

# 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  
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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](mailto:angelaboyd@apta.org).
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

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

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

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

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

## Table of Contents

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

## CLINICAL SITE INFORMATION FORM

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

Initial Date 9/09
Revision Date 5/14

Person Completing CSIF	Kiely Schmidt PT, DPT				
E-mail address of person completing CSIF	Kschmidt@stanfordmed.org				
Name of Clinical Center	Stanford Hospital and Clinics				
Street Address	300 Pasteur Drive MC 5284				
City	Stanford	State	CA	Zip	94305
Facility Phone	650-725-5108	Ext.			
PT Department Phone	650-725-5108	Ext.			
PT Department Fax	650-725-5433				
PT Department E-mail					
Clinical Center Web Address	www.rehabstudents.stanfordhospital.com				
Director of Physical Therapy	Judy Leydig, PT, MBA Assistant Manager, Rehabilitation Services				
Director of Physical Therapy E-mail	jleydig@stanfordmed.org				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Kiely Schmidt PT, DPT				
CCCE / Contact Person Phone	650-724-2789				
CCCE / Contact Person E-mail	kschmidt@stanfordmed.org				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	Molly Acton, PT-CI Armi Advincula, PTA-CI Jolene Bright, PT-CI Vic Dorward, PT-CI Jesse Felton, PT-CI Pavla Fryer, PT-CI Victoria Hayes, PT-CI Lisa Ikuma, PT-CI Inah Mangalindan, PT, CI Zhigang Ma, PT-CI Susan Quon, PT-CI Diana Rizza, PT-CI Kiely Schmidt, PT-CI Alicia Soto, PT-CI Angela Tam, PT-CI MarichelleTomas, PTA-CI Robert Winkler, PTA-CI Megan Winslow, PT-CI Jill Yano, PT-CI				

<p>Other Credentialed CIs (List name and credentials)</p>	
<p>Indicate which of the following are required by your facility prior to the clinical education experience:</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Proof of student health clearance</li> <li><input checked="" type="checkbox"/> Criminal background check</li> <li><input type="checkbox"/> Child clearance</li> <li><input type="checkbox"/> Drug screening</li> <li><input checked="" type="checkbox"/> First Aid and CPR</li> <li><input type="checkbox"/> HIPAA education</li> <li><input type="checkbox"/> OSHA education</li> <li><input checked="" type="checkbox"/> Other: Please list CPR must be American Heart Association for Health Care Providers. HIPAA training onsite. TB test must be current (within 1 year) during length of the affiliation.</li> </ul>

**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	Rehabilitation Services, Stanford Medicine Outpatient Center				
Street Address	450 Broadway, Pavilion A2				
City	Redwood City	CA		Zip	94305
Facility Phone	650-723-5106		Ext.		
PT Department Phone	650-723-5106		Ext.		
Fax Number	650-721-3423	Facility E-mail			
Director of Physical Therapy	Judy Leydig, PT, DPT, MBA		E-mail	jleydig@stanfordmed.org	
CCCE	Lori Beyer, PT, DPT, OCS		E-mail	Lbeyer @stanfordmed.org	

**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	2013 Joint Commission, 2012 Comprehensive Stroke center, 2008 Joint Commission Stroke Center Cert., 2007 General, 2009 Out-patient
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARF	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	2007-state
<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/Privately Owned <input type="checkbox"/> Government Agency <input 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 checked="" type="checkbox"/> Other (please specify)University-affiliated	

**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 checked="" 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.*

<b>NAME:</b> Kiely Schmidt PT, DPT		<b>Length of time as the CCCE:</b> 9 months	
<b>DATE:</b> (mm/dd/yy) 5/6/14		<b>Length of time as a CI:</b> 4 years	
<b>PRESENT POSITION:</b> Senior PT on Neurology Team, CCCE Inpatient Services  (Title, Name of Facility)		<b>Mark (X) all that apply:</b> <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	<b>Length of time in clinical practice:</b> 5
<b>LICENSURE:</b> (State/Numbers) CA35835	<b>APTA Credentialed CI</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Other CI Credentialing</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Eligible for Licensure:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>Certified Clinical Specialist:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Area of Clinical Specialization:</b> Neurology, Neurosurgery, Trauma, Liver Transplant			
<b>Other credentials:</b>			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
USC	2006	2009	DPT	DPT
UC Berkeley	2002	2006	Integrative Biology	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
Stanford Hospital and Clinics, Stanford, CA	PT CCCE	2009 2013	Present Present

**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.

<b>Course</b>	<b>Provider/Location</b>	<b>Date</b>
APTA Certified Instructor	College of the Sequoias	2010
Crucial Conversations	Stanford Hospital and Clinics	2014
Clinical Instructor	Stanford Hospital and Clinics	2010, 2012, 2013,2014

## 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
Molly Acton	Samuel Merrit	2003	MPT	11	10	A	Yes	L- 28337	CA
Armi Advincula	De Los Santos College, Phillipines	1999	B.S. PT	8	3	A	No	AT- 8159	CA
Lori Beyer Out-patient	Clarke College	2007 2001	DPT MSPT	9	2			L- 35364	CA
Jolene Bright	University of Minnesota	2005	DPT	9	8	A	Yes	L- 36704	CA
Jacob Browning	Ohlone	2013	AS	6 mos	0	A	Yes	L- 10170	CA
Syrellene Cabral	Dominican College	2012	DPT	10	9		No	L- 29429	CA
Vic Dorward	UCSF/SFSU	2005 MS 2006 DPT	2005- MS 2006- DPT	9	8	A	No	L- 32443	CA
Zack DiCristino Out-patient	University of Colorado	2003	MSPT	7	1		No	L- 32455	CA

Jesse Felton	California State University-Fresno	2008	MPT	5.5	5		Yes	L-35265	CA
Jason Hardage	University of Alabama at Birmingham	1998	DScPT	15	8	C-GCS, NCS, CEEAA	Yes	L-37636	CA
Victoria Hayes	USC	2009	DPT	5	4	A	Yes	L-35858	
Lisa Ikuma	Mount St. Mary's	1995	MS	18	16		No	L-21532	CA
Tala Khalaf Out-patient	Ohio State University	1997	MPT	13				L-34671	CA
Gretchen Leff Out-patient	Washington University	1997	MSPT	12				L-23193	CA
Zhigang Ma	California State University-Sacramento	2003	MPT	9	7	A		L-29429	CA
Maria Inah Mangalindan	University of San Tomas, Manila	1997	BS, PT	16	14	A	Yes	L-34710	CA
Milena Matzinger	Cleveland State University	1990	DPT	23	21	C-CCS	Yes	L-18706	CA
Steven Pavlet-Outpatient	Duke University	1989	MSPT	21	19	C-OCS	Yes	L-16103	CA
Susie Quon	University of Pennsylvania	1977	BS, Certificate	37	35	A	Yes	L-8433	CA
Diana Rizza*	California State University at Long Beach	1980	BS	30	23	A	No	L-10285	CA
Kota Reichert	University of Puget Sound	2008	DPT	6	3	A	Yes	L-34782	CA

Susan Roby	McGill University	1993	DPT	19	18	C-CCS	Yes	L-25672	CA
Kiely Schmidt	USC	2009	DPT	5	4	A	Yes	L-35835	CA
Alicia Soto	Washington University in St. Louis-School of Medicine	2012	DPT	1.5	0	A	Yes	L-40156	CA
Elizabeth Stark	Stanford University	1978	MA	36	36		No	L-8753	CA
Hiroyasu Sugihara	Massachusetts General Hospital Institute of Health Professionals	2006	DPT	9	4	A Vestibular Competency Certification by APTA	Yes	L-33687 L-17634	CA MA
Angela Tam	Boston University	2011	DPT	2	0	A	Yes	L-38285	CA
Marichelle Tomas	DeAnza College	2004	AA	6	1	A	No	AT-6826	CA
Robert Winkler	DeAnza College	1987	AA	23	16	A	No	AT-1809	CA
Megan Winslow	University of the Pacific	2003	DPT	10	8	A	No	L-28915	CA
Jill Yano	Arizona School of Health Sciences	2002	DPT	12	9	A C-Certified Safe Patient Handeling Associate C-Certified Kineso Taping Procedure Advanced Clinician	No	L-32125	CA

**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: 1
<input checked="" type="checkbox"/>	Delegated in job description	<input checked="" type="checkbox"/>	Other (please specify): Experience on assigned unit
<input checked="" type="checkbox"/>	Demonstrated strength in clinical teaching		

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

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

**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	431	Psychiatric center	30
Intensive care	66	Rehabilitation center	
Step down	25	Other specialty centers: Specify	
Subacute/transitional care unit	0		
Extended care	0	<b>Total Number of Beds</b>	594

**Number of Patients/Clients**

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

INPATIENT		OUTPATIENT	
7	Individual PT		Individual PT
6	Student PT		Student PT
7	Individual PTA	NA	Individual PTA
6	Student PTA	NA	Student PTA
varies by unit	PT/PTA Team	NA	PT/PTA Team
	<b>Total patient/client visits per day</b>		<b>Total patient/client visits per day</b>

**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
1	0-12 years	5	Critical care, ICU, acute
1	13-21 years	1	SNF/ECF/sub-acute
3	22-65 years	1	Rehabilitation
5	Over 65 years	2	Ambulatory/outpatient
		1	Home health/hospice
		2	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.

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

**Hours of Operation**

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

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	8	5	See box below
Tuesday	8	5	
Wednesday	8	5	
Thursday	8	5	
Friday	8	5	
Saturday	8	5	
Sunday	8	5	

**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:  
 Monday through Friday. Some CIs work 7-4, 8-5, others work 9-6, or hours might flex because of meetings. Students would be expected to work the hours that their CI works. In-patient therapists work weekends on a rotating basis. Students typically work Monday through Friday, but may have the option to work a weekend if they need to have another day off. The out-patient center is open 7 to 7, so students may work different schedules. Please contact the CCCE if you have special scheduling needs.

**Staffing**

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	16	6	see below
PTAs	2	3	
Aides/Techs	3	2	
Others: Specify	currently have approximately 15-17 PTs and 3 PTAs working per day, so the actual number of total employees is higher.		



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

### *Specialty Clinics*

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

<input type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	Orthopedic clinic	<input type="checkbox"/>	Screening clinics
<input type="checkbox"/>	Balance	<input checked="" 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 type="checkbox"/>	Preparticipation sports
<input type="checkbox"/>	Hemophilia clinic	<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Women's health	<input type="checkbox"/>	Other (specify below)
<input 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 checked="" 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 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 checked="" type="checkbox"/>	Health information technologists	<input checked="" type="checkbox"/>	Respiratory therapists		

**Affiliated PT and PTA Educational Programs**

List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows.

Program Name	City and State	PT	PTA
Arcadia University	Glenside, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boston University	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cal State University-Fresno	Fresno, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cal State University-Long Beach	Long Beach, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Columbia University	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creighton University	Omaha, NE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loma Linda University	Loma Linda, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marquette University	Milwaukee, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mount St. Mary's College	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
New York University	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ohlone College	Fremont, CA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sacramento City College	Sacramento, CA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Samuel Merritt University	Oakland, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Simmons College	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of California-San Francisco/SFSU	San Francisco, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of the Pacific	Stockton, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Southern California	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quinnipac University	Hamden, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Northern Illinois University	DeKalb, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gurnick Academy	San Mateo, CA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Azusa Pacific University	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washington University in St. Louis	St. Louis, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Florida	Gainesville, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Northwestern University	Evanston, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Availability of the Clinical Education Experience**

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

Physical Therapist		Physical Therapist Assistant	
<input 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 checked="" type="checkbox"/> Internship (6 months or longer)			
<input type="checkbox"/> Specialty experience			

	PT		PTA	
	From	To	From	To
Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.	6	26	6	6
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.	12-inpatient 12-outpatient	2

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	Students must be able to meet entry level job description to finish affiliation. Contact CCCE if you have questions about accommodations that might be need to be made.

What is the procedure for managing students whose performance is below expectations or unsafe?  
 We try to identify potential problems early and work with the intern on developing behavioral objectives. The clinical instructor and CCCE would work with the student. We would contact the school within the first two weeks of the internship if a serious performance problem has been identified. If the problem is safety, our first obligation is to protect our patients.

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.

We have multiple instructors. Clinical instructors will arrange for a PT on their team or a relief PT to supervised the student. Sometimes the students use this opportunity to observe treatment on different units.

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

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

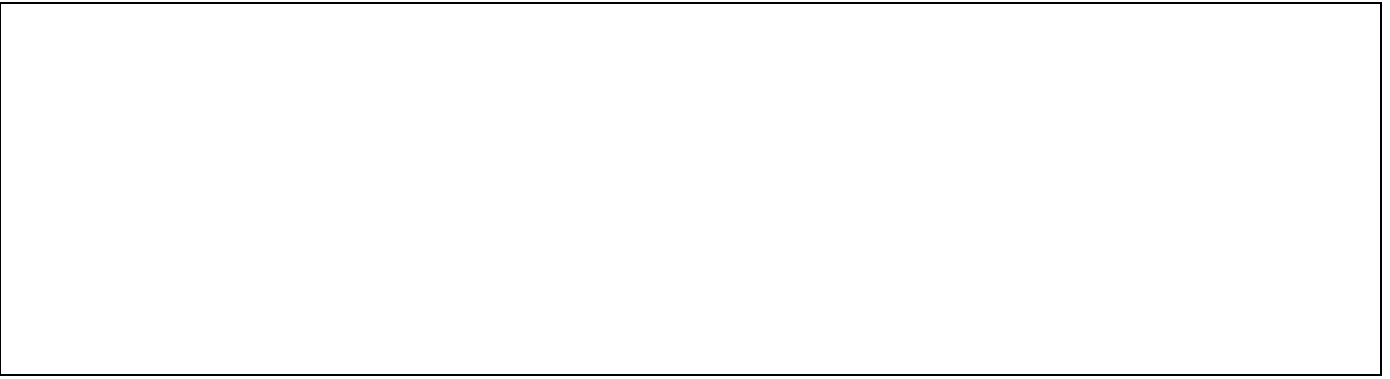
<input checked="" type="checkbox"/>	Written and oral mid-evaluation	<input checked="" type="checkbox"/>	Ongoing feedback throughout the clinical
<input checked="" type="checkbox"/>	Written and oral summative final evaluation	<input checked="" type="checkbox"/>	As per student request in addition to formal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

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

The mission of Stanford Hospital and Clinics is to Care, Educate, and Discover. These principles are integrated into our department through professional patient care based on the principles of evidence-based practice, and our commitment to clinical education.

Stanford Hospital and Clinics is a major teaching hospital and serves patients with routine to complex medical issues and rare conditions. As such, it is a fast-paced work environment. There are many resources and learning opportunities available to the energetic student. However, since the pace is fast, self-directed learners do best here. Good communication and self assessment skills are essential. Team members include, OT, SLP, MD, RN, chaplains, case managers, social workers and families.

Students are encouraged to seek out special learning opportunities, including attending rounds, using the medical library and Stanford Health Library, and special study with clinical specialists. Clinical supervision is managed by the CI in consultation with the CCCE and other team members. The student may have a CI who works part-time, and will be supervised by other staff physical therapists when the CI is not working. The Rehabilitation Services Department is organized by interdisciplinary teams with supervision across professions. Professional competency issues are handled by PT leads.



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 type="checkbox"/>	<input checked="" type="checkbox"/>	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	see web site www.rehabstudents.stanfordhospital.com
<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?	PTA students require an interview. If CI has a 2:1 model, the CI may wish to interview the two PT students.
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	9 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?	1 year. If the student requires a chest x-ray, it MUST be done within the last year.
<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:	Measles, Mumps, Rubella, Chicken Pox required. Hepatitis A and B and flu vaccine recommended
		8. How is this information communicated to the clinic? Provide fax number if required.	.650-725-5433
		9. How current are student physical exam records required to be?	not required. If student has questions about meeting the physical demands of the job description, they should contact the CCCE.
<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?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	on-site training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	American Heart Association Basic Life Saving for Healthcare Providers
<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 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?	Arranged privately by student
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).	AHA BLS training for Healthcare Providers

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) Can the student receive CPR certification while on-site?	must have AHA BLS before they start
<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.	Must be completed before starting. May use whatever is required by the school.
<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?	Arranged privately by student
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	On-site orientation Confidentiality statement Security statement HIPAA training

### *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 <b>not</b> 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 #.		Housing is not provided or guaranteed, students are recommended to visit the following website for information on potential housing opportunities provided by the University. <a href="http://www.stanford.edu/dept/rde/cgi-bin/drupal/housing/Rooms%20for%20Rent%20in%20Palo%20Alto">http://www.stanford.edu/dept/rde/cgi-bin/drupal/housing/Rooms for Rent in Palo Alto</a> typically cost \$1000-\$1500 per month.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.		See above

### Transportation

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. Will a student need a car to complete the clinical experience?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	\$15 mo. SMOC parking (out-patient center) may be free
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Is public transportation available?	Free shuttle to downtown Palo Alto and train station
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	1 miles
		b) Subway station?	miles
		c) Bus station?	miles
		d) Airport?	25 miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. Suburban area, no particular safety issues. Visit our website, <a href="http://www.rehabstudents.stanfordhospital.com">www.rehabstudents.stanfordhospital.com</a> for links to maps and directions and transportation.	
		38. Please enclose a map of your facility, specifically the location of the department and parking. <b>Travel directions can be obtained from several travel directories on the internet.</b> (eg, <a href="#">Delorme</a> , <a href="#">Microsoft</a> , <a href="#">Yahoo</a> , 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	\$5

		approximate cost)	
		Lunch (if yes, indicate approximate cost)	\$6
		Dinner (if yes, indicate approximate cost)	\$6
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	refrigerator, microwave

**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.	There is a meal stipend and parking fees for 6 mo. interns.
		a) How much is the stipend/salary? (\$ / week)	For 6 mo. interns only.
<input type="checkbox"/>	<input type="checkbox"/>	42. Is this stipend/salary in lieu of meals or housing?	n/a
		43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	6 mo.

**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.	visit <a href="http://www.rehabilitationstudents.stanfordhospital.com">www.rehabilitationstudents.stanfordhospital.com</a>
		a) Specify dress code for men:	
		b) Specify dress code for women:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	This is not required of all interns, but is evaluated individually
<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)?	Varies by CI.
<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.	The dept. follows school guidelines regarding absences. There may be opportunity to make up missed days on weekends or at the end of the affiliation, if days are excessive.
<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?	
<b>(mark X below)</b>		a) Please indicate the typical orientation content by marking an <b>X</b> 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 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.) The student completes the same orientation modules required of new staff
<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.