

## CLINICAL SITE INFORMATION FORM

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

Initial Date
Revision Date 01/2008

Person Completing CSIF	Kim Bishop, PT				
E-mail address of person completing CSIF	<a href="mailto:kbishop2@fairview.org">kbishop2@fairview.org</a>				
Name of Clinical Center	University of Minnesota Medical Center, Fairview, University Campus				
Street Address	420 Delaware St SE B417 Mayo mmc#106				
City	Minneapolis	State	MN	Zip	55455
Facility Phone	612-273-8400	Ext.			
PT Department Phone	612-273-2818	Ext.			
PT Department Fax	612-273-1118				
PT Department E-mail					
Clinical Center Web Address					
Director of Physical Therapy	Jason Helling				
Director of Physical Therapy E-mail	<a href="mailto:jhelling1@fairview.org">jhelling1@fairview.org</a>				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Kim Bishop, PT, CCCE				
CCCE / Contact Person Phone	612-273-2818				
CCCE / Contact Person E-mail	<a href="mailto:kbishop2@fairview.org">kbishop2@fairview.org</a>				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	Barb Wiegand, PT Kim Bishop, PT Eva Gold, PT Kris Coyle, PT Esie Klein, PT Holly Ahrenholz, PT Sheila Gonzales, PT Jean Mangan, PT				
Other Credentialed CIs (List name and credentials)	Susan Jacobsen, PT -NDT Kim Peters, PT				

Indicate which of the following are required by your facility prior to the clinical education experience:

- Proof of student health clearance
- Criminal background check
- Child clearance
- Drug screening
- First Aid and CPR
- HIPAA education
- OSHA education
- Other: Please list

**Information About Multi-Center Facilities**

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate "SAME." If more than three sites, copy this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

Name of Clinical Site	University of Minnesota Medical Center, Fairview, Riverside Campus				
Street Address	2450 Riverside Ave				
City	Minneapolis	State	MN	Zip	55454
Facility Phone	612-273-6507		Ext.		
PT Department Phone			Ext.		
Fax Number	612-273-7360	Facility E-mail			
Director of Physical Therapy	Diana Noawatzki		E-mail	dnowatzsk1@fairview.org	
CCCE			E-mail		

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

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.	October 2003
		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/Privately Owned <input checked="" type="checkbox"/> Government Agency <input type="checkbox"/> Hospital/Medical Center Owned <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input type="checkbox"/> PT Owned <input type="checkbox"/> PT/PTA Owned <input type="checkbox"/> Other (please specify)	

**Clinical Site Primary Classification**

To complete this section, please:

- A. Place the number 1 (**1**) beside the category that best describes how your facility functions the majority ( $\geq 50\%$ ) of the time.
- B. Next, if appropriate, check ( $\checkmark$ ) up to four additional categories that describe the other clinical centers associated with your facility.

1 <input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
<input type="checkbox"/>	Ambulatory Care/Outpatient	$\checkmark$	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> Kimberly Bishop		<b>Length of time as the CCCE:</b> .5 years	
<b>DATE:</b> 01/30/2009		<b>Length of time as a CI:</b> 1.3 years	
<b>PRESENT POSITION:</b> Physical Therapist University of Minnesota, Fairview, University Campus (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> 2.3 years
<b>LICENSURE:</b> (State/Numbers) MN 7638	<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>			
<b>Other credentials:</b>			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Mayo School of Health Sciences	8/2003	10/2005	Physical Therapy	Master of PT
University of MN Duluth	9/1998	12/2002	Biochemistry, Chemistry	Bachelor of Science

**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
University of Minnesota Medical Center, Fairview	Physical Therapist	11/01/2005	Present



## 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.

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
Susan Jacobsen, PT	UND	1978	BSPT	28	20	A, C	No	L, 2975	MN
Barb Wiegand, PT	U of MN	1975	BSPT	30	26	A	Yes	L, 1371	MN
Kris Coyle, PT	College of St. Catherine	1997	MSPT	9.5	7	A	Yes	L, 6003	MN
Esie Klein, PT	Univ. of Lacrosse	2006	DPT	1.5	.8	A	No	L, 7698	MN
Eva Gold, PT	UNC, Chapel Hill	1999	MSPT	6.5	4.5	A	Yes	L, 6673	MN
Sheila Gonzales, PT	UND	2006	MSPT	1.5	.8	A	Yes	L, 7663	MN
Kim Bishop, PT	Mayo Clinic	2005	MSPT	2.0	1	A	No	L, 7638	MN7638
Holly Ahrenholz, PT	Mayo Clinic	2005	MSPT	2.0	1	A	No	L, 7643	MN
Kim Peters, PT	U of Evansville	1991	BSPT	15	14	B	Yes	L, 7243	MN
Jean Mangan, PT	Marquette	1977	BSPT	30	27	A	Yes	L,	MN

Jessica Norby, PT	Northwestern	2006	DPT	1	0		No	L, 7860	MN
Deidre Lindstrom, PT	College of St. Catherine	2007	DPT	0.5	0		Yes	L, 7943	MN
Linda M. Tripp, PT	College of St. Catherine	2007	DPT	0.5	0		Yes	L, 7929	MN
Amber Cheney, PT	College of St. Scholastica	2007	DPT	0.5	0		Yes	L, 7935	MN



**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: 1-2 years
<input checked="" type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify):
<input checked="" type="checkbox"/>	Demonstrated strength in clinical teaching		

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

<input checked="" type="checkbox"/>	1:1 individual training (CCCE:CI)	<input 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 in-services	<input type="checkbox"/>	Professional continuing education (eg, chapter, CEU course)
<input checked="" type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Other (please specify):

**Information About the Physical Therapy Service**

**Number of Inpatient Beds**

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care	452	Psychiatric center	
Intensive care		Rehabilitation center	
Step down		Other specialty centers: Specify	
Subacute/transitional care unit			
Extended care		<b>Total Number of Beds</b>	452

**Number of Patients/Clients**

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

INPATIENT		OUTPATIENT	
8-13	Individual PT	6	Individual PT
	Student PT		Student PT
	Individual PTA		Individual PTA
	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
8-13	<b>Total patient/client visits per day</b>	10	<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%)

Rating	Patient Lifespan	Rating	Continuum of Care
2	0-12 years	5	Critical care, ICU, acute
2	13-21 years	1	SNF/ECF/sub-acute
4	22-65 years	1	Rehabilitation
2	Over 65 years	1	Ambulatory/outpatient
		1	Home health/hospice
		1	Wellness/fitness/industry

**Patient/Client Diagnoses**

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

1 = (0%)    2 = (1-25%)    3 = (26-50%)    4 = (51-75%)    5 = (76-100%)

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

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

**Hours of Operation**

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

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	8:00a	5:30p	Some of our CIs work 2 weekends/month until 5:30pm, others are 1 weekend/month at listed hours.
Tuesday	8:00a	5:30p	
Wednesday	8:00a	5:30p	
Thursday	8:00a	5:30p	
Friday	8:00a	5:30p	
Saturday	8:00a	4:30p	
Sunday	8:00a	4:30p	

**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:  
 8-5:30 pm, 4 days/week with one weekend per month. Weekend staffing is typically 8 hours, 8-4:30 pm. There are CIs with exceptions to this schedule, and adaptations will be made with student prior to the clinical experience. The student is expected to work the designated CIs schedule, unless arranged differently with CI prior to experience.

**Staffing**

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	9		
PTAs			
Aides/Techs	2		
Others: Specify			

## Information About the Clinical Education Experience

### *Special Programs/Activities/Learning Opportunities*

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

<input 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 checked="" type="checkbox"/>	Orthotic/Prosthetic fabrication	<input 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 checked="" type="checkbox"/>	Pediatric-general (emphasis on):	<input checked="" type="checkbox"/>	Team meetings/rounds
<input checked="" type="checkbox"/>	Critical care/intensive care	<input type="checkbox"/>	Classroom consultation	<input checked="" type="checkbox"/>	Vestibular rehab
<input checked="" type="checkbox"/>	Departmental administration	<input checked="" type="checkbox"/>	Developmental program	<input checked="" 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 checked="" type="checkbox"/>	Wound care
<input checked="" type="checkbox"/>	Employee wellness program	<input checked="" type="checkbox"/>	Neurological	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Group programs/classes	<input type="checkbox"/>	Prevention/wellness		
<input type="checkbox"/>	Home health program	<input checked="" type="checkbox"/>	Pulmonary rehabilitation		

### *Specialty Clinics*

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

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Orthopedic clinic	<input type="checkbox"/>	Screening clinics
<input type="checkbox"/>	Balance	<input type="checkbox"/>	Pain clinic	<input checked="" type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input checked="" type="checkbox"/>	Prosthetic/orthotic clinic	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Hand clinic	<input checked="" type="checkbox"/>	Seating/mobility clinic	<input type="checkbox"/>	Preparticipation sports
<input checked="" type="checkbox"/>	Hemophilia clinic	<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Women's health	<input checked="" type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Neurology clinic				

**Health and Educational Providers at the Clinical Site**

Please mark (X) all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<input checked="" type="checkbox"/>	Administrators	<input type="checkbox"/>	Massage therapists	<input 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 checked="" type="checkbox"/>	Special education teachers
<input checked="" type="checkbox"/>	Audiologists	<input checked="" type="checkbox"/>	Physicians (list specialties)	<input checked="" type="checkbox"/>	Students from other disciplines
<input checked="" type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Students from other physical therapy education programs
<input checked="" type="checkbox"/>	Enterostomal /wound specialists	<input type="checkbox"/>	Podiatrists	<input checked="" type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Exercise physiologists	<input checked="" type="checkbox"/>	Prosthetists /orthotists	<input type="checkbox"/>	Vocational rehabilitation counselors
<input type="checkbox"/>	Fitness professionals	<input checked="" type="checkbox"/>	Psychologists	<input type="checkbox"/>	Others (specify below)
<input 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.

Program Name	City and State	PT	PTA
College of St. Catherine's DPT and PTA programs	Minneapolis, MN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marquette University	Milwaukee, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mayo School of Medicine	Rochester, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Minnesota	Minneapolis, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Nebraska	Omaha, NE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Wisconsin	La Crosse, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Wisconsin	Madison, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washington University	St. Louis, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
College of St. Scholastica	Duluth, MN	<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"/>

**Availability of the Clinical Education Experience**

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

Physical Therapist		Physical Therapist Assistant	
First experience: Check all that apply. <input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		First experience: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		Intermediate experiences: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input checked="" type="checkbox"/> Final experience		<input 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.	4	10	1	4
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.			Days	2 weeks

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.	10-FT	1 Part-time

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	Every effort is made to make sure the student has a positive learning outcome during his/her affiliation here.

What is the procedure for managing students whose performance is below expectations or unsafe?  
 1) Discussion with student, written plan for behavior change goals, CI discuss with CCCE if needed  
 2) Contact ACCE and discuss case as needed  
 3) Restate goals as needed and continue meetings with student/ACCE/CI

**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.  
 The student will be paired with an appropriate CI/therapist for that day. Therapist will make every effort to assess student's current learning needs and goals for that day/few days

**Clinical Site's Learning Objectives and Assessment**

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
		2. Do these objectives accommodate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	• The student's objectives?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	• Students prepared at different levels within the academic curriculum?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	• The academic program's objectives for specific learning experiences?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	• Students with disabilities?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? **(Mark (X) all that apply)**

<input checked="" type="checkbox"/>	Beginning of the clinical experience	<input checked="" type="checkbox"/>	At mid-clinical experience
<input checked="" type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	At end of clinical experience
<input checked="" type="checkbox"/>	Weekly	<input 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 University of Minnesota Medical Center, Fairview is closely affiliated with the University of Minnesota Physicians, Medical School, and other allied health professional programs. This relationship lends itself to numerous unique opportunities for learning and professional development. There are many specialty opportunities in all physical therapy related areas, as well as occupational and speech therapy areas. The U of M is well known for its solid organ transplant, blood marrow transplant (BMT), pediatric, cardiovascular, hematology/oncology, and neurology programs, in addition to many, many other programs in health care.

**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?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Does your clinical site require a student interview?	
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	
<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 type="checkbox"/>	<input type="checkbox"/>	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	
		8. How is this information communicated to the clinic? Provide fax number if required.	
		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?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Is the student required to have proof of health insurance?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Is emergency health care available for students?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Is the student responsible for emergency health care costs?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Is other non-emergency medical care available to students?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).	



Yes	No		Comments
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Is a child abuse clearance required?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Is the student responsible for the cost or required clearances?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Is medical testing available on-site for students?	
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	

### **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 #.	Kim Bishop 612-273-2818, M-W
<input type="checkbox"/>	<input type="checkbox"/>	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	Provided upon request (U of MN website)

### 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?	
<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?	1 miles
		b) Subway station?	N/A miles
		c) Bus station?	0.2 miles
		d) Airport?	~10 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. <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 approximate cost)	
		Lunch (if yes, indicate approximate cost)	
		Dinner (if yes, indicate approximate cost)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	

**Stipend/Scholarship**

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	41. Is a stipend/salary provided for students? If no, go to #43.	
		a) How much is the stipend/salary? (\$ / week)	
<input type="checkbox"/>	<input 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.	See enclosed document
		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)?	Or project as approved by CI
<input type="checkbox"/>	<input type="checkbox"/>	46. Do you require any additional written or verbal work from the student (eg, article critiques, journal review, patient/client education handout/brochure)?	
<input 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.	Follow school program
<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 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 type="checkbox"/>	Learning style inventory	<input checked="" type="checkbox"/>	Supplemental readings
<input checked="" type="checkbox"/>	Patient information/assignments	<input checked="" type="checkbox"/>	Tour of facility/department
<input checked="" type="checkbox"/>	Policies and procedures (specifically outlined plan for emergency responses)	<input type="checkbox"/>	Other (specify below - eg, bloodborne pathogens, hazardous materials, etc.)
<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.