Site Manager Site Survey —

Site: Farnum Rehabilitation at Cheshire Medical Center

Section Title	Last Update	Action
CCCE Sign Off	06/17/16 10:36 AM	

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 06/17/16 10:36 AM

Information For the Academic Program

Person Completing CSIF:

Sharil Cass, PT

E-mail address of person completing CSIF:

scass@cheshire-med.com

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

Farnum Rehabilitation at Cheshire Medical Center

Street Address

Address

580 Court Street

City:

Keene

State:

NH

Postal Code:

03431

Facility Phone

Phone Number:

(603) 354-5400

Ext:

PT Department Phone

Phone Number:

(603) 354-6630

Ext:

PT Department Fax

Phone Number:

(603) 354-6636

Clinical Center Web Address:

www.cheshire-med.com

Director of Physical Therapy:

Bruce Chamberlin, PT

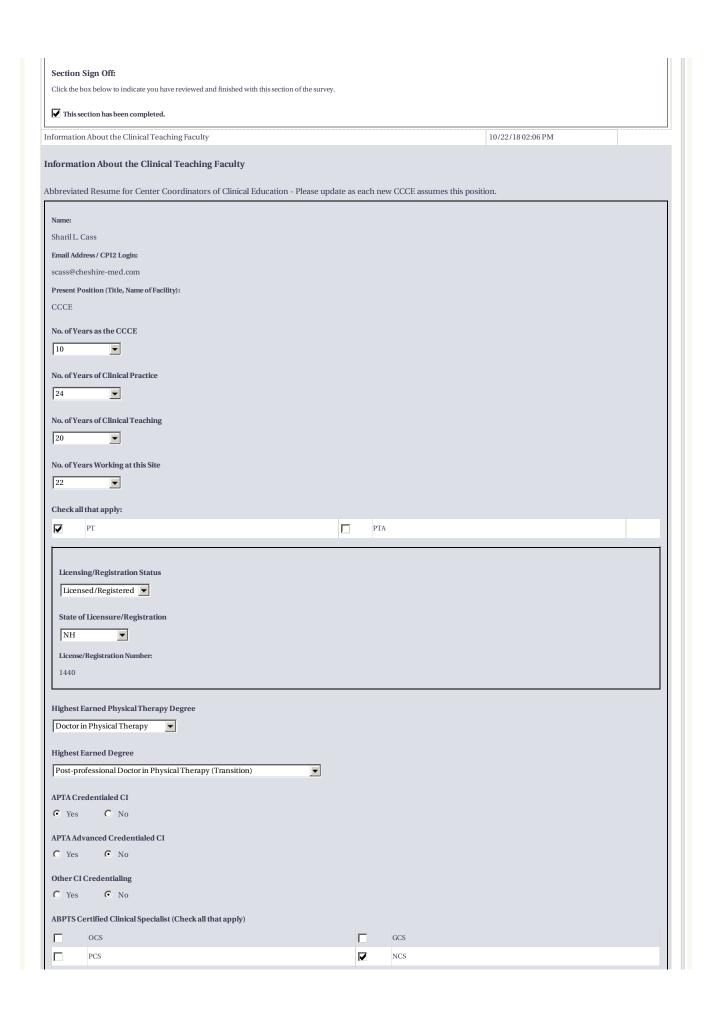
Center Coordinator of Clinical Education (CCCE) / Contact Person:

Sharil Cass, PT, CCCE

CCCE / Contact Person Phone:

CCE / Contact Person E-mail:				
cass@cheshire-med.com				
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.				
nformation About the Corporate/Healthcare Syste	ems Organization		06/17/16 10:36 AM	
nformation About the Corporate/Healtho	care Systems Organization			
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Cheshire Medical Center
Position:
Staff PT
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From 1993 — To CURRENT
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 three
(3) years)
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Provider/Location:
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June 14, 2010	NEC-ACCE
June 14, 2010	Date
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Course:	
	Course:

APTA Clinical Instructor ED and Credentialing Program Provider/Location: Date March, 1997	1						
Section Sign Off: Click the box below to indicate you have reviewed and finished w This section has been completed.	vith this	section of the survey.					
Clinical Instructor Information				10/22/18 02:06 PM			
Clinical Instructor Information							
Provide the following information on all PTs or PTAs en	nploye	ed at your clinical site who are CIs.		,			
CI Name Followed By Credentials	CI	Username		Actions			
Abbott, Kelli M	ka	bbott@cheshire-med.com					
Chamberlin, PT, Janet	ich	namberlin@cheshire-med.com					
Fabbri, DPT, Catherine		abbri@cheshire-med.com					
Hall, DPT, James	jha	all@cheshire-med.com					
Lehr, Elizabeth	Lehr, Elizabeth elehr@cheshire-med.com						
Luscombe, PT, David	dl	uscombe@cheshire-med.com					
McLean, PT, Heather R	hr	nclean@cheshire-med.com					
Oberlander, PT, Maria e	m	oberlander@cheshire-med.com					
Stoning, PT, Kara	ks	toning@cheshire-med.com					
Toomey, Patricia		oomey@cheshire-med.com					
Wilmot, MSPT, Martha	m	wilmot@cheshire-med.com					
Add New Cl Displaying all 11 Clinical instructor							
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 Instructors				10/22/18 02:06 PM			
Clinical Instructors							
What criteria do you use to select clinical instructors? (Chec	k all th	at apply)					
APTA Clinical Instructor Credentialing		Career ladder opportunity		Certification/training course			
Clinical competence	V	Delegated in position description	V	Demonstrated strength in clinical teaching			
No criteria		Other (not APTA) clinical instructor credentialing	V	Therapist initiative/volunteer			
Years of experience		Other					
How are clinical instructors trained? (Check all that apply)							
▼ 1:1 individual training (CCCE:CI)	V	APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework			

Clinical center inservices	П	Continuing education by	academic program		Continuing education by consortia
No training	Г	Other (not APTA) clinical	instructor credentialing program	V	Professional continuing education (e.g., chapter, CEU course)
Other					
		1			
Section Sign Off:					
Click the box below to indicate you have re	eviewed and finished with th	is section of the survey.			
▼ This section has been completed.					
Information About the Physical Therapy	y Service				10/13/15 09:22 AM
Information About the Physical T	Therapy Service				
Number of Inpatient Beds For clinica to your facility, please skip and move		e, please provide the nur	mber of beds available in eac	h of th	ne subcategories listed below: (If this does not ap
Acute care:					
140					
Psychiatric center:					
24					
Intensive care:					
8					
Rehabilitation center:					
24					
Step down:					
Subacute/transitional care unit:					
Extended care:					
Other specialty centers:					
Total Number of Beds:					
196					
Section Sign Off:					
Click the box below to indicate you have re	eviewed and finished with th	is section of the survey.			
▼ This section has been completed.					
Number of Patients/Clients					10/13/15 09:22 AM
Number of Patients/Clients					
Estimate the average number of patie	ent/client visits per day:				
Inpatient			Outpatient		
6			12		
Individual PT:			Individual PT:		
Student PT:			Student PT:		
1 Individual PTA:			6 Individual PTA:		
Student PTA:			Student PTA:		
PT/PTA Team:			PT/PTA Team:		
7			18		
Total patient/client visits per day:			Total patient/client visits per day:		
Section Sign Off:					
Click the box below to indicate you have re	eviewed and finished with th	is section of the survey.			
This section has been completed.					
Patient/Client Lifespan and Continuun	n of Care				10/13/15 09:22 AM

Patient/Client Lifespan and Continuum of Care					
Indicate the frequency of time typically spent with patie	nts/clie	ents in each of the categories:			
Patient Lifespan					
0-12 years					
1% - 25% ▼					
13-21 years					
1% - 25%					
.					
22-65 years 51% - 75% •					
51% - 75%					
Over 65 years					
76% - 100%					
Continuum of Care					
Critical care, ICU, acute					
1% - 25% ▼					
SNF/ECF/sub-acute					
0%					
Rehabilitation					
76% - 100% •					
Applications of contractions					
Ambulatory/outpatient 76% - 100% ▼					
100 100 1					
Home health/hospice					
0%					
Wellness/fitness/industry					
1% - 25%					
Section Sign Off: Click the box below to indicate you have reviewed and finished you have re					
	WIUI UIIS	section of the survey.			
✓ This section has been completed. Patient/Client Diagnoses				10/13/15 09:22 AM	
Patient/Client Diagnoses					
Indicate the frequency of time typically spent with patie	nts/clie	ents in each of the categories:			
Musculoskeletal					
51% - 75%					
Which Musculoskeletal sub-categories are available to the	student	:			
✓ Acute injury	V	Amputation	✓	Arthritis	
Bone disease/ dysfunction		Connective tissue disease/dysfunction	✓	Muscle disease/dysfunction	
Musculoskeletal degenerative disease	V	Orthopedic surgery		Other	
Neuro-muscular					
1% - 25%					
	-4 1				
Which Neuro-muscular sub-categories are available to the	studen	Cerebral vascular accident		Chronic pain	
Brain injury Congenital/developmental	V	Neuromuscular degenerative disease	V	Peripheral nerve injury	
	1.4	Ü		. , , , ,	

V	Spinal cord injury		V	Vestibular disorder			Other		
Cardi	ovascular-pulmonary								
1% -	25%								
Which	n Cardiovascular-pulmonary sub-categori	ies are availa	hle to	the student					
Г	Cardiac dysfunction/disease	ics are avana	Г	Fitness		П	Lymphede	ma	
	Peripheral vascular dysfunction/disease		V	Pulmonary dysfunction/dis	ease		Other		
	e explain: nd post natal, male and female pelvic floor	dysfunction							
	umentary								
Pleas	se choose:								
Which	Integumentary sub-categories are availa	able to the stu	ıdent	:					
	Burns		П	Open wounds			Scar forma	tion	
	Other								
Other	(May cross a number of diagnostic group	s)							
1% -	25%								
W/bich	other sub-categories are available to the	etudent.							
VIII	-		V			Г			
14	Cognitive impairment			General medical conditions			General su	rgery	
▽	Oncologic conditions			Organ transplant		V	Wellness/I	revention	
	Other								
_	k the box below to indicate you have reviewed a	and finished wi	tn tnis	section of the survey.					
Staffir	ng						10/13/1	5 09:22 AM	
Staffi	ing								
Stam	mg								
		Full-time Bu	doete	d	Part-time Budgeted			Current Staffing	
PTs			-8						
PTAs		17			4			19	
		4			5			9	
Aides	s/Techs	2						2	
Other	:								
Sec	tion Sign Off:								
Clic	k the box below to indicate you have reviewed a	and finished wi	th this	s section of the survey.					
7	This section has been completed.								
Inform	nation About the Clinical Education Exper	rience					10/03/1	1 02:43 PM	
Infor									
	mation About the Clinical Education	on Experie	nce						
Specia	rmation About the Clinical Education al Programs/Activities/Learning Oppor		nce						
		tunities		es available to students.					
	al Programs/Activities/Learning Oppor	tunities		es available to students. Aquatic Therapy			Athletic Ve	nue Coverage	

V	Community/Re-entry Activities	V	Critical Care/Intensive Care		Departmental Administration
	Early Intervention		Employee Intervention		Employee Wellness Program
V	Group Programs/ Classes		Home Health Program	✓	Industrial/Ergonomic PT
V	Inservice Training/Lectures		Neonatal Care		Nursing Home/ECF/SNF
V	Orthotic/Prosthetic Fabrication		Pain Management Program		Pediatric - Classroom Consultation Emphasis
	Pediatric - Cognitive Impairment Emphasis		Pediatric - Developmental Program Emphasis		Pediatric - General
	Pediatric - Musculoskeletal Emphasis		Pediatric - Neurological Emphasis	V	Prevention/Wellness
7	Pulmonary Rehabilitation		Quality Assurance/CQI/TQM		Radiology
	Research Experience	V	Screening/Prevention	✓	Sports Physical Therapy
V	Surgery (observation)	V	Team Meetings/Rounds	✓	Vestibular Rehabilitation
V	Women's Health/OB-GYN	V	Work Hardening/Conditioning	Г	Wound Care
	Other				
		1			
Specia	alty Clinics				
Pleaso	e check all specialty clinics available as student learnin	ıg expe	riences.		
	Arthritis	V	Balance		Developmental
	Feeding clinic	V	Hand clinic		Hemophilia clinic
	Industry		Neurology clinic		Orthopedic clinic
	Pain clinic	П	Preparticipation sports	V	Prosthetic/orthotic clinic
	Scoliosis		Screening clinics	V	Seating/mobility clinic
7	Sports medicine clinic		Wellness	V	Women's health
7	Other				
lealt	h and Educational Providers at the Clinical Site				
Please	e check all health care and educational providers at yo	1	ical site students typically observe and/or with whom (
Please	e check all health care and educational providers at you		Alternative therapies	7	Athletic trainers
Please	e check all health care and educational providers at you Administrators Audiologists		Alternative therapies Dietitians		Athletic trainers Enterostomal / wound specialists
Please	e check all health care and educational providers at you Administrators Audiologists Exercise physiologists		Alternative therapies Dietitians Fitness professionals		Athletic trainers Enterostomal / wound specialists Health information technologists
Please	e check all health care and educational providers at you Administrators Audiologists		Alternative therapies Dietitians		Athletic trainers Enterostomal / wound specialists
Please	e check all health care and educational providers at you Administrators Audiologists Exercise physiologists		Alternative therapies Dietitians Fitness professionals		Athletic trainers Enterostomal / wound specialists Health information technologists
Please	e check all health care and educational providers at you Administrators Audiologists Exercise physiologists Massage therapists		Alternative therapies Dietitians Fitness professionals Nurses		Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists
Please	e check all health care and educational providers at you Administrators Audiologists Exercise physiologists Massage therapists Physician assistants		Alternative therapies Dietitians Fitness professionals Nurses Physicians		Arhletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists
Please	e check all health care and educational providers at you Administrators Audiologists Exercise physiologists Massage therapists Physician assistants Prosthetists / orthotists		Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists		Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists
V V	e check all health care and educational providers at you Administrators Audiologists Exercise physiologists Massage therapists Physician assistants Prosthetists / orthotists Social workers		Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers		Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Please V Sec Clici	Administrators Audiologists Exercise physiologists Massage therapists Physician assistants Prosthetists / orthotists Social workers Students from other disciplines		Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other		Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
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Sec Clici	Administrators Audiologists Exercise physiologists Massage therapists Physician assistants Prosthetists / orthotists Social workers Students from other disciplines Vocational rehabilitation counselors etion Sign Off: It the box below to indicate you have reviewed and finished we will be the completed. It is section has been completed. It is section has been completed. It is section has been completed ability of the Clinical Education Experience at educational levels at which you accept PT and Facal Therapist	F F F F F F F F F F F F F F F F F F F	Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other		Arthletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists Therapeutic recreation therapists
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V	Full days		Half days		Other
Physic	cal Therapist				
V	Final Experience		Internship (6 months or longer)		Specialty experience
	Other				
Physic	al Therapist Assistant				
	xperience:				
V	Full days		Half days		Other
Physic	al Therapist Assistant				
	nediate Experiences:				
V	Full days		Half days		Other
Physic	cal Therapist Assistant				
Г	Final Experience		Other		
DYE					
PT					
Indica	te which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.		
✓	January	V	February	V	March
V	April	V	May	✓	June
V	July	V	August	V	September
V	October	V	November	✓	December
Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.		
V	January		February	V	March
V	April	V	May	7	June
V	July	V	August	V	September
V	October	V	November	V	December
I				IV	
PTA					
Indica	te which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.		
7	January	V	February	V	March
✓	April	V	May	✓	June
✓	July	V	August	☑	September
7	October	V	November	V	December
Indica	te which months you will accept students for any one	nart_ti	me (> 36 hrs/wk) clinical experience		
V	January		February	V	March
V	April	V	May	V	June
V	July	V	August	V	September
V	October	V	November	V	December
				I.	
	e number of PT students affiliating per year.:				
2					
Average 2	e number of PTA students affiliating per year.:				
۷					
	r clinical site willing to offer reasonable accommodation	ons for	students under ADA?		
C Ye	es © No explain:				
	s the procedure for managing students whose performance is	s below	expectations or unsafe?:		
	n what provisions are made for students if the clinical instruc			enter en	nploys only one PT or PTA.):
Sec	tion Sign Off:				
Click	the box below to indicate you have reviewed and finished w	rith this	section of the survey.		

Clinic	This section has been completed. al Site's Learning Objectives and Assessment				10/03/11 02:43 PM
Clini	cal Site's Learning Objectives and Assessmer	nt.			
CIIII	cal site's Learning Objectives and Assessmen	IL			
	your clinical site provide written clinical education ob	jective	s to students?		
• Y	es O No				
Are a	l professional staff members who provide physical the	erapy	services acquainted with the clinical site's learning ob	jective	s?
O Y	es 🔿 No				
Wher	do the CCCE and/or CI typically discuss the clinical si	ite's le	arning objectives with students? (Check all that apply	ı	
V	At end of clinical experience	V	At mid-clinical experience	V	Beginning of the clinical experience
	Daily	V	Weekly		Other
Indic	ate which of the following methods are typically utilize	ed to in	form students about their clinical performance? (Che	ck all t	hat 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
V	Written and oral mid-evaluation	V	Written and oral summative final evaluation		Other
V	This section has been completed.				
Stude	ent Requirements				10/22/18 02:00 PM
Pleas Does Y Pleas Indic	e explain: your clinical site require a student interview?	te on t	he first day of the experience.		
Is a !	Mantoux TB test (PPD) required?				
a) one	estep				
• Y	es O No				
b) tw	ostep				
⊙ Y					
Is a R	ubella Titer Test or immunization required?				
O Y					
	e explain:				
Are a	ny other health tests/immunizations required prior to	the cl	inical experience? If yes, please specify:		
⊙ Y					
	e explain:				
	s this information communicated to the clinic? Provide fax r				
	ired prior to student's first day. Mailed or faxed, (603) 3	034-66	ou .		
	current are student physical exam records required to be?: n 1 year				
vvitiil	ii i yeai				

C Yes C No							
Is the student required to prov	ide proof of any other trainin	g prio	r to orientation at your facility? If yes, please list.				
• Yes • No Please explain:							
-	and no autimod by your footblery		o the eliminal education armentones.				
_	are required by your facility		to the clinical education experience:		Drug cayconing		
Child clearance			Criminal background check		Drug screening		
HIPAA education			OSHA education		Proof of student health clearance		
Other							
Is a criminal background check	required (e.g., Criminal Offe	nder	Record Information)? If yes, please indicate which bac	kgroui	nd check is required and time frame.		
C Yes © No							
Is a child abuse clearance requ	ired?						
C Yes C No							
Please explain:							
Is the student responsible for t	he cost of required clearances	s?					
© Yes © No							
Please explain:							
Is the student required to subr	nit to a drug test? If yes, pleas	e desc	ribe parameters.				
C Yes C No							
Is medical testing available on-	site for students?						
C Yes O No Please explain:							
Other requirements: (On-site orie	ntation sign an othics statement	eion a	confidentiality statement)				
			statementperformed by CCCI on student's first day.				
			out the Compliance contact information below:				
Compliance Contact Person Name	a						
Sharil Cass, PT, CCCE							
Compliance Contact Person Ph	one Number						
Phone Number:							
603) 354-6630							
Ext:	ı.						
Compliance Contact Person Email scass@cheshire-med.com	:						
scass@cnesime-med.com							
Section Sign Off:							
	ou have reviewed and finished wi	th this	section of the survey.				
			•				
This section has been comple	eted.						
Special Information					10/22/18 02:00 PM		
Special Information							
Do you require a case study or	inservice from all students (n	art-ti	ne and full-time)?				
• Yes • No	inservice ironi un students (p		incular tunic).				
Please explain:							
Do you require any additional	written or verbal work from t	he stu	dent (e.g., article critiques, journal review, patient/clic	ent ed	ucation handout/brochure)?		
C Yes © No							
Please explain:							
Does your site have a written p	olicy for missed days due to il	lness,	emergency situations, other? If yes, please summarize	е.			
C Yes © No							
Will the student have access to	the Internet at the clinical site	?					
• Yes • No							
Please explain:							

Is there a facility/student dress code?							
C Yes C No							
Is emergency health care available for students?							
C Yes C No							
Take at all the second like for a second like the second like							
Is the student responsible for emergency health care costs? O Yes O No							
C Ics C No							
Is other non-emergency medical care available to students?							
C Yes C No							
Is the student required to have proof of health insurance?							
C Yes C No							
Is the student required to provide proof of OSHA training?							
C Yes C No							
Laborate de constituir de cons							
Is the student required to provide proof of HIPAA training? O Yes O No							
C Ics C No							
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							
C ies C 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	10/22/18 02:00 PM						
oldenouled	10,22,10 021001 11						
Student Schedule							
Indicate which of the following best describes the typical student work schedule:							
indicate which of the following dest describes the typical station work scriedae.							
Varied schedules							
Describe the schedule(s) the student is expected to follow during the clinical experience:							
Schedule will depend on hours of Clinical Instructor.							
Is physical therapy provided on the weekends?							
© Yes C No							
• Yes • C No							
© Yes C No Section Sign Off:							
• Yes • C No							

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