Site Manager Site Survey —

Site: Spine and Sport

Section Title	Last Update	Action
CCCE Sign Off	Never	

CCCE Sign Off

CCCE Sign Off:

Click the box below to indicate that you have reviewed all sections of your clinical site survey.

This survey has been reviewed.

Information For the Academic Program 12/15/17 09:46 AM

Information For the Academic Program

Person Completing CSIF:

Moriah Anderson

E-mail address of person completing CSIF:

mander18@uvm.edu

 $Name\ of\ Clinical\ Center\ (Note: To\ correct\ the\ name\ of\ your\ site, as\ it\ appears\ in\ both\ CSIF\ Web\ and\ CPI\ Web,\ update\ it\ in\ this\ field).:$

Spine and Sport

Street Address

Address

295 G St

City:

San Diego

State:

CA

Postal Code:

92101

Facility Phone

Phone Number:

619-238-4318

Ext:

PT Department Phone

Phone Number:

619-238-4318 Ext:

PT Department Fax

Phone Number:

619-238-4320

Clinical Center Web Address:

http://www.spineandsport.com/locations/

Director of Physical Therapy:

Center Coordinator of Clinical Education (CCCE) / Contact Person:

Hillary Schell

CCCE / Contact Person Phone:

(858) 573-9368

CCCE / Contact Person E-mail: hillaryspineandsport@gmail.com		
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Section Sign Off:		
Click the box below to indicate you have reviewed and finished w	with this section of the survey.	
This section has been completed. Information About the Corporate/Healthcare Systems Organ	anization	12/13/17 04:56 PM
Information About the Corporate/Healthcare Sys	stems Organization	
If your facility is part of a larger corporation or has mult	ltiple sites or clinical centers, include the contact information	on for the corporate/healthcare system organization.
Corporate/Healthcare System Organization:		
Contact Name:		
Address		
Address:		
City:		
State:		
Postal Code:		
Phone		
Phone Number:		
Ext:		
Fax		
Phone Number: E-mail:		
Affiliation Agreement Contract Fulfillment Contact Person:		
Section Sign Off:		
Click the box below to indicate you have reviewed and finished w	with this section of the survey.	
This section has been completed.		
Clinical Site Accreditation/Ownership		12/13/17 10:50 PM
Clinical Site Accreditation/Ownership		
Which of the following best describes the ownership catego	owyfanygur dinted site? (shockell that annh)	
Corporate/Privately Owned	Government Agency	Hospital/Medical Center Owned
NonprofitAgency	PTOwned	PT/PTA Owned
Physician/Physician Group Owned	Other	
Section Sign Off:		
Click the box below to indicate you have reviewed and finished w	with this section of the survey.	
This section has been completed.		
Clinical Site Primary Classification		12/13/17 10:51 PM
Clinical Site Primary Classification		
Choose the category that best describes how your facility fu	unctions the majority (> 50%) of the time.	
Please choose:		
If appropriate, check () up to four additional categories that	at describe the other clinical centers associated with your facili	ity.

Middiple Level Medical Center		Acute Care/Inpatient Hospital Facility		Ambulatory Care/Outpa	ntient		ECF/Nursing Home/SNF	Engility
Section Sign Off Click the box helder to inclicate you have reviewed and faished with this section of the survey. This section has been completed. It is section based on the following best describes your clinical site's location (the following best describes your clinical site's location (the following hest describes your clinical site's location (the following best describes your clinical site's location (the following best describes your clinical site's location (the following best describes your clinical site's location of the survey. It is section has been completed. It is section has been completed. It is set of Tand PTA Educational Programs It is If Tand PTA Educational Programs It is If Tand PTA Educational Programs It is set of Tand PTA							industriai/Occupational Healtr	Facility
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breviated Resume for Center Coordinators of Clinical Education - Please update as each new CCCE assumes this position.								

Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed.							
Clinical Instructor Information 12/13/17 10:54 PM							
Clinical Instructor Information							
Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.							
CI Name Followed By Credentials	CI Username		Actions				
Bechtold, Eric J	ericb@spineandsport.com						
Cila, Talita	talitac@spineandsport.com						
Hause, RaNae	ranaerenner@yahoo.com						
Lloyd, Chris	chrisl@spineandsport.com						
Lloyd, Chris	cjlloyd@live.com						
SJohn, Amy	amys@spineandsport.com						
Soltren, Justina	justinas@spineandsport.com						
Strem, Brendan S	brendanstrem@gmail.com						
Add New CI Displaying all 8 Clinical instructor							
Section Sign Off: Click the box below to indicate you have reviewed and finished v This section has been completed.	vith this section of the survey.						
Clinical Instructors			12/13/17 10:54 PM				
Clinical Instructors What criteria do you use to select clinical instructors? (Chec	k all that apply)						
APTA Clinical Instructor Credentialing	Career ladder opportunity		Certification/training course				
Clinical competence	Delegated in position description		Demonstrated strength in clinical teaching				
No criteria	Other (not APTA) clinical instructor credentialing		Therapist initiative/volunteer				
Years of experience	Other						
How are clinical instructors trained? (Check all that apply)							
1:1 individual training (CCCE:CI)	APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework				
Clinical center inservices	Continuing education by academic program		Continuing education by consortia				
No training	Other (not APTA) clinical instructor credentialing program		Professional continuing education (e.g., chapter, CEU course)				
Other							
Section Sign Off: Click the box below to indicate you have reviewed and finished v This section has been completed.	vith this section of the survey.						
Information About the Physical Therapy Service			12/13/17 04:56 PM				
Information About the Physical Therapy Service							

	mber of beds available in each of the subcategories listed below: (If this does not apply
to your facility, please skip and move to the next table.)	
Acute care:	
Psychiatric center:	
Intensive care:	
Rehabilitation center:	
Step down:	
Subacute/transitional care unit:	
Extended care:	
Other specialty centers:	
Total Number of Beds:	
0	
Section Sign Off:	
Click the box below to indicate you have reviewed and finished with this section of the survey.	
This section has been completed.	
inissection has been completed.	
Number of Patients/Clients	Never
Number of Patients/Clients	
realises of research chemo	
Estimate the average number of patient/client visits per day:	
Inpatient	Outpatient
Individual PT:	Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
0 Total patient/client visits per day:	0 Total patient/client visits per day:
Section Sign Off:	
Click the box below to indicate you have reviewed and finished with this section of the survey.	
This section has been completed.	
Patient/Client Lifespan and Continuum of Care	12/13/17 10:57 PM
Patient/Client Lifespan and Continuum of Care	
Indicate the frequency of time typically spent with patients/clients in each of the cate	egories:
Patient Lifespan	
0-12 years	
1% - 25%	
13-21 years	
26% - 50% •	
22-65 years	
51% -75% •	
Over 65 years	
1% - 25% ▼	
Continuum of Care	
Critical care, ICU, acute	

Plea	se choose: 🔻							
SNF/I	SNF/ECF/sub-acute							
Plea	Please choose:							
Reha	bilitation							
Plea	se choose: 🔻							
Ambu	ulatory/outpatient							
Plea	se choose: 🔻							
Home	e health/hospice							
Plea	se choose: 🔻							
Welln	ess/fitness/industry							
Plea	se choose: 🔻							
	ction Sign Off: k the box below to indicate you have reviewed and finished w	rith this	section of the survey.					
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	This section has been completed.							
Patie	nt/Client Diagnoses				12/13/17 10:57 PM			
Patie	ent/Client Diagnoses							
Indic	ate the frequency of time typically spent with patier	nts/cli	ents in each of the categories:					
Musc	uloskeletal							
51%	-75%							
Which	n Musculoskeletal sub-categories are available to the s	tuden	:					
V	Acute injury		Amputation	V	Arthritis			
	Bone disease/dysfunction		Connective tissue disease/dysfunction		Muscle disease/dysfunction			
V	Musculoskeletal degenerative disease	V	Orthopedic surgery		Other			
Neur	o-muscular							
1% -	25%							
Which	n Neuro-muscular sub-categories are available to the s	studen	t:					
	Brain injury		Cerebral vascular accident	V	Chronic pain			
7	Congenital/developmental		Neuromuscular degenerative disease	V	Peripheral nerve injury			
	Spinal cord injury	V	Vestibular disorder		Other			
Card	iovascular-pulmonary							
0%	▼							
Which	n Cardiovascular-pulmonary sub-categories are availa	able to	the student:					
	Cardiac dysfunction/disease		Fitness		Lymphedema			
	Peripheral vascular dysfunction/disease		Pulmonary dysfunction/ disease		Other			
Integ	umentary							
0%	▼							
Which	n Integumentary sub-categories are available to the st	udent						
	Burns		Open wounds		Scar formation			
	Other							
	· (May cross a number of diagnostic groups)							

	Cognitive impairment		Г	General medical conditions	3	General su	rgery	
-	Oncologic conditions		Г	Organ transplant		Wellness/F	Prevention	
	Other							
Se	ction Sign Off:							
	ck the box below to indicate you have reviewe	d and finished	with this	s section of the survey.				
	This section has been completed.							
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		Full-time I	Budgete	d	Part-time Budgeted		Current Staffing	
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TC		1						
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	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic		
	Scoliosis		Screening clinics		Seating/mobility clinic		
	Sports medicine clinic		Wellness		Women's health		
	Other						
Health and Educational Providers at the Clinical Site							
Please	e check all health care and educational providers at yo	ur clin	ical site students typically observe and/or with whom	they in	nteract.		
	Administrators		Alternative therapies		Athletic trainers		
	Audiologists		Dietitians		Enterostomal / wound specialists		
	Exercise physiologists		Fitness professionals		Health information technologists		
	Massage therapists		Nurses		Occupational therapists		
	Physician assistants		Physicians		Podiatrists		
	Prosthetists / orthotists		Psychologists		Respiratory therapists		
	Social workers		Special education teachers		Speech/language pathologists		
	Students from other disciplines		Students from other physical therapy education programs		Therapeutic recreation therapists		
	Vocational rehabilitation counselors		Other				
Clic	ction Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed.	rith this	section of the survey.				
Availa	ibility of the Clinical Education Experience				12/13/17 10:58 PM		
		TA stu	idents for clinical experiences (Check all that apply)				
Physic	ate educational levels at which you accept PT and P cal Therapist Experience: Full days	TA stu	dents for clinical experiences (Check all that apply) Half days		Other		
Physic First I	cal Therapist Experience:				Other		
Physic First I	cal Therapist Experience: Full days				Other		
Physic Physic Intern	cal Therapist Experience: Full days cal Therapist mediate Experiences:		Half days				
Physic First I	cal Therapist Experience: Full days cal Therapist mediate Experiences: Full days		Half days				
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Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.				
	January		February		March		
	April		May		June		
	July		August		September		
	October		November		December		
PTA							
Indica	te which months you will accept students for any sing	_	_		h		
Ш	January		February		March		
	April		May		June		
	July		August		September		
	October		November		December		
Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.				
	January		February		March		
	April	П	May		June		
	July	П	August		September		
	October	П	November	Г	December		
Averag	e number of PT students affiliating per year.:						
Averag	e number of PTA students affiliating per year.:						
Is you	r clinical site willing to offer reasonable accommodation	ons for	students under ADA?				
O Y	es C No						
What is	the procedure for managing students whose performance is	below	expectations or unsafe?:				
Explain	n what provisions are made for students if the clinical instruc	tor is il	l or away from the clinical site. Answer if the clinical ce	nter em	ploys only one PT or PTA.):		
Sec	tion Sign Off:						
Clic	the box below to indicate you have reviewed and finished w	ith this	section of the survey.				
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L							
Clinic	al Site's Learning Objectives and Assessment				12/13/17 10:59 PM		
Clini	cal Site's Learning Objectives and Assessmen	ıt					
	g,						
	our clinical site provide written clinical education obj	ectives	to students?				
	es C No						
Are al	professional staff members who provide physical the	erapy s	ervices acquainted with the clinical site's learning obje	ectives	?		
⊙ Ye	es C No						
When	do the CCCE and/or CI typically discuss the clinical si	te's lea	rning objectives with students? (Check all that apply)				
	At end of clinical experience	П	At mid-clinical experience	Г	Beginning of the clinical experience		
П	Daily	V	Weekly	Г	Other		
		1					
Indica	te which of the following methods are typically utilize	d to inf	form students about their clinical performance? (Chec	k all th	at apply)		
V	As per student request in addition to formal and ongoing written & oral feedback	V	Ongoing feedback throughout the clinical	V	Student self-assessment throughout the clinical		
✓	Written and oral mid-evaluation	V	Written and oral summative final evaluation		Other		
Sec	tion Sign Off:						
Clic	the box below to indicate you have reviewed and finished w	ith this	section of the survey.				
	This section has been completed.						
	This section has been completed.				12/13/17 11:02 PM		

_	dents need to contact the clinical site for specific wor	k hour	rs related to the clinical experience?					
⊙ Ye								
Please	Please explain:							
	dents receive the same official holidays as staff?							
• Ye Please	s C No explain:							
Does y	our clinical site require a student interview?							
C Ye Please	s 💽 No explain:							
Indicat	te the time the student should report to the clinical si	ite on t	he first day of the experience.					
Please	e choose: 🔻							
Is a M	antoux TB test (PPD) required?							
a) one	step							
⊙ Ye	s C No							
b) two	step							
• Ye	s O No							
Is a Ru	bella Titer Test or immunization required?							
• Ye Please	s 🔘 No explain:							
Are an	y other health tests/immunizations required prior to	o the cl	inical experience? If ves. please specify:					
Ye	·							
Please	explain:							
How is	this information communicated to the clinic? Provide fax	numbe	rifrequired.:					
How cu	rrent are student physical exam records required to be?:							
Are an	y other health tests or immunizations required on-si	ite? If y	res, please specify:					
C Ye	s O No							
C Ye	student required to provide proof of any other traini	ng pric	or to orientation at your facility? If yes, please list.					
C Ye	student required to provide proof of any other traini	ng prie	or to orientation at your facility? If yes, please list.					
C Ye	student required to provide proof of any other traini							
C Ye	student required to provide proof of any other traini				Drug screening			
C Ye Is the s C Ye Indicat	tudent required to provide proof of any other training Society No te which of the following are required by your facility Child clearance HIPAA education	y prior	to the clinical education experience:		Drug screening Proof of student health clearance			
C Ye Is the s C Ye Indicat	s C No te which of the following are required by your facility Child clearance	y prior	to the clinical education experience: Criminal background check					
C Ye Is the s C Ye Indicat	tudent required to provide proof of any other trainings No No te which of the following are required by your facility Child clearance HIPAA education Other	y prior	to the clinical education experience: Criminal background check	7	Proof of student health clearance			
C Ye Is the s C Ye Indicat Is a crit C Ye	student required to provide proof of any other training a content of the following are required by your facility. Child clearance HIPAA education Other minal background check required (e.g., Criminal Officers).	y prior	to the clinical education experience: Criminal background check OSHA education	7	Proof of student health clearance			
C Ye Is the s C Ye Indicat Is a crit C Ye	tudent required to provide proof of any other trainings. No te which of the following are required by your facility. Child clearance. HIPAA education. Other. minal background check required (e.g., Criminal Office).	y prior	to the clinical education experience: Criminal background check OSHA education	7	Proof of student health clearance			
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Compliance Contact Person Name:								
Compliance Contact Person Phone Number								
Phone Number:								
Ext:								
Compliance Contact Person Email:								
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.								
Click the box below to indicate you have reviewed and infinited with this section of the stativey.								
▼ This section has been completed.								
Special Information 12/13/17 11:02 PM								
Special Information								
Do you require a case study or inservice from all students (part-time and full-time)?								
© Yes © No Please explain:								
$Do you \ require\ any\ additional\ written\ or\ verbal\ work\ from\ the\ student\ (e.g.,\ article\ critiques,\ journal\ review,\ patient/client\ education\ handout/brochure)?$								
C Yes O No Please explain:								
Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.								
C Yes O No								
Will the student have access to the Internet at the clinical site?								
© Yes O No Please explain:								
Is there a facility/student dress code?								
© Yes © No								
Is emergency health care available for students?								
♥ Yes ♥ No Please explain:								
Is the student responsible for emergency health care costs?								
C Yes C No								
Is other non-emergency medical care available to students?								
O Yes O No								
Is the student required to have proof of health insurance? O Yes O No								
Is the student required to provide proof of OSHA training?								
© Yes O No Please explain:								
Is the student required to provide proof of HIPAA training?								
© Yes O No								
Please explain:								
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?								
C Yes C No								
Is the student required to be CPR certified? (Please note if a specific course is required).								
C Yes C No								
Can the student receive CPR certification while on-site?								
C Yes C No								
Is the student required to be certified in First Aid?								
O Yes O No								

Can the student receive First Aid certification on-site?

C Yes C No	
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.	
▼ This section has been completed.	
Student Schedule	12/13/17 11:02 PM
Student Schedule	
Indicate which of the following best describes the typical student work schedule:	
Standard 8 hour day	
Describe the schedule(s) the student is expected to follow during the clinical experience:	
Is physical therapy provided on the weekends? © Yes © No	
Section Sign Off:	
Click the box below to indicate you have reviewed and finished with this section of the survey.	
▼ This section has been completed.	

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"

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