Angelo State University
College of Health and Human Services
Doctor of Physical Therapy Program

Report of Onsite/Phone Visit

**Clinical Center**: _____
**Site Representative**: _____
City, State_____
Person completing visit: _____     Date_____
Type of visit: Site_____     Phone _____

**Current Site Information**
Date of most recent Clinical Site Information Form (CSIF) _____
Date of last contract renewal_____

**Staff Interaction (Inter and Intra-departmental)**

|  | Yes | No | N/A |
|---|---|---|---|
| In your opinion, is there a good working relationship between | | | |
| Physical therapists | | | |
| PT's and nursing | | | |
| PT's and occupational therapists | | | |
| PT's and speech pathologists | | | |
| PT's and social workers | | | |
| PT's and PTA's | | | |
| PT's and support staff | | | |
| PT's and physicians | | | |

Comments:

**Staff Development:**
How often does your staff attend continuing education courses?

How does the facility support this?
Provides funds          __ Yes __ No
Provides release time     __ Yes __ No

Does your facility have a policy on in-service training?  __ Yes __ No
If so, what is the policy?
Are students encouraged to
Attend in-service training?  __ Yes __ No
Provide an in-service?      __ Yes __ No

Does your administration support post-professional study?
Provides funds          __ Yes __ No
Provides release time     __ Yes __ No
Other (please specify) _____

What is the average length of employment in your facility?
__ $\leq$ 1 yrs.__1-2 yrs.  __ 3-5 yrs.  __ 6-8 yrs.  __ 9-10 yrs.  __$\geq$ 10 yrs.

**Professional Activities**

Are staff members encouraged to be active in the profession at the local, state and/or national level?
__ Yes __ No

Are professional dues paid?

| Fully paid | __ Yes __ No |
| Partially paid | __ Yes __ No |
| Not paid | __ Yes __ No |

Comments:

Have any staff members held office or positions on committees?

Have any staff members presented posters or made professional presentations?

**Support of Clinical Education**

What is your department's philosophy towards students?

How does your administration demonstrate support of staff participation in clinical education activities?

Does your department demonstrate support of clinical education through any of the following ways?

| | **Yes** | **No** |
|---|---|---|
| In-services | | |
| Clinical education conferences | | |
| Clinical Instructor training | | |

Who provides the clinical instructor training (if provided)?

Who funds clinical instructor training?

Is the productivity requirement different for a PT acting as a CI for a student?

Is there a productivity requirement for a student?  __ Yes __ No          If yes, what is it?

What criteria do you use to select your CI's?  Check all that apply

__          Number of years of experience
__          Mandatory (everyone is required to be a CI)
__          Volunteers
__          Demonstrated clinical skill and/or professional behavior
__          Other (please specify) _____

Who evaluates the CI?  Check all that apply

__          Student
__          Center Coordinator of Clinical Education (CCCE)
__          Supervisor

Does this evaluation affect the overall performance review of the CI?  __ Yes  __ No

**Opportunities for the Student**

Which of the following management practice opportunities can you provide for the student?  (Check all that apply)

__ Quality Assurance
__ Reimbursement
__ Scheduling
__ Use of supportive personnel

Do students have the opportunity to participate in any of these scholarly activities at your facility? (check all that apply)

__ Journal Club
__ Literature review
__ Case study
__ Research

Are students included in staff meetings?  __Yes __ No

Do you practice any of the collaborative models of clinical education?  __Yes  __ No
__ 2:1  (2 students to 1 clinical instructor)
__ 3:1  (3 students to 1 clinical instructor)
__ job sharing CI's
__ other

Comments

Would you like to know more about and/or try any of the collaborative models?

Is there a written student policy manual?  __Yes __ No
(It usually includes objectives, learning experiences, administrative procedures, patient care procedures, ethical standards, incident reports, personnel policies, emergency procedures, and note-writing system)

Is there a written anti-discrimination policy at your facility?  __Yes  __ No

If so, can we assume that it applies to students?  __Yes  __ No

What level student is your facility able to accommodate?

__    First clinical rotation
__    Second clinical rotation
__    Third (final) clinical rotation

**Student Evaluation**

What methods are used to evaluate student performance?

__ Verbal feedback
__ Written assessments
__ Self assessment
__ Clinical logs

___ Other (specify) _____

When do you feel it is necessary to contact the ACCE regarding a student performance situation?

Do you have a procedure in place to manage students who are not meeting clinical objectives?
___Yes ___ No

Is that procedure in writing? ___Yes ___ No
    Do you share it with the student? ___Yes ___ No

What is the procedure?

## CCCE Role

What are your responsibilities as the CCCE in your facility?

Does administrative support given by the facility include appropriate:
    a.    Financial support        ___Yes ___ No
    b.    Relief from patient care    ___Yes ___ No
    c.    Relief from other administrative duties  ___Yes ___ No
    d.    Other _____    ___Yes ___ No

Have you attended any training program(s) for CIs/CCCEs? ___Yes ___ No

Do you discuss objectives with the student? ___Yes ___ No

Do you provide orientation for the student? ___Yes ___ No

Do you act as a consultant during the student evaluation process? ___Yes ___ No

How do you handle/intervene problem situations between the student and the CI?

    As the CCCE, what is the level of your involvement with the student?
        ___Yes ___ No  Direct observation
        ___Yes ___ No  Indirect observation
        ___Yes ___ No  Consultative meetings
            ___Yes ___ No  Daily
            ___Yes ___ No  Weekly
            ___Yes ___ No  Midterm
            ___Yes ___ No  Exit interview
            ___Yes ___ No  Other _____

## Clinical Assignments
How do you prioritize requests to take students from a program in a given year?

How do you determine the number of students you will accept?

Can you commit to taking students 1 to 1.5 years in advance? ___Yes ___ No

Are you willing to be contacted at the last minute when another placement cancels?
    ___Yes ___ No

Under what circumstances would you cancel a student rotation?

How much notice would you give the educational program if you had to cancel the placement?

When would you drop a program from your affiliation list?

**Interviewer Impressions**

The philosophy, administration, staff, space, learning opportunities, etc., of this facility is compatible with Angelo State University Physical Therapy Program.        __Yes __ No

I recommend this site for these reasons:

I do not recommend this site for these reasons:

Areas of concern:

Comments:

Signature:_____        Date: _____

Adapted from the form used by St. Louis University. That form was developed from the Standards for Clinical Education – APTA and Clinical Education Guidelines and Assessments.