



## 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):  
\_\_\_\_\_
9. Telephone: \_\_\_\_\_  
(Area Code) (Number) (Ext.)
10. Email: \_\_\_\_\_
11. Does your facility carry liability insurance?  Yes  No

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](https://physiotherapy.ca/sites/default/files/positionstatements/clinical-education-of-physiotherapy-students_en.pdf)

Yes       No

13. Does your facility have access to on-line Continuing Professional Education resources?

Yes       No

If Yes, please specify: \_\_\_\_\_

(e.g. McGill Library Access, PubMed, etc.)

14. What charting methods are used by your facility?

Paper

Electronic

Details: \_\_\_\_\_

15. Is student parking available on-site?

Yes       No

If Yes, please specify: \_\_\_\_\_

16. Does your facility have a specific dress code?

Yes       No

If Yes, please specify: \_\_\_\_\_

## **SECTION TWO – STAFFING**

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

	Total FTE	# full-time	# part-time
Physiotherapist			

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

2. Is a **criminal reference check** required?

Yes       No

(in addition to the self-declaration)

If Yes, indicate the which type:

Basic       Vulnerable Sector

How recent must the record check be?

1 year       2 years       other: \_\_\_\_\_



3. Is **mask fit testing** required?  Yes  No  
 If yes, is it required in advance?  Yes  No

4. Does your facility require any immunization beyond the requirements prescribed by the Quebec Department of Public Health (Protocole d'Immunisation du Québec (PIQ))?

McGill PT student immunization details: [https://www.mcgill.ca/wellness-hub/files/wellness-hub/immunization\\_forms\\_-\\_ptot.pdf](https://www.mcgill.ca/wellness-hub/files/wellness-hub/immunization_forms_-_ptot.pdf)

- Yes  No

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  No

**SECTION FOUR – STUDENT EXPERIENCE**

*Please select all opportunities below that may be available to a student while on clinical placement at your facility:*

1. Practice Settings (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Acute care hospital              | <input type="checkbox"/> Long term care facility   |
| <input type="checkbox"/> Rehabilitation hospital/facility | <input type="checkbox"/> Community care/ Home care |
| <input type="checkbox"/> Private Practice                 | <input type="checkbox"/> Insurance Sector          |
| <input type="checkbox"/> Community health centre          | <input type="checkbox"/> Administration/Research   |
| <input type="checkbox"/> Other (please specify): _____    |  |

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

4. Categories of common conditions (please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Cardiovascular-Pulmonary                      | <input type="checkbox"/> Integumentary (burns, wounds, dermatitis, etc.)  |
| <input type="checkbox"/> Musculoskeletal                               | <input type="checkbox"/> Immune (HIV, infections, lupus, shingles, etc.)  |
| <input type="checkbox"/> Neurological                                  | <input type="checkbox"/> Metabolic (diabetes, kidney disease, gout, etc.) |
| <input type="checkbox"/> Cognitive (Alzheimer Disease, Delirium, etc.) | <input type="checkbox"/> Oncology   |
| <input type="checkbox"/> Gastrointestinal (abdominal surgery, etc.)    | <input type="checkbox"/> Urinary/Reproductive                             |
| <input type="checkbox"/> Genetic (Duchenne Muscular Dystrophy, etc)    | <input type="checkbox"/> Other (specify): _____                           |

5. Special programs / activities / learning opportunities (please check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Administration         | <input type="checkbox"/> Group programs                    | <input type="checkbox"/> Prevention / wellness    |
| <input type="checkbox"/> Aquatic therapy        | <input type="checkbox"/> Hand Therapy/plastic surgery      | <input type="checkbox"/> Pulmonary rehabilitation |
| <input type="checkbox"/> Amputees               | <input type="checkbox"/> Home care / Community             | <input type="checkbox"/> Research                 |
| <input type="checkbox"/> Biomechanics lab       | <input type="checkbox"/> Long term care                    | <input type="checkbox"/> Rheumatology             |
| <input type="checkbox"/> Burns/wound care       | <input type="checkbox"/> Orthotic / prosthetic fabrication | <input type="checkbox"/> Seating / mobility       |
| <input type="checkbox"/> Cardiac surgery        | <input type="checkbox"/> McKenzie approach                 | <input type="checkbox"/> Spinal cord injury       |
| <input type="checkbox"/> Chronic pain           | <input type="checkbox"/> Mental health                     | <input type="checkbox"/> Sports - on the field    |
| <input type="checkbox"/> Classroom consultation | <input type="checkbox"/> Neuro surgery                     | <input type="checkbox"/> Team meeting / rounds    |
| <input type="checkbox"/> Critical care / ICU    | <input type="checkbox"/> Pediatrics / Neonatal             | <input type="checkbox"/> Telehealth               |
| <input type="checkbox"/> CVA                    | <input type="checkbox"/> Pelvic Floor rehab                | <input type="checkbox"/> Traumatic Brain Injury   |
| <input type="checkbox"/> Emergency (ER)         | <input type="checkbox"/> Polytrauma                        | <input type="checkbox"/> Work hardening           |
| <input type="checkbox"/> General surgery        |  |   |

Other (specify): \_\_\_\_\_

\_\_\_\_\_

6. Inter-professional collaborations, interactions and/or observation (please check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administrator            | <input type="checkbox"/> Osteopath                  | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Athletic Therapist       | <input type="checkbox"/> Physician, Specialist      | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Audiologist              | <input type="checkbox"/> Physiotherapy Technologist | <input type="checkbox"/> Teacher / principal         |
| <input type="checkbox"/> Chiropractor             | <input type="checkbox"/> Physiotherapy Assistant    | <input type="checkbox"/> Vocational Rehab            |
| <input type="checkbox"/> Community support worker | <input type="checkbox"/> Podiatrist                 |  |
| <input type="checkbox"/> Dietitian/Nutritionist   | <input type="checkbox"/> Prosthetist /Orthotist     |  |
| <input type="checkbox"/> Kinesiologist            | <input type="checkbox"/> Psychiatrist/Psychologist  |  |
| <input type="checkbox"/> Massage Therapist        | <input type="checkbox"/> Recreational Therapist     |  |
| <input type="checkbox"/> Nurse                    | <input type="checkbox"/> Respiratory Therapist      |  |
| <input type="checkbox"/> Occupational 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

*Please note that students are required to keep a detailed log of their mileage for reimbursement.*

8. During a typical student clinical placement, students are expected to complete approximately 35 hours per week. What is a typical weekly schedule that a student can expect at your facility?

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9. A clinical education site is expected to offer a structured clinical learning experience for students. The clinical educator is expected to set learning objectives and discuss expectations with the student, and to provide them with regular, constructive, and actionable feedback. Please indicate what types of tools your site uses to accomplish these requirements:

- A structured orientation session
- Use of a learning contract and clinical learning objectives
- Structured practical sessions with the student
- Regular reserved time for feedback
- Education sessions
- Other: \_\_\_\_\_

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10. Please provide any additional information you feel may be useful:

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11. Please provide any useful web links that students should consult in preparation for a clinical placement at your facility:

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This form was completed by:

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

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

Telephone: \_\_\_\_\_

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

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

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

[clinicaleducation.spot@mcgill.ca](mailto:clinicaleducation.spot@mcgill.ca)

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