## Prospective Internship Site Profile

Department of Health Education & Behavior

| Location:  | Gainesville   |                    | Florida                                     | Date: 11/11/2020                         |  |  |  |
|--|---|--------------------|---|--|--|--|--|
|  | City Gainesville Physical The                             | rapy & Wellne      | State<br>ess, LLC                           |  |  |  |  |
| Contact:   | Dr. Erianna Planchard, DT. CMDT. CEC                      |                    |   |  |  |  |  |
| Address:   | 4113-C NW 6th St  |                    | Gainesvill                                  | e FI, 32609                              |  |  |  |
| riddiess.  | Street / PO Box   |                    | City  | State / Zip                              |  |  |  |
| Phone: _   | 352-376-6300  |                    | Fax:  | 352-372-0661                             |  |  |  |
| Email:   | gainesvillept@gmail.co                                    | om<br>             | Website: www.gainesvillephysicaltherapy.com |  |  |  |  |
| What semesters is your agency available to accept interns?  Fall (August – December)  Spring (January – April)  Normal work hours (Please indicate any evening or weekend time commitments): |   |                    |   |  |  |  |  |
|  | = 8-9 hour shifts either 8a-5 space available to interns? | <b>∇</b> Yes       | □No   |  |  |  |  |
| Is a computer available to interns?  |   | _                  | ✓ No  | Comments  must bring their own  Comments |  |  |  |
| Does your agency offer paid or non-paid internships?   |   |                    | ✓ Non-paid                                  | Paid (amount):                           |  |  |  |
| List other   | benefits your agency offers in                            | nterns (i.e. housi | ing, health insurar                         | nce, travel reimbursement, etc.)         |  |  |  |
|  | None  |                    |   |  |  |  |  |
|  |   |                    |   |  |  |  |  |
|  |   |                    |   |  |  |  |  |

List required purchases for interning with your agency (i.e. parking pass, uniform, etc.)

None: but must have professional clothing

List the required skills or previous experience necessary for interning with your agency.

2 semesters ahead of volunteering (1 to decide, 1 to train)

Special Requirements (i.e. special application, proof of health insurance, immunization, etc.) *Please note: All interns are required to purchase professional liability coverage for \$1,000,000.* 

Proof of health insurance, immunizations, and liability insurance.

List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if desired.

Health Education interns are responsible for managing the volunteers, running and advancing the wellness program under PT oversight and permission, and continuing/finishing exercises with therapy patients as directed by the therapist. The intern is also responsible for correcting posture/form of exercises (while patients are engaged), creating and advancing exercise programs (especially for one-on-one wellness), and correcting and maintaining form/alignment with exercises given by the therapist in charge.

Additionally, the intern is responsible for all duties of the volunteer as well as scheduling, scanning, filing, answering phones. Note: no more than 15% of the intern's time will be spent engaged in non-health education duties (paperwork, scheduling, cleaning equipment, etc.); largely, the intern will provide supervision and oversight to volunteers engaged in these administrative and upkeep-type duties.

See Exercise Specialist Description Packet (attached)

List any important information about your agency.

HIPAA required, OSHA required, etc. Will provide in clinic.

| Would you like to be added to the I | <b>✓</b> Yes      | ☐ No  |  |  |
|-------------------------------------|-------------------|-------|--|--|
| FOR OFFICE USE ONLY:                | CONTRACT ON FILE: |       |  |  |
| Approval of Intern Coordinator:     |                   | Date: |  |  |
| Approval Expiration Date:           |                   |       |  |  |

# **Exercise Specialist (APK/HEB Interns)**

## **Job Description**

An Exercise Specialist (ES) is person who is either finishing their Bachelors of Applied Physiology Kinesiology, Bachelors of Health Education & Behavior, or has finished either. They are responsible for managing the volunteers, running and advancing the wellness program under PT oversight and permission, and continuing/finishing exercises with therapy patients as directed by the therapist. An ES is responsible for all duties of the volunteer as well as scheduling, scanning, filing, answering phones, correcting posture/form of exercises, creating and advancing exercise programs especially for one-on-one wellness, and correcting and maintaining form/alignment with exercises given by the therapist in charge. An ES may be asked to also

mop/vacuum at the close of the day as well as any other job asked to improve the flow of the clinic and within their skill set.

### **Professionalism**

#### **Clothing**

An ES is responsible for maintaining the professionalism of the clinic. Attire is professional pants (kahki, black, blue, etc) as well as shirts that do not show the stomach, chest, etc. Clothing should not be skin tight and should have play with movement; therefore, if you have a positive Thomas Test or a positive Veto Test, the clothing is too tight/short and will need to be exchanged before continuing work.

#### **Attitude/Communication**

An ES is expected to have a professional attitude at all times regardless of the situation or frustrations of both staff and patients. A professional attitude is defined as courtesy, patience, calming, and respect for authority. Communication should always reflect the professional attitude with proper detail such as need, time, date, etc. Communications of a sensitive matter should be brought up in privacy and can be asked for at appropriate time in regards to patient care. There is a box upstairs in which complaints can be made and addressed anonymously. However, we hope that you can come to us with the issue and we can help to solve it together.

#### **Timeliness**

We ask that all employees, including interns, arrive 5-10 min earlier than their shift in order to begin on time. Therefore, getting coffee, putting your gear away, etc. should all be completed prior to your start time. We also ask that you do your best to get patients back and started at their time slots. It is understood that with all responsibilities it is not always possible. However, the patient appointments and efficiency is paramount and should be a high priority.

## Responsibilities

#### Volunteers

All ES and interns have been volunteers. Therefore, knowing the volunteer duties should already be something you are efficient and intimate with before becoming and ES.

#### **Orientation/Training**

An ES is responsible for orienting all new volunteers. The volunteer checklist should be completed and signed as well as training the volunteers with clinic policy. The orientation should include: tour, OSHA, HIPAA, etc. Cleaning duties are to be explained as well as where the chemicals/tools are located. Please be clear with the volunteers regarding their professional duties and priorities such as cleaning, keeping the gym neat, laundry, and then observing.

#### Name badges

All ES are required to wear a name badge as well as create and ensure that all volunteers are wearing their own. Interns will have a badge similar to volunteers; however, ES will have a permanent tag made as needed. Volunteer name badges are not to be replaced every time they volunteer. Please refer to the Volunteer policy regarding the matter as needed.

#### **Volunteer Folder**

All ES are responsible for maintaining and upkeep of the volunteer folder including time sheets, name badges, absence forms, etc. Please place all full time sheets on Dr. Blanchard's desk for signature and they will be placed in the scan folder or directed to the volunteer to have it scanned. The volunteer is to take their sheet home at that time.

## **Cleaning/Opening and Closing**

#### Laundry

An ES is responsible to keeping the laundry moving throughout the day, direct the volunteers or complete themselves as needed. Laundry should be flipped first thing in the morning as the Business Manager starts it when she comes in first thing. There are hand towels in the gym as well as over the sink. All laundry is labeled for its area.

#### **Trash**

The trash is to be taken out at the end of the night as the last patient arrives. It is gathered and thrown in the bathroom bag(s). If there is minimal trash it can be combined into another bag and not waste bags as appropriate. Not all bags need to be removed such as the bathroom bags if they can carry over for a day.

#### **Cleaning Checklist**

The checklist is the responsibility of the volunteers. The ES is responsible for observing and making sure that all tasks checked off are being accomplished. If there is not a volunteer for certain days and times, the list is the responsibility of the ES to complete. David completes the mini-splits, fans, and tall areas. He is to be reminded once a month.

The ES are responsible for updating the checklist, patient logs (wellness), and exercise appendix as needed and directed by the therapists.

## Hot packs/machines/lights/doors locked/air conditioners

Opening: (alarm will be disarmed by the administrator)

- If patient is already waiting, greet them appropriately. New patients need to fill out paper work and, in the absence of front office personnel, insurance cards MUST be scanned, etc.
- Returning patients may be assisted into gym only if therapists are on premises.
- Turn on lights (lobby, halls, gym A and B, cardio area)
- Immediately check to see if treatment rooms are clean for patients.
- Take down hot packs from parallel bars and put on cart
- Laundry
  - o Run wash
  - Move load to dryer
  - o Fold
  - o Put away
- Fill water pitcher with ice only ½ full of water so it is not to heavy
- Turn on equipment (power tower total gym, treadmill, elliptical)
- Turn on AC in the cardio room and Unit B gym/table room when needed
- Cleaning check list work on as time allows during the day

#### Lunch:

- Make sure all areas are clean and ready for patients before leaving
- Start laundry
- Clear with senior PT before leaving and when you return

#### Closing:

- Empty all trash cans
- Hang hot packs
- Turn of elliptical, treadmill, power tower total gym
- Close blinds in the rooms and lobby
- Clean all matts with lemon cleaner and clean pillow cases on all pillows
- Make sure all areas and rooms are clean and ready for patients in the morning
- Waiting room is clean and straightened up including magazines
- Empty water pitcher

- Refill ultra sound lotion and put in heater make sure lid is closed, refill gym lotions as well.
- Refill ice cups (put in upstairs freezer and bring down ones from upstairs and put in small freezer)
- Turn off all lights in the back (rooms, unit B, unit C, gym, cardio area, bathrooms, fans)
- Turn off the mini split AC in the cardio and Unit B gym
- Turn off Surfaces and plug them in (Mon-Thur)
  - Friday, unplug the surfaces and place in middle drawer at computer desk and unplug chargers from wall
- Friday put the cleaning list in scan folder
- In Gym, shut down and unplug the big laptop. Put it in the cabinet directly above its station
- Do not run washer or dryer unless you have cleared it with PT: start at 5:30p at the latest to ensure completion by last patient.
  - Make sure the lint filter is clean
  - o Make sure it is on the timed cycle (R half of the dial)
- Make sure kitchen and both bathroom sinks are completely off and not dripping.

#### **Administrative**

#### **Scheduling**

Clarify with the therapist the frequency of treatments per week as well as how far out they would like you to schedule the patients. DO NOT DOUBLE BOOK PATIENTS. Try to accommodate the patients as best as possible with their schedule and our availability. The therapist will let you know if there is ever to be a double booked appointment.

In the scheduling screen, at the top left, type the patients name in and the search should give you options to choose. Then on the middle of the screen, choose their current episode of care. On the day of the treatment, click and highlight the spaces (2 for 30 min, 4 for 1 hour) and then be sure that the category is appropriate (follow-up, eval, etc.). Click ok/submit.

At the top by the patient's phone number, a button to view their upcoming visits is where you can view and/or print/email to the patient if needed.

Most of the time appointments are going to be cancelled so that a reason for patient absence can be noted in their chart.

- Here are the specific cases in which deleting is acceptable:
  - Wellness delete the appointment if patient informs us 24 hours prior to their appointment time; however, if appointments are cancelled less than 24 hours before their appointment, leave the appointment on the scheduleas the patients are charged for those

- appointments.
- Workers Comp ONLY if they are OUT OF AUTHORIZATION
- o Appointments that are cancelled a week in advance
- o Remaining appointments of patient's that have concluded their care

#### Cancellations vs. No-Shows

Emergencies do happen, so be understanding when people call to cancel or no show. Be polite, always ask for a reason as to why they are canceling.

- Cancellations are noted both on OPTIMIS when given the option while canceling the appointment, and in the cancellation/no-show book at the front desk with the reason they are missing as well.
- No-shows are contacted 10 minutes post their appointment time and a
  message is left making sure they are ok and suggesting that they call to
  reschedule. Be sure to click no-show in the patient's chart (do not delete or
  cancel the appointment). Be sure to record all no-shows in the
  cancellation/no-show book at the front desk.
- The therapist must be notified for proper documentation and follow-up.
- For our lifetime patients or wellness clients only: Any future cancellations, i.e., anticipated vacation, hospitalization or changes in plans that involve canceling scheduled appointments, are noted in the patient file by clicking on "Notes" section on the left once you "edit patient" This is before you enter any Episode of Care

## **Answering Phones (Etiquette)**

Telephone Duty: Attitude is everything! We are never too busy to be kind, courteous and accommodating to all patient requests. The telephone is our team welcome mat!

General Incoming Calls: Using good judgment the majority of phone calls are handled with minimal effort on everyone's behalf!

- If a referring doctor or an insurance adjustor calls to speak with the therapist regarding a patient, the therapist is interrupted and informed about the call.
- All personal phone calls will be discouraged during work hours while
  patients are present unless special permission is granted. Family calls are
  queried as to urgency, and the best time to return the call is noted if the staff
  is otherwise engaged.
- Calls indicating that the party does not know the staff will be relayed by
  message and if the calling party declines to give details of the nature of the
  call, the receptionist will politely inform the caller that you will inform the
  staff member of the call (but that the call is unlikely to be returned).
- Calls which are inquisitive in nature will be answered politely, but no, absolutely no, information is volunteered regarding patients or staff unless such individuals have been notified first.

Handling Multiple Calls: There are three lines available for incoming/outgoing calls, if all three are ringing, do not fret! You are not expected to be able to answer all three calls at one time.

- If you are on a phone with a patient and the second line rings, use your discretion. Either ask the first patient to hold so you can answer the second line (then ask them to hold to finish with the first patient), or let the phone ring and the aide in the back can assist you with answering the phone.
- Worst case scenario, the caller is forced to leave a voicemail which you should check as soon as you are able. Please be aware that the third line is unable to roll over to voicemail.

#### Scanning/labeling/moving into charts

There are many documents that are filled out on paper that need to be scanned and filed electronically in a patient's chart. Scanning is a shared responsibility between the exercise aides in the back and the receptionist. Check frequently to be sure the scanning folder (located in the back in the right most north facing cabinet) is being maintained.

How to Scan: How to scan single sided documents:

- 1. Utilizing the control center on either the back laptop or the front desk computer, load the paper face up and header down into the top of the printer.
- 2. Open the control center and press file.
- 3. It should automatically begin to scan at that time and the end file is already preset to the scanner file.
- 4. Wait till the scanner stops making noise before adding more documents to be scanned.
- 5. Repeat

How to Scan: How to scan double sided documents:

- 1. Utilizing the control center on either the back laptop or the front desk computer, load the paper face up and header down into the top of the printer.
- 2. Open the control center and Right Click on the file button.
- 3. Alter the document settings to 2 sided scan.
- 4. Say okay on that screen.
- 5. You will be taken back to the original screen and then just click file.
- 6. Wait till the scanner stops making noise before adding more documents to be scanned.
- 7. Repeat

#### Uploading as Attachments:

- The PI, License, Insurance, and Approved Abbreviations List are the only documents that go under the attachments tab. All other documents are uploaded into the current episode of care.
- The Approved Abbreviations List must be uploaded into all patient charts. It is best to upload it while you are uploading the PI, License and Insurance.

#### How to label scanned documents:

- Always label in this format: "Month-Day-Year Last Name First Initial Tag"
- Ex: 5-24-13 SimonsA PI

| x. J- | 24-13 31110113A 1 1                                |
|-------|--|
| 0     | Personal InformationPI                             |
| 0     | Medical HistoryMH                                  |
| 0     | Health HistoryHH                                   |
| 0     | Neck IndexNI                                       |
| 0     | Back IndexBI                                       |
| 0     | Upper Extremity Functional IndexUEFI               |
| 0     | Lower Extremity Functional ScaleLEFS               |
| 0     | Modified Oswestry Low Back Pain QuestionnaireModOs |
| 0     | Dizziness Handicap InventoryDHI                    |
| 0     | Berg Balance TestBerg                              |
| 0     | Tinetti Balance TestTinetti                        |
| 0     | Credit Card Receipts (use top date)CC Receipts     |
| 0     | Cash Receipts (use top date)Cash Receipts          |
| 0     | Check Receipts (use top date)Deposits              |
| 0     | LicenseLicense                                     |
| 0     | Insurance CardsInsurance                           |
| 0     | PrescriptionRx                                     |
| 0     | Home Exercise ProgramHEP                           |
| 0     | MRI ReportMRI Report                               |
| 0     | X-ray ReportX-ray Report                           |
| 0     | Imaging ReportImaging Report                       |
| 0     | Demographics SheetDemo                             |
| 0     | Veterans Affairs PacketVA Packet                   |
| 0     | Workers Comp PacketWC Packet                       |
| 0     | Dynamic Gait IndexDGI                              |
| 0     | Physician Signature PageSign                       |
| 0     | Operative ReportOp Report                          |
| 0     | AuthorizationAuth                                  |
| 0     | Additional AuthorizationAdd Auth                   |
| 0     | Protocol for PTProtocol                            |
| 0     | Media ReleaseMedia Release                         |
| 0     | Records RequestRecords Request                     |
| 0     | Records ReleaseRecords Release                     |
| 0     | Refund CheckRefund                                 |
| 0     | Note for school/workWork/School Note               |
| 0     | Medication ListMed List                            |
| 0     | Insurance BenefitsBenefits                         |
|       |  |

## How to move documents into OPTIMIS:

- 1. Pull up the patient chart in OPTIMIS
- 2. Click on the appropriate Episode of Care [There are some that are not discharged and some that are wellness. Be sure that you are placing it in the active plan of care.]

- 3. Click on Documents. Click Add Attachment
- 4. You can add up to 8 documents at a time if you use the control button while clicking on the documents.

#### Moving documents into Sky Drive:

- 1. Only upload documents that need to be on the drive, when in doubt double check with Erienne or Rachel if a document needs to be on the drive.
- 2. All folders that you will have access to move documents into will be under Policy & Procedures
- 3. Documents that you will need to move into SkyDrive, on a regular basis, include:
  - Completed Admin checklists,
  - Completed Cleaning lists
  - Deposit Receipts
  - Volunteer documents

# Taking messages (name, phone #, reason, to whom it should be addressed) Taking Messages

- ALL messages must be taken on the phone note pad so that a duplicate copy is available. (Located in the drawers next to the phone).
- When taking a message be sure to include the following: Name of the individual who is calling (correct spelling), what the phone call is regarding, a telephone number to reach them at, your name, the date, and check off what needs to be done (ie call back, will call again, came to see you...).
- Once a message is received, depending on urgency, either directly relay the
  message or leave the written copy of the message on the PT/Rachel's desk
  (or tape it to their computer if more urgent).

#### **Payments**

#### Cash

- Any cash that is collected must be placed in the cash folder in the second drawer of the filing cabinet to the right of the front desk.
- As noted in the figure 1 below, you must write the date, patient name, amount, and circle/write what the payment is regarding.
  - C = Copay
  - W = Wellness
  - S = Supply: be sure to write down specifically which supply.
  - $\circ$  0 = 0ther (yoga, massage): be sure to jot down what exactly it is for.
- When you write down the patients name, be sure to use the "first initial . last name format".
  - Figure 1: Cash envelope. Please note the name, date, and details associated with the cash envelope.
- If correct change needs to be made, try and pull it out of the cash envelope. If there is absolutely no change in the envelope, then you may make change out of the grey box.

• Ideally, whatever you take out of the purple box, needs to be put back if possible so that the total amount in the grey box does not change. For example, if you need to make change for a 50 dollar bill, use the purple box to break the 50 dollar bill with smaller bills, and then put the 50 bill into the purple box. If you are unable to put back the same amount that you took out of the drawer, be sure to write a note with the amount exchanged between the grey box and the cash envelope.

#### Credit Cards

- Most patients pay with credit cards, so be sure you are familiar with the credit card system!
- We DO NOT ACCEPT: American Express or Discover cards.

#### How to take credit card payments:

- Swipe the credit card in the reader with the black strip facing away from you
- Enter the correct amount in the reader, and press the green ENTER button
- Ask patient if they would like a receipt and press either Yellow for NO or Green for YES
- Be sure that the patient's name is written on the signed receipt; sometimes it does not include the name above the signature line.
- If the payment is for anything other than a copay, please notate what the payment is for on the back of the receipt (ex: orthotics, theraband, foam roll...)

From here we need to write down what the patient has paid in the co-pay analysis report, which is located in the blue folder at the front desk.

- The left most column has the patients name, the middle column has what the patients owe, and the rightmost column should be blank.
- The rightmost column is where we write the amount that has been paid by the patient, or a note about when they will pay etc.

#### Checks

- 1. Make sure that the patient has signed the check and that all other components of the check are filled out.
  - Either the patient has to write the pay to the order of Gainesville Physical Therapy, or we also have a stamp that we can use. Either way, the "pay to" must be filled out.
- 2. Place the check in the check envelope in the second drawer in the file cabinet to the right of the desk.
- 3. If the patient would like a receipt, use the receipt book in the file cabinet to the right of the desk, or use the print receipt option after step 4.

## Patient Care/Exercises

#### Logs

All ES are responsible for updating the wellness logs as the clients accomplish the exercises. All ES are responsible for updating, unchecking, or adding the exercises instructed by Physical Therapist. Keeping the logs as updated as possible is paramount for proper billing and coding. It is imperative that the therapy patients have an accurate account of the tasks completed in their flow sheets.

#### Traction

#### Cervical

- Make a heat pack. Two squares in between the white pads. There should be four orange pads and two white ones. Make two shoulder pads with 4 hand towels.
- Raise table up to the line (front room bring the metal bar on the bed up to the smiley face, and back room bring the bed up to the blue line).
- Traction piece with block. Make sure it is straight, and that the traction unit is against the table, and there is either a towel, or the heating pads covering the metal piece of the traction unit
- Stool under legs/knees with a pillow (assist in lifting legs up to stool to protect their back).
- Arm pillows under the elbows with strap across the chest.

#### Lumbar

- Make a heat pack with two squares in between the white pads and towel on top of pads
- Place straps hanging in the closet in correct position, (ask PT) on top of the heating pads then place a towel over the straps
- Make sure the table is lowered all the way and notify the PT that it is ready.

#### Room Set Up/Break Down

#### Supine

- Make sure their feet are propped up on the stool or have a couple of pillows under their knees (assist in lifting their legs to take the pressure off of low back).
- Arm pillows under the elbows and chest strap as needed.

#### Prone

• Set up prone pillow, place two pillows in the area of the chest and with one or two pillows under front of the legs near their feet (ask PT their desired positioning for their patient).

#### Side lying

Pillow in between knees and a pillow for their head

Breaking Down the Room: please clean the table, change the pillow cases and return all pillows to their rightful places, take the table down to its lowest setting, place the

plastic stool under the counter top, and the rolling stool back under the counter. All pieces should be returned to the drawer as applicable for tidiness.

#### Ice/Heat

Ice:

- Placed in a pillow case (either wet or dry depending on the patient need);
   applied for 10 min
- Ice Cup: utilize a towel to catch the drip, applied directly to the skin, usually 5 min or until numb.

#### Heat:

Placed in the pack, one hand towel doubled, the other sand which the pack;
 applied for 15 min

Contrast Bath: utilize the two trash cans in the laundry room, fill one with ice that would be above the malleoli and cold water, the other is filled with hot water from tap (may get a scoop from the hydrocollator). A large towel is placed under the buckets and another given to the patient for drying off. Begin and end on ice for a total of 9 min.

Contrast to the Face: one hot pack with one towel doubled and another folded over the pack, and ice cup with extra towel. The hot pack under the neck, the ice applied 30 sec to each side and then followed by heat. At the 4<sup>th</sup> minute, the top layer of heat towel removed and 2 min unfold the last towel. Start and end on ice.

\*\*\*\*\*\*Exercise: See Appendix A\*\*\*\*\*\*

#### Work Schedule

## **Flexibility**

An ES needs to be flexible to the needs of the clinic. Schedules are not as fixed as they seem. Lunches may need to be flexible between 30min-1 hour from the scheduled time due to the needs of the wellness and therapy patients. ES may also be asked to leave due to the needs of the clinic as the needs of the clinic may vary depending on the scheduling (i.e. decreased need from 3 to 2 ES for the remainder of the day).

#### One-On-One Wellness

An ES may have a one-on-one wellness client that pays for direct attention. These clients are fit into the schedule for this specific need and may require motivation, creativity, and advancements within their physical needs. Speak to the therapist of origin to discuss progressions to decrease likelihood of injury. Please be aware that they pay for this time and being on time for their appointment and present is paramount.

#### Pass offs

When it is time for your shift to end, an ES must coordination with the other ES or APK students as to whom will take over. All ES must speak with the remaining therapists as to their needs present and future in regards to them leaving. This occurs at lunch and end of day (or other times of reducing the number of ES).

## Time Off/Coverage (pending approval)

When asking for time off, it is imperative that all ES coordinate coverage with the others to ensure that the staffing is covered for the time they will be off. This does not mean that the time is approved. An email needs to be sent to the Business Manager and David Lower for approval with the coverage listed for the date/time in question. Pending approval will be discussed and then the ES and covering ES will be notified.