

## PROFESSIONAL PRACTICE SITE PROFILE

### PURPOSE

The purpose of this profile questionnaire is to provide information on physical environment, type of clinical experience, staffing and numbers of students that may be accommodated by your facility. The information is required for site approval by the university, by students as they request their placement facilities, and for accreditation purposes. Please complete a separate profile for each site.

\* Please deselect the Design Icon  to exit the design mode before filling in the form electronically.

### SECTION ONE – FACILITY

1. Facility Name: \_\_\_\_\_
2. Facility Address: \_\_\_\_\_
3. Facility Mailing Address: \_\_\_\_\_
4. Website Address: \_\_\_\_\_
5. Name of Legal Contact:  
(for affiliation documents) \_\_\_\_\_
6. Contact info for legal contact:  
(Include mailing address if different from above) \_\_\_\_\_
7. Name of Centre Coordinator of Clinical Education (CCCE):  
\_\_\_\_\_
8. Telephone: \_\_\_\_\_  
(Area Code) (Number) (Ext.)
9. Facsimile: \_\_\_\_\_  
(Area Code) (Number)
10. CCCE Email: \_\_\_\_\_
11. Name of Alternate Contact  
when CCCE unavailable: \_\_\_\_\_
12. Type of Facility: \_\_\_\_\_  
(e.g. Hospital, Private Practice, Community Agency)
13. Is the facility accredited?  Yes  No  
If yes, list accrediting bodies: \_\_\_\_\_  
\_\_\_\_\_



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14. Does your facility carry liability insurance?  Yes  No
15. Who or what type of entity owns your facility? \_\_\_\_\_  
 (e.g. PT owned, Hospital owned or Physician owned)
16. Does your facility endorse the CPA Position Statement on Clinical Education of Physiotherapy Students? <http://www.physiotherapy.ca/pdfs/clinicaleducation.pdf>  Yes  No
17. Does your facility have access to on-line Continuing Professional Education resources?  Yes  No  
 Specify: \_\_\_\_\_  
 (e.g. McMaster LibAccess, database, search engines)
18. What charting methods are used by your facility?  
 Electronic  
 Paper  
 Details: \_\_\_\_\_
19. Does your facility have a specific dress code?  Yes  No  
 Specify: \_\_\_\_\_
20. Is student parking available on-site?  Yes  No  
 (Cost, info) \_\_\_\_\_
21. Is accommodation available?  Yes  No  
 Details of contact info: \_\_\_\_\_

**SECTION TWO – STAFFING**

1. Describe your staffing complement for Physiotherapist(s)?

	Budgeted FTE	% FTE usually filled	# Employed full time	# Employed part time
Physiotherapist				

**SECTION THREE – FACILITY HEALTH AND ADMINISTRATION REQUIREMENTS**

1. Is a **criminal reference check** required?  Yes  No  
 If so, indicate the following type:  Basic  Vulnerable Sector  
 How recent must the record check be? (Specify): \_\_\_\_\_  
 Is proof of record check required in advance?  Yes  No

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2. Is **mask fit testing** required?  Yes  No  
 If yes, is it required in advance?  Yes  No
3. Does your facility require immunization as per the Canadian recommendation for immunization for Health Care workers? ([http://www.phac-aspc.gc.ca/publicat/ciq-gci/pdf/part5-cdn\\_immuniz\\_guide-2002-6.pdf](http://www.phac-aspc.gc.ca/publicat/ciq-gci/pdf/part5-cdn_immuniz_guide-2002-6.pdf))  
 Yes  No
4. Does your facility require any additional immunizations beyond the Canadian recommendation for Health Care Workers?  
 Describe: \_\_\_\_\_  
 Yes  No
5. Does the above immunization information need to be provided to your facility prior to the start of the placement?  Yes  No

**SECTION FOUR – STUDENT EXPERIENCE**

1. Is travel required as part of the student's placement?  Yes  No  
 If yes, does the student require a vehicle?  Yes  No
2. Please mark (X) for all other healthcare professionals that a student may work with during a placement:

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Physician
<input type="checkbox"/> Psychometrist	<input type="checkbox"/> Social services	<input type="checkbox"/> Community support worker
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Vocational rehab counsellor	<input type="checkbox"/> Teacher / principal
<input type="checkbox"/> Nurse	<input type="checkbox"/> Radiology tech	
<input type="checkbox"/> Orthotist	<input type="checkbox"/> Rehab tech / assistant	
<input type="checkbox"/> Pastoral care	<input type="checkbox"/> Recreational therapist	
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Speech-language pathologist	
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Other ( <i>specify</i> ): _____	

3. Please mark (X) all diagnosis related learning experiences available at your clinical site:

<input type="checkbox"/> Amputations	<input type="checkbox"/> Critical care / intensive care	<input type="checkbox"/> Neurological conditions
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Degenerative diseases	<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Athletic injuries	<input type="checkbox"/> General medical condition	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Burns	<input type="checkbox"/> General surgery / organ transplant	<input type="checkbox"/> Other neurological condition
<input type="checkbox"/> Cardiac condition	<input type="checkbox"/> Hand / upper extremity	<input type="checkbox"/> Oncologic conditions
<input type="checkbox"/> C.V.A.	<input type="checkbox"/> Industrial injuries	<input type="checkbox"/> Orthopedic / musculoskeletal
<input type="checkbox"/> Chronic pain / pain	<input type="checkbox"/> Intensive care unit (ICU)	<input type="checkbox"/> Pulmonary condition
<input type="checkbox"/> Connective tissue	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Wound care
<input type="checkbox"/> Congenital / dev.	<input type="checkbox"/> Other ( <i>specify</i> ): _____	

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

<input type="checkbox"/> Administration	<input type="checkbox"/> Industrial / ergonomic PT	<input type="checkbox"/> Prevention / wellness
<input type="checkbox"/> Aquatic therapy	<input type="checkbox"/> In-service training / lectures	<input type="checkbox"/> Pulmonary rehabilitation
<input type="checkbox"/> Back school	<input type="checkbox"/> Neonatal care	<input type="checkbox"/> Quality assurance
<input type="checkbox"/> Biomechanics lab	<input type="checkbox"/> Nursing home / ECF / SNF	<input type="checkbox"/> Radiology
<input type="checkbox"/> Cardiac rehab	<input type="checkbox"/> On the field athletic injury	<input type="checkbox"/> Research experience
<input type="checkbox"/> Community re entry	<input type="checkbox"/> Orthotic / prosthetic fabrication	<input type="checkbox"/> Screening / prevention
<input type="checkbox"/> Critical care / ICU	<input type="checkbox"/> Pain management program	<input type="checkbox"/> Sports physical therapy
<input type="checkbox"/> Departmental admin.	<input type="checkbox"/> Neurological	<input type="checkbox"/> Surgery (observation)
<input type="checkbox"/> Early intervention	<input type="checkbox"/> Classroom consultation	<input type="checkbox"/> Team meeting / rounds
<input type="checkbox"/> Employee wellness	<input type="checkbox"/> Work hardening / conditioning	<input type="checkbox"/> Mental retardation
<input type="checkbox"/> Group programs	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Wound care
<input type="checkbox"/> Home program	<input type="checkbox"/> Pediatric – general or emphasis on:	
<input type="checkbox"/> Other ( <i>specify</i> ):		

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

<input type="checkbox"/> Amputee clinic	<input type="checkbox"/> Neurological clinic	<input type="checkbox"/> Screening clinics
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Orthopedic clinic	<input type="checkbox"/> Developmental
<input type="checkbox"/> Feeding clinic	<input type="checkbox"/> Pain clinic	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Hand clinic	<input type="checkbox"/> Pre-participation in sports	<input type="checkbox"/> Sports medicine clinic
<input type="checkbox"/> Hemophilia clinic	<input type="checkbox"/> Prosthetic / orthotic clinic	<input type="checkbox"/> Seating / mobility clinic
<input type="checkbox"/> Industry	<input type="checkbox"/> Other ( <i>specify</i> ):	

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

<input type="checkbox"/> Administrators	<input type="checkbox"/> Health information technologist	<input type="checkbox"/> Psychologists
<input type="checkbox"/> Alternative therapies	<input type="checkbox"/> Nurses	<input type="checkbox"/> Respiratory therapists
<input type="checkbox"/> Athletic trainers	<input type="checkbox"/> Occupational therapists	<input type="checkbox"/> Therapeutic recreation
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Physicians (list specialties)	<input type="checkbox"/> Social workers
<input type="checkbox"/> Dietitians	<input type="checkbox"/> Physician assistants	<input type="checkbox"/> Special education teachers
<input type="checkbox"/> Enterostomal therapist	<input type="checkbox"/> Podiatrists	<input type="checkbox"/> Vocational rehab counsellor
<input type="checkbox"/> Exercise physiologists	<input type="checkbox"/> Prosthetists / orthotists	<input type="checkbox"/> Speech-language pathologist
<input type="checkbox"/> Other ( <i>specify</i> ):		

7. What **learning opportunities** are available in the primary services listed below?

Please mark (X) and describe in terms of estimated percentage of full placement potential for each of the areas and possible hours of operation that the student may be expected to work. Major (shaded) headings may be appropriate for smaller facilities, whereas a more specific breakdown may be appropriate for larger centres or specialized clinics.

	100 %	75%	50%	Other %	Hours of Operation
<b>CARDIO-RESPIRATORY</b>					
Medical					
Surgical					
ICU					
Cardiac Care Program					
Outpatient Program					
Chronic Respiratory Rehab					
<b>NEUROLOGY</b>					
Acute Neurology/Surgery					
Rehabilitation					
Speciality Program					
Spinal Cord Injury					
Acquired Brain Injury					
<b>ORTHOPAEDICS</b>					
Inpatient Orthopaedics					
Outpatient Orthopaedics					
General – mixed					
Sports Injuries					
Rheumatology					
Amputee Program					
<b>SPECIALITIES</b>					
Paediatrics					
Geriatrics					
<b>OTHER (INCLUDING SPECIAL PROGRAM I.E. ASTHMA CLINICS)</b>					

8. Does your facility have placement objectives for each of the above learning opportunities?

Yes       No

If so, please describe or attach:

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Please provide any additional information you feel may be useful:

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Please provide any information pamphlets or brochures regarding your clinic for distribution to students.

This form was completed by:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact (telephone): \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this form. Please mail/fax/email this form to:

Teresa Long  
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If you have any questions and/or concerns, please contact us at:

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