

Angelo State University  
College of Nursing and Allied Health  
Department of Physical Therapy

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?

≤ 1 yrs.  1-2 yrs.  3-5 yrs.  6-8 yrs.  9-10 yrs.  ≥ 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.