

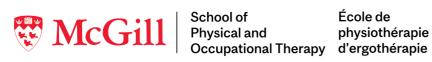
École de physiothérapie et

PROFESSIONAL PRACTICE SITE PROFILE

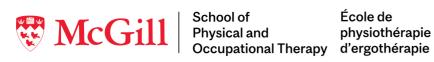
PURPOSE: The purpose of this profile questionnaire is to provide information on physical environment, type of clinical experience, staffing and numbers of students that may be accommodated by your facility. The information is required for site approval by the university, and for accreditation purposes. It is also used by students in preparation for their clinical placements. Please complete a separate profile for each site.

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.	Type of Facility:	(e.g. Hospital, Private Practice, Community Agency)	
7.	Is the facility accredited?	☐ Yes ☐ No	
	If yes, list accrediting bodies:		
8.	Name of Centre Coordinator of Clinical Education (CCCE):		
		<u>.</u>	
9.	Telephone:		
	(Area Code)	(Number) (Ext.)	
10.	Email:		
11.	Does your facility carry liability	y insurance?	

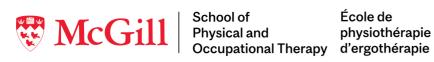
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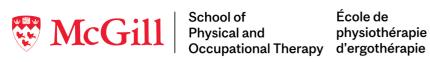
12.	Does your facility endorse the CPA Position Statement on Clinical Education of Physiotherapy Students? https://physiotherapy.ca/sites/default/files/positionstatements/clinical-education-of-physiotherapy-students_en.pdf				
	Gladerile	. парэлириузючегару	.carsites/default/liles/positionst	Yes	No
13.	Does you	r facility have acc	ess to on-line Continu	ing Professiona	Il Education resources?
	If Yes, pleas	· · · · ·	Library Access, PubMed, etc.)	☐ Yes	□ No
14.	What cha Paper Electro		e used by your facility? Details:		
15.	Is student If Yes, plea	: parking available se specify:	e on-site?	☐ Yes	□ No
16.	Does your facility have a specific dress code? If Yes, please specify:			☐ Yes	□ No
SECT	TION TWO	- STAFFING			
1.	Describe your staffing complement for Physiotherapist(s)?				
Physi	iotherapist	Total FTE	# full-time	# part-time	
SECT	TION THRE	E – FACILITY HI	EALTH AND ADMINIS	STRATION REC	QUIREMENTS
2.		inal reference chothe self-declaration)	neck required?	☐ Yes	□ No
	If Yes, in	dicate the which t	ype:	☐ Basic	
	How rece	ent must the reco	rd check be?	year 🔲 2 ye	ears other:
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3.	Is mask fit testing required? If yes, is it required in advance?	☐ Yes ☐ Yes	□ No □ No
4. the	Does your facility require any immunization beyone Quebec Department of Public Health (Protocole d'In Gill PT student immunization details: https://www.mcgill.ca/wellness-hub/fi	nmunisation du	Québec (PIQ))? nunization_formsptot.pdf
	If yes, please specify:		
5.	Does the above immunization information need	to be provided	to your facility prior
	to the start of a clinical placement?	☐ Yes	•
<u>SE</u>	ECTION FOUR - STUDENT EXPERIENCE		
	ease select all opportunities below that may be availab ur facility:	ole to a student	while on clinical placement at
1.	Practice Settings (please check all that apply):		
	☐ Rehabilitation hospital/facility☐ Private Practice	☐ Long term ca☐ Community o☐ Insurance Se☐ Administratio	care/ Home care ector
2.	Areas of practice (please check all that apply):		
	☐ Cardiopulmonary ☐ Muskuloskeletal/orthopaedics ☐ Neurology/Neurosciences ☐ Mixed caseload ☐ Other (please specify):		
3.	Patient age groups (please check all that apply):		
	☐ 0 to 18 years ☐ 19 to 65 years ☐ 66 years and up ☐ mixed ages		
	PROFESSIONAL PRACTICE SITE PROFILE. M.C. W.L. V.		



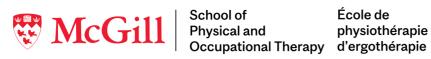
 ☐ Musculoskeletal ☐ Neurological ☐ Cognitive (Alzheimer Disease, Delirium, etc.) ☐ Immune (HIV, infections, lupus, shingles, etc.) ☐ Metabolic (diabetes, kidney disease, gout, etc.) ☐ Oncology 	c.)		
 ☐ Musculoskeletal ☐ Neurological ☐ Immune (HIV, infections, lupus, shingles, etc.) ☐ Metabolic (diabetes, kidney disease, gout, etc.) 			
5. Special programs / activities / learning opportunities (please check all that apply): Administration			
☐ Other (specify):			
6. Inter-professional collaborations, interactions and/or observation (please check all that apply Administrator Osteopath Social Worker Athletic Therapist Physician, Specialist Speech-Language Patholo Audiologist Physiotherapy Technologist Teacher / principal Chiropractor Physiotherapy Assistant Vocational Rehab Community support worker Podiatrist Dietitian/Nutritionist Prosthetist / Orthotist Kinesiologist Psychiatrist/Psychologist Massage Therapist Recreational Therapist Nurse Respiratory Therapist Other (specify):			



7.	Is travel required as part of the student's clinical placement?	Yes	□ No	
	If yes, does the student require a vehicle?	☐ Yes	□ No	
Plea	se note that students are required to keep a detailed log of their	mileage fo	r reimbursement.	
8. 35 ho	During a typical student clinical placement, students are expensives per week. What is a typical weekly schedule that a student of			
stude types A Us St	A clinical education site is expected to offer a structured clinical. The clinical educator is expected to set learning objectives nt, and to provide them with regular, constructive, and actionab of tools your site uses to accomplish these requirements: structured orientation session se of a learning contract and clinical learning objectives ructured practical sessions with the student egular reserved time for feedback ducation sessions ther:	and discus	s expectations with the	
10.	Please provide any additional information you feel may be use	eful:		<u> </u>

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11. Please p placement at you	rovide any useful web links that students should consult in preparation for a clinical ur facility:
This form was co	ompleted by:
Name:	
Position:	
Telephone:	
Email address:	
Date:	

Thank you for completing this form. Please e-mail this form to:

clinicaleducation.spot@mcgill.ca

Administrative and Students Affairs Coordinator of Clinical Education School of Physical and Occupational Therapy McGill University 3654 Sir William Osler Montreal QC H3G 1Y5