

## CLINICAL SITE INFORMATION FORM

### I. Information About the Clinical Site

Date ( 3 /21 /09 )

Person Completing Questionnaire		Dave Johnson, PT, PhD, OCS, FAAOMPT			
E-mail address of person completing questionnaire		<a href="mailto:djohnson@ptcentral.org">djohnson@ptcentral.org</a>			
Name of Clinical Center	Physical Therapy Central of OKC				
Street Address	923 N. Robinson Ave., First Floor				
City	Oklahoma City	State	OK	Zip	73102
Facility Phone	405-231-5800		Ext.		
PT Department Phone			Ext.		
PT Department Fax	405-231-4200				
PT Department E-mail	<a href="mailto:djohnson@ptcentral.org">djohnson@ptcentral.org</a>				
Web Address	<a href="http://www.ptcentral.org">www.ptcentral.org</a>				
Director of Physical Therapy		Dave Johnson, PT, PhD, OCS, FAAOMPT			
Director of Physical Therapy E-mail		<a href="mailto:djohnson@ptcentral.org">djohnson@ptcentral.org</a>			
Center Coordinator of Clinical Education (CCCE) / Contact Person		Dave Johnson, PT, PhD, OCS, FAAOMPT			
CCCE / Contact Person Phone		405-231-5800			
CCCE / Contact Person E-mail		<a href="mailto:djohnson@ptcentral.org">djohnson@ptcentral.org</a>			

*Clinical Site Accreditation/Ownership*

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

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

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

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

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

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

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

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	7:30	7:00	
Tuesday	8:00	7:00	
Wednesday	7:30	7:00	
Thursday	8:00	7:00	
Friday	7:30	7:00	
Saturday	Closed		
Sunday	Closed		

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

The therapists work a split shift to accommodate the needs of early morning and after work patient care needs. The schedule is approximately 40-45 hours a week. We are flexible with travel and holiday schedules. Some days you will come in early and leave early or come in late and stay late.

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

	Full-time budgeted	Part-time budgeted
PTs	2	1
PTAs	0	0
Aides/Techs	0	6

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

INPATIENT		OUTPATIENT	
	Individual PT	15-20	Individual PT
	Individual PTA		Individual PTA
	Total PT service per day	15-35	Total PT service per day

### III. Available Learning Experiences

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

	Amputations		Critical care/Intensive care		Neurologic conditions
X	Arthritis	X	Degenerative diseases		Spinal cord injury
X	Athletic injuries		General medical conditions		Traumatic brain injury
	Burns		General surgery/Organ Transplant		Other neurologic conditions
	Cardiac conditions	X	Hand/Upper extremity		Oncologic conditions
	Cerebral vascular accident	X	Industrial injuries	X	Orthopedic/Musculoskeletal
X	Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
X	Connective tissue diseases		Mental retardation		Wound Care
	Congenital/Developmental				Other (specify below)

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

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

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

	Amputee clinic		Neurology clinic		Screening clinics
X	Arthritis	X	Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis
	Hand clinic		Preparticipation in sports	X	Sports medicine clinic
	Hemophilia Clinic		Prosthetic/Orthotic clinic		Other (specify below)
	Industry		Seating/Mobility clinic		

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

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

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

University of Oklahoma HSC	

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

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

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

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

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

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

*Please update as each new CCCE assumes this position.*

<b>NAME:</b>	Dave Johnson, PT, PhD, OCS, FAAOMPT	<b>Length of time as the CCCE:</b> 2 years
<b>DATE: (mm/dd/yy)</b>	3-21-09	<b>Length of time as the CI:</b> 12 years
<b>PRESENT POSITION:</b> (Title, Name of Facility) Physical Therapist Physical Therapy Central	<b>Mark (X) all that apply:</b> __x__PT ____PTA ____Other, specify	<b>Length of time in clinical practice:</b> 29 years
<b>LICENSURE:</b> (State/Numbers)	Oklahoma / PT 2959	<b>Credentialed Clinical Instructor:</b> Yes____ No__X__
<b>Eligible for Licensure:</b> Yes____ No____		<b>Certified Clinical Specialist:</b> yes
		<b>Area of Clinical Specialization:</b> Orthopaedic Physical Therapy
		<b>Other credentials:</b> 1) Fellow, American Academy of Orthopaedic Manual Physical Therapists; 2) Extraordinary Member, Manipulative Therapists Association of Australia

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Iowa	1997	1997	Injury Epidemiology	Post Doc
University of Iowa	1994	1996	Epidemiology	Ph.D.
University of Iowa	1990	1992	Biostatistics	M.S.
University of Iowa	1984	1986	Physical Therapy	Candidate for M.A.

Western Australian Institute of Technology, Perth, Western Australia	1982	1982	Manipulative Physiotherapy	Graduate Diploma
University of Iowa	1978	1980	Physical Therapy	Graduate Certificate
University of Iowa	1977	1978	General Science	B.S.
U.S. Air Force Academy	1972	1975	Civil Engineering	Candidate for B.S.

**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
Physical Therapy Central of OKC	Owner, PT	March 2007	Current
Oklahoma Center for Athletes, Oklahoma City	Physical Therapist	Aug 2004	Feb 2007
University of Oklahoma Health Sciences Center	Assistant Professor of Physical Therapy	July 1999	July 2004
Mercy Medical Center, Cedar Rapids, Iowa	Senior Physical Therapist	June 1997	May 1999
University of Iowa	Asst. Research Scientist	May 1996	May 1997
Mercy Hospital, Iowa City, Iowa	Senior Physical Therapist	August 1989	December 1994
PTOSI, Minneapolis, Minnesota	Physical Therapist	Feb 1987	July 1988
Zamberletti Physical Therapy, Minneapolis, Minnesota	Clinic Director	July 1986	Feb 1987
Tuckahoe Physical Therapy, Richmond, Virginia	Physical Therapist	Feb 1983	June 1984
Mercy Medical Center, Dubuque, Iowa	Physical Therapist	July 1980	Jan 1982

**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 five years):

Spinal Manipulation: Gibbons, Tehan – March 2009	
Spinal Manipulation: Gibbons, Tehan – March 2008	
Spinal Manipulation: Gibbons, Tehan – March 2007	
Spinal Manipulation: Gibbons, Tehan – March 2006	
Spinal Manipulation: Gibbons, Tehan – March 2005	
Spinal Manipulation: Gibbons, Tehan – March 2004	

**CLINICAL INSTRUCTOR INFORMATION**

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

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure
Dave Johnson	University of Iowa	PT	1980	29	25	OCS FAAOMPT	PT 2959	OK
Jamie Wyrick	University of Oklahoma	PT	2007	2	1	APTA credentialed CI	PT 4045	OK
Mark Anderson	University of Kansas	PT	1975	34	10	ATC	PT 940	OK

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

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

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.	3 wks	18 wks		
20. Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	4 wks.	18 wks.		

	PT	PTA
21. Average number of PT and PTA students affiliating <u>per year</u> .	2	0

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

Each student will have time with their CI at the first of the affiliation to sit down and discuss specific learning objectives/challenges. The CIs have practiced and taught for many years and are able to work at different levels and provide different learning experiences for each individual students. Students are provided a written manual, and 1 on 1 time with their CI. Students will observe clinical practice, will have procedures explained to them and then will get to complete the tasks.

This site and the physical therapists place a strong emphasis on differential diagnosis, manual therapy and clinical reasoning. All of the physical therapists have advanced degrees (MPT or PhD), and one is OCS and FAAOMPT.

Students will be emailed a student intern packet to review before their schedule internship at the clinic. Please see our web site for more information: [www.ptcentral.org](http://www.ptcentral.org)

23. **Answer if the clinical center employs only one PT or PTA.** Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

The student will work with another CI in the clinic. Usually another PT comes to the facility to cover the clinic if the original CI is on vacation or gone from the clinic.

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

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

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

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

X	Written and oral mid-evaluation	X	Ongoing feedback throughout the clinical
X	Written and oral summative final evaluation		As per student request in addition to formal and

			ongoing written & oral feedback
x	Student self-assessment throughout the clinical		

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

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

Dave Johnson has taught many continuing education courses for physical therapists over the past 25 years. He was full-time faculty in the OUHSC physical therapy program for 5 years, having had teaching responsibilities in manual therapy/exercise of the spine, upper limb, and lower limb. He continues teaching one class per year on “Advanced Spinal Manipulation.”

Jamie Wyrick has much to offer in the area of sports physical therapy, having played basketball for many years, including starting on the OU women’s team which went to the national championship game in 2002. Jamie is an APTA credentialed clinical instructor and assists Mark Anderson, PT, PhD, ATC with the sports physical therapy classes at OUHSC. She continues to refine her skills in manual therapy.

### Information for Students - Part II

#### I. Information About the Clinical Site

Yes	No	
X		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
X		2. Do students receive the same official holidays as staff?
	X	3. Does your clinical site require a student interview?
X		4. Indicate the time the student should report to the clinical site on the first day of the experience: 8AM on Monday morning – unless a holiday

#### Medical Information

Yes	No		Comments
X		5. Is a Mantoux TB test required? a) one step _____ b) two step _____	
		5a. If yes, within what time frame?	Prior to affiliation
X		6. Is a Rubella Titer Test or immunization required?	
	X	7. Are any other health tests/immunizations required prior to the clinical experience?	

		a) If yes, please specify:	
		8. How current are student physical exam records required to be?	Within a year
	X	9. Are any other health tests or immunizations required on-site?	
		a) If yes, please specify:	
	X	10. Is the student required to provide proof of OSHA training?	
	X	11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
X		12. Is the student required to have proof of health insurance?	
X		a) Can proof be on file with the academic program or health center?	
X		13. Is emergency health care available for students?	
X		a) Is the student responsible for emergency health care costs?	
X		14. Is other non-emergency medical care available to students?	
X		15. Is the student required to be CPR certified? (Please note if a specific course is required).	
	X	a) Can the student receive CPR certification while on-site?	
	X	16. Is the student required to be certified in First Aid?	
	X	a) Can the student receive First Aid certification on-site?	

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

*Housing*

Yes	No		Comments
	X	20. Is housing provided for male students?	
	X	for female students? (If no, go to #26)	
		21. What is the average cost of housing?	
		22. If housing is <b>not</b> provided for either gender:	
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).	Dave Johnson
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	
		23. Description of the type of housing provided:	
		24. How far is the housing from the facility?	

25. Person to contact to obtain/confirm housing:			
Name:			
Address:			
City:	State:	Zip:	

*Transportation*

Yes	No		
X		26. Will a student need a car to complete the clinical experience?	
X		27. Is parking available at the clinical center?	
\$ none		a) What is the cost?	
X		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	0.1 miles
		a) train station?	
		b) subway station?	
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	Metro area with occasional transients walking in the vicinity. Safe but take precautions at dusk
		31. Please enclose printed directions and/or a map to your facility. <b>Travel directions can be obtained from several travel directories on the internet. (eg, <a href="#">Delorme</a>, <a href="#">Microsoft</a>, <a href="#">Yahoo</a>).</b>	The map will be included with the orientation packet that is mailed to each student prior to the affiliation.

*Meals*

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

*Stipend/Scholarship*

Yes	No		Comments
	X	33. Is a stipend/salary provided for students? If no, go to #36	
\$		a) How much is the stipend/salary? (\$ / week)	
		34. Is this stipend/salary in lieu of meals or housing?	
		35. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

*Special Information*

Yes	No		Comments
X		36. Is there a student dress code? If no, go to # 37.	

		a) Specify dress code for men:	Dress pants, shirt & nice shoes
		b) Specify dress code for women:	Dress pants, shirt and nice shoes
X		37. Do you require a case study or inservice from all students?	
X		38. Does your site have a written policy for missed days due to illness, emergency situations, other?	Make up days are allowed

*Other Student Information*

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