Thursday	7:00	6:00	
Friday	7:00	6:00	
Saturday	As needed	As needed	
Sunday			

7. Describe the staffing pattern for your facility: Standard 8 hour day Varied schedules
 (Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

Depending on the students CI they may work 5 eight-hour days or 4 ten-hour days. We rotate working Saturdays so that it occurs about once every 4 weeks. Students are not required to work a Saturday but may choose to in order to get some hours off another time though Saturdays are typically light so that the therapist works only 1-4 hours.

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

	Full-time budgeted	Part-time budgeted
PTs	2	2
PTAs		
Aides/Techs	1	

9. Estimate an average number of patients per therapist treated per day by the provider of Physical therapy.

INPATIENT		OUTPATIENT	
1-4	Individual PT	1-4	Individual PT

	Individual PTA		Individual PTA
5-15	Total PT service per day	5-12	Total PT service per day

Our patient load is quite variable -, as our surgeries are not emergent, families prefer to not have surgeries done around the holidays or during the school year...

III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

X	Amputations – not acute		Critical care/Intensive care	X	Neurologic conditions
X	Arthritis - juvenile	X	Degenerative diseases	X	Spinal cord injury/Myelodysplasia
X	Athletic injuries		General medical conditions	X	Traumatic brain injury/Cerebral Palsy
X	Burns – not acute		General surgery/Organ Transplant	X	Other neurologic conditions
	Cardiac conditions	X	Hand/Upper extremity		Oncologic conditions
	Cerebral vascular accident		Industrial injuries	X	Orthopedic/Musculoskeletal
	Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
X	Connective tissue diseases	X	Mental retardation		Wound Care
X	Congenital/Developmental				Other (specify below)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

?	Administration		Industrial/Ergonomic PT		Prevention/Wellness
X	Aquatic therapy	X	Inservice training/Lectures		Pulmonary rehabilitation
	Back school		Neonatal care	?	Quality Assurance/CQI/TQM
X	Biomechanics lab		Nursing home/ECF/SNF	?	Radiology
	Cardiac rehabilitation		On the field athletic injury	X	Research experience
?	Community/Re-entry activities	X	Orthotic/Prosthetic fabrication		Screening/Prevention
	Critical care/Intensive care		Pain management program	X	Sports physical therapy
?	Departmental administration	X	Pediatric-General (emphasis on):	X	Surgery (observation)
X	Early intervention		Classroom consultation	X	Team meetings/Rounds
	Employee intervention	X	Developmental program		Women's Health/OB-GYN
	Employee wellness program		Mental retardation		Work Hardening/Conditioning
	Group programs/Classes	X	Musculoskeletal	?	Wound care
	Home health program	X	Neurological	X	Other (specify below) Equipment Vendor, Hippotherapy, Assistive Technology, School District PT

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

	Amputee clinic	X	Neurology clinic - myelodysplasia		Screening clinics
X	Arthritis	X	Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis

X	Hand clinic		Preparticipation in sports		Sports medicine clinic
	Hemophilia Clinic	X	Prusthetic/Orthotic clinic		Other (specify below)
	Industry		Seating/Mobility clinic		

13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

X	Administrators	X	Health information technologists		Psychologists
	Alternative Therapies	X	Nurses	X	Respiratory therapists
	Athletic trainers	X	Occupational therapists	X	Therapeutic recreation therapists
	Audiologists	X	Physicians (list specialties) – orthopedist, pediatrician, residents	X	Social workers
X	Dietitians		Physician assistants		Special education teachers
	Enterastomal Therapist		Podiatrists		Vocational rehabilitation counselors
	Exercise physiologists	X	Prosthetists /Orthotists		Others (specify below)

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

Eastern Washington University	Spokane Falls Community College
Northern Arizona University	University of Washington
University of Indianapolis	University of Montana
Idaho State University	Creighton University
University of Colorado	University of the Pacific
University of Puget Sound	

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

	APTA Clinical Instructor Credentialing		Demonstrated strength in clinical teaching
	Career ladder opportunity		No criteria
	Certification/Training course	XX	Therapist initiative/volunteer
	Clinical competence		Years of experience
	Delegated in job description		Other (please specify)

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

	1:1 individual training (CCCE/CI)	X	Continuing education by consortia
	Academic for-credit coursework		No training
X	APFA Clinical Instructor Credentialing	X	Professional continuing education (eg, chapter, CEU course)
	Clinical center inservices		Other (please specify)
	Continuing education by academic program		

17. On *pages 9 and 10* please provide information about individual(s) serving as the CCCE(s), and on *pages 11 and 12* please provide information about individual(s) serving as the CI(s) at your clinical site.

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL
EDUCATION**

Please update as each new CCCE assumes this position.

NAME: Shelley Mader		Length of time as the CCCE: 14 years
DATE: (mm/dd/yy) 03/13/2008		Length of time as a CI: 18 years
Present Position: Staff Physical Therapist	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: 20 years
LICENSURE: (State/Numbers) Washington PT00003887		Credentialed Clinical Instructor: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eligible for Licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: yes
		Area of Clinical Specialization: Pediatrics
		Other credentials:

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Eastern Washington University	9/86	8/88	Physical Therapy	BS
Spokane Falls Community College	6/86	9/86	Pre PT	
University of Montana	9/83	6/86	Pre PT	

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

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
Shriner's Hospital for Children	Staff Physical Therapist	1/93	Present
Holy Family Hospital	Staff Physical Therapist	8/88	1/93
West Garland Physical Therapy	On-call Physical Therapist	1/91	1/93
Interlake School	Part-time Physical Therapist	8/88	12/89

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure
Nancy Garcia	Chicago Medical School	PT	1980	28	22	Pediatric Certified Specialist, Pediatric and Baby NDT Certified	L 00006378	WA
Andi Gordon	University of Utah	PT	2000	9	4		L 00009447	WA
Barb Harrison	University of Montana	PT	1987	21	18		L 00001789	WA
Shelley Mader	Eastern Washington University	PT	1988	20	18	Credentialed CI, Pediatric Certified Specialist	L 00003887	WA
Rob Mildes	Eastern Washington University	PT	1992	16	14	Credentialed CI	L 00005790	WA, MT

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

Physical Therapist		Physical Therapist Assistant	
X	First experience	X	First experience
X	Intermediate experiences	X	Intermediate experiences
X	Final experience	X	Final experience
	Internship		

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.	1	16	1	6
20. Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	1	16	1	6

	PT	PTA
21. Average number of PT and PTA students affiliating per year.	6	1

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

Students must be able to meet our PT job description: able to speak, read, write and understand the English language, able to lift, transport, transfer and position patients as well as guard patients during gait training, able to work with patients on the floor and over therapy balls etc. With advanced communication we may be able to arrange a full-time motion analysis internship which is involved in research. Students are typically worked with and evaluated on a one-on-one basis with close supervision and not expected to work independently with patients until the student and CI feel comfortable. Students are oriented in all opportunities available here and are encouraged to seek out areas of interest and learning/research as the schedule allows. We would expect to be notified of any need for accommodations for a student prior to their arrival and would encourage a pre - affiliation visit/tour to analyze how best to meet the students needs.

23. 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.

PTA students are supervised by a PT who has experience working with PTA's. If a student's CI is away they will be supervised by one of the other Physical Therapists on staff - we are a small and close enough department that the student will be familiar with all the therapists on staff

Yes	No	
general		24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate:
X		the student's objectives?
?		students prepared at different levels within the academic curriculum?
X		academic program's objectives for specific learning experiences?
?		students with disabilities?
X		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI discuss the clinical site's learning objectives with students?

(Mark (X) all that apply)

X	Beginning of the clinical experience	X	At mid-clinical experience
	Daily	X	At end of clinical experience
	Weekly	X	Other - pm

28. How do you provide the student with an evaluation of his/her performance? (Mark (X) all that apply)

X	Written and oral mid-evaluation	X	Ongoing feedback throughout the clinical
X	Written and oral summative final evaluation	X	As per student request in addition to formal and ongoing written & oral feedback
?	Student self-assessment throughout the clinical		

Yes	No	
	X	29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

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]).

This is a great opportunity to see and learn about different pediatric diagnoses and surgeries and the role of PT with

the various diagnoses. The staff here is very open. Each therapist has developed their own specialty area so the students usually spend time with all the different therapists to learn about their specialty. We have lots of contact with the physician/resident staff during rounds and outpatient clinic so it is a good place to get comfortable working closely with physicians. The patient load varies but it is easy to fill the time with in-house and outside educational opportunities. This is a great opportunity to be creative and try ideas without having to worry about billing or justifying the cost. It is very helpful to be flexible, creative and fun/comfortable working with children and their families. We have one therapist full-time in our motion analysis lab and if this is an area of special interest we can pre-arrange for a student to be full-time in the lab for a period of time as okayed by their university. One of the missions of the Shriners' Hospitals is research and we have some research going on in our facility. We have a Clinical Data Coordinator available to assist students with research projects they may be required to complete for school (see attached memo). Internet access is available on site. See attached handout of student expectations.

Information for Students - Part II

I. Information About the Clinical Site

Yes	No	
	But can if they wish	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
X		2. Do students receive the same official holidays as staff?
If is affil is greater than 10 weeks		3. Does your clinical site require a student interview?
Will be mailed		4. Indicate the time the student should report to the clinical site on the first day of the experience:

Medical Information

Yes	No		Comments
X		5. Is a Mantoux TB test required? a) one step_X, if previous TB test was done within 12 months prior _____ b) two step__X, if previous TB test has not been done within 12 months prior _____	

		5a. If yes, within what time frame?	12 months
X		6. Is a Rubella Titer Test or immunization required?	
	X	7. Are any other health tests/immunizations required prior to the clinical experience?	Recommend Hepatitis B series and updated Tetanus as well as immunity to chicken pox
		a) If yes, please specify:	
		8. How current are student physical exam records required to be?	NA
	X	9. Are any other health tests or immunizations required on-site?	
		a) If yes, please specify:	
	X	10. Is the student required to provide proof of OSHA training?	We do request it but if not available they are trained as needed on-site
	X	11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
	X	12. Is the student required to have proof of health insurance?	
X		a) Can proof be on file with the academic program or health center?	
	X	13. Is emergency health care available for students?	
X		a) Is the student responsible for emergency health care costs?	
	X	14. Is other non-emergency medical care available to students?	
	X	15. Is the student required to be CPR certified? (Please note if a specific course is required).	
X/?		a) Can the student receive CPR certification while on-site?	
	X	16. Is the student required to be certified in First Aid?	
	X	a) Can the student receive First Aid certification on-site?	

Yes	No		Comments
X		17. Is a criminal background check required (eg. Criminal Offender Record Information)?	
	X	a) Is the student responsible for this cost?	
	X	18. Is the student required to submit to a drug test?	
	X	19. Is medical testing available on-site for students?	

Housing

Yes	No		Comments
	X	20. Is housing provided for male students?	
	X	for female students? (If no, go to #26)	
\$200/no plus utilities		21. What is the average cost of housing?	

	22. If housing is not provided for either gender:		
	a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).		Shelley Mader PT (509)623-0416, smader@shrinenet.org
	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.		Yes, but not attached as frequently changes
	23. Description of the type of housing provided:		Room in private homes
	24. How far is the housing from the facility?		Within 2-5 miles
	25. Person to contact to obtain/confirm housing:		
	Name:		
	Address:		
	City:	State:	Zip:

Transportation

Yes	No		
helps		26. Will a student need a car to complete the clinical experience?	
	X	27. Is parking available at the clinical center?	
		a) What is the cost?	Off-site street parking is available but for safety students are encouraged to park in the nearby parking garage for \$2.00 per day
X		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	1 block
		a) train station?	
		b) subway station?	
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	Just out of downtown, population about 280,000
		31. Please enclose printed directions and/or a map to your facility. Travel directions can be obtained from several travel directories on the internet. (eg, Delorme, Microsoft, Yahoo).	<i>See attached</i>

Meals

Yes	No		Comments
X		32. Are meals available for students on-site? (If no, go to #33)	
X		Breakfast (if yes, indicate approximate cost)	\$ 2.00 _____
X		Lunch (if yes, indicate approximate cost)	\$2.00 – 4.00
X		Dinner (if yes, indicate approximate cost)	\$ 4.00 _____
X		a) Are facilities available for the storage and preparation of food?	Refrigerator and microwave

Stipend/Scholarship

Yes	No		Comments

	X	33. Is a stipend/salary provided for students? If no, go to #36	
\$		a) How much is the stipend/salary? (\$ / week)	
		34. Is this stipend/salary in lieu of meals or housing?	
		35. 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
X		36. Is there a student dress code? If no, go to # 37.	
		a) Specify dress code for men:	<i>See attached</i>
		b) Specify dress code for women:	<i>See attached</i>
X		37. Do you require a case study or inservice from all students?	
	X	38. Does your site have a written policy for missed days due to illness, emergency situations, other?	<i>Follow school requirements</i>

Other Student Information

Yes	No		
X		39. Do you provide the student with an on-site orientation to your clinical site?	
(mark X)		a) What does the orientation include? (mark (X) all that apply)	
X		Documentation/billing	X Required assignments (eg, case study, diary/log, inservice)
?		Learning style inventory	X Review of goals/objectives of clinical experience
X		Patient information/assignments	X Student expectations
X		Policies and procedures	Supplemental readings
?		Quality assurance	X Tour of facility/department
NA		Reimbursement issues	X Other (specify below) – see attached

In appreciation...

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

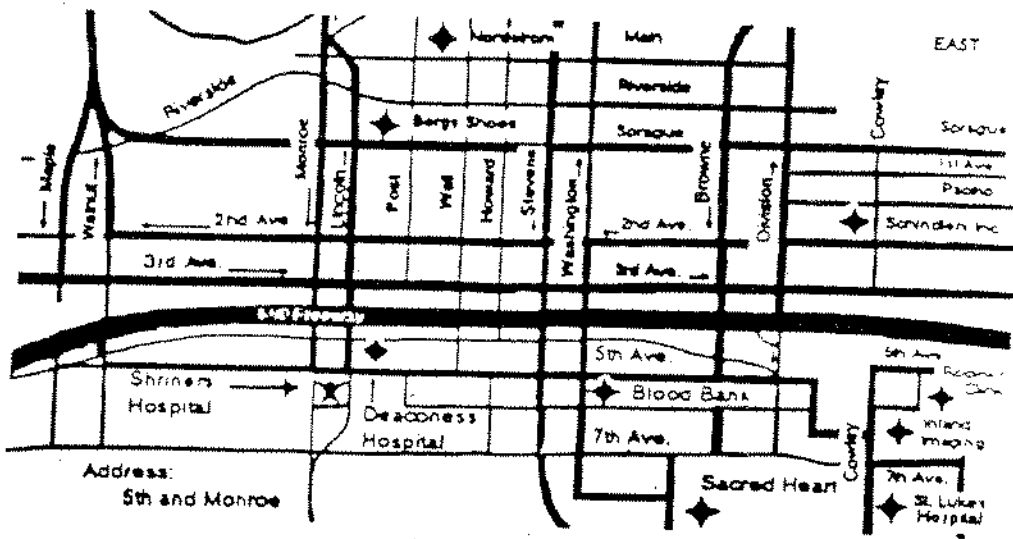
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FROM I-90 WEST, TAKE LINCOLN ST. EXIT #280. GO RIGHT ON MONROE, THEN LEFT ON FIFTH.

FROM I-90 EAST, TAKE LINCOLN ST. EXIT #280B. TAKE A LEFT IN SECOND, LEFT ON MONROE, THEN LEFT ON FIFTH.



SHRINERS HOSPITALS - SPOKANE UNIT
911 WEST FIFTH AVENUE
P.O. BOX 2472
SPOKANE, WASHINGTON 99210-2901

SPOKANE AREA ATTRACTIONS

- City Parks: Riverfront, Manito, Finch Arboretum, Riverside State Park
- Shopping: Downtown, Northtown
- Variety of Restaurants
- Theatres, Museums, Concerts, Zoo
- Centennial Trail: 35 mile paved biking and running/walking trail
- Silverwood Theme Park
- Waterslide parks and Lakes
- Skiing, Golfing, Mountain Biking and much more.....

EMPLOYEE STANDARDS**PERSONAL CLEANLINESS AND APPEARANCE POLICY**

Purpose: To promote the professional image of the employee and the Shriners Hospitals for Children, each employee of the Spokane hospital will conform to established dress code policies. All supervisors are responsible to administer and enforce dress code policies.

GROOMING

1. Personal cleanliness/oral hygiene is of extreme importance and is therefore expected of all employees.
 - a) Hair styles must be neat and clean. Beards/mustaches must be neatly trimmed. Staff working within patient care areas or having direct patient contact must wear their hair in such a manner that it does not come in contact with the patient during care. Long hair must be secured back in such a manner to prevent it from falling over the patient's body or wounds. Regulations within specific departments may require that a cap or hair net cover hair.
 - b) Excessive amounts of perfume, after shave and tobacco scents can be offensive to patients, peers, and visitors. Employees are asked to consider the sensitivity of those around them.
 - c) Safety and infection control regulations may place limitations on the wearing or type of jewelry worn within specific departments. General guidelines will allow employees to wear no more than two rings and/or ring sets on each hand in direct patient care areas.
2. Fingernails must be kept clean and well groomed. Long nails (greater than ¼ inch from the nail quick) and artificial nails in patient care areas are discouraged. Safety/infection control regulations within some departments, i.e., O.R., Nutrition, Nursing, may require that nail length be monitored and polish/artificial nails/nail tips not be used.

APPROPRIATE DRESS

Every employee of the Spokane hospital has some contact with the public and our patients and therefore, their image represents the professional image of the Shriners Hospital and the children we serve. All employees are required to dress in a manner that represents this professional image.

1. Employee work apparel may include the standard type of professional uniform, pantsuit or jumpsuit or appropriate business attire. Individual departments may have specific requirements based on services performed. These requirements will be found within departmental policies and procedures.
2. Clothing will be neat, clean, in good repair, non-revealing, not faded (i.e. dark clothing that has become discolored) and the appropriate size. The fabric of the garments must not be so thin as to reveal undergarments nor so tight as to reveal lines or color of undergarment. Clothing length should follow reasonable guidelines of modesty. (As a guide two inches above mid-knee for dresses and skirts.)
3. Hospital owned scrub suits, gowns and/or over-gowns are to be worn only by personnel in the departments which are authorized to do so and only within the service of the facility.
4. All employees must wear stockings/socks. Either hosiery or pants must cover legs.

PERSONAL CLEANLINESS AND APPEARANCE POLICY continued

5. Footwear must meet safety requirements of department and be clean and in good condition. No bare legs or feet allowed. SOCKS/HOSIERY must be worn with footwear. Departmental safety or infection control policies may create more stringent requirements.
6. Blouses and shirts will cover the shoulders and the waist when reaching overhead. (sleeveless is acceptable but no tank tops).
7. **BLUE JEANS, SWEAT PANTS/SUITS, LEGGINGS, OR RECREATIONAL SHORTS ARE NOT ACCEPTABLE WORK ATTIRE** unless allowed for a special event by Administration. Split skirts/skort or knee length walking shorts worn with tights or hosiery giving the appearance of a dress or suit are acceptable.
8. "Provocative" apparel is discouraged at all times while in the hospital. "Provocative" as defined by Webster is: "tending or serving to provoke; stimulating, exciting, or vexing." Provocative clothing could include but is not limited to sheer material, tight or form fitting and low cut necklines.
9. Body piercing --no visible body piercing ornamentation is allowed other than earrings.
10. Shriners Hospital requires that photo I.D. badges are visibly worn. Altering or covering photo or identification is not permitted. NOTE: For viewing ease ID badges are to be worn on the front and within the shoulder area of torso. Use of a lanyard or necklace to hold the ID badge around the neck is also acceptable, if this does not pose an additional safety hazard.
11. a) Business Casual Dress will be allowed every Friday. *
b) Business Casual Dress Day including blue jeans will be allowed the last Friday of each month. Also allowed on the last Friday of the month during June/July/August/September, tailored knee length walking shorts with socks may be worn by men and women. *

* Unless due to a special event, administration may require a change.

NOTE: Casual Days and Quarterly Service Award Luncheons will allow the wearing of "Blue" jeans and more casual attire as specific to the Theme of the Luncheon.