

Prospective Internship Site Profile  
Department of Health Education & Behavior

Location: Gainesville FL Date: 12/19/2023  
City State

Agency: UF Health Rehab - Heart, Vascular & Neuromedicine Hospital

Contact: Lauren Duffield

Address: 1505 SW Archer Rd Gainesville FL  
Street / PO Box City State / Zip

Phone: 407-719-9295 Fax: \_\_\_\_\_

Email: WALKHF@shands.ufl.edu Website: https://ufhealth.org/uf-health-heart-vascular-hospital

What semesters is your agency available to accept interns?

- Fall (August – December)  Spring (January – April)  Summer (May – August)

Normal work hours (Please indicate any evening or weekend time commitments):

*Hours: 8am-4:30pm for full time. 8-12PM for part time*

*Schedule typically includes one of the weekend days (Sun-Thurs OR Tues-Sat schedule). This is subject to change depending on departmental needs*

Is office space available to interns?  Yes  No \_\_\_\_\_  
Comments

Is a computer available to interns?  Yes  No \_\_\_\_\_  
Comments

Does your agency offer paid or non-paid internships?  Non-paid  Paid (amount): \_\_\_\_\_

List other benefits your agency offers interns (i.e. housing, health insurance, travel reimbursement, etc.)

*The East Tower provides care to patients in the following service areas: Cardiac (surgical and non-surgical), Vascular surgery, Thoracic surgery, Heart and Lung Transplant, Neurosurgery, and Neurology. Interns are trained on the majority of the units at HVNM and then are utilized for assistance during Occupational and Physical Therapy sessions during the direction of a licensed therapist.*

*There are no monetary benefits provided.*

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

*Students must provide their own transportation, which CANNOT include parking passes to UF Health parking garages. Neither the UF, nor UF Health permit UF undergraduate students to purchase decals for UF Health parking locations.*

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

*MS Word, Excel, Publisher (preferred)  
Professionalism and exceptional communication*

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.*

*Site specific orientation materials, proof of health insurance, CPR certification, etc.*

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

*Assist with unit based projects initiated to promote patient satisfaction and increase quality patient experience while hospitalized:*

- Develop creative approaches to promote patient satisfaction and increase quality patient experience.*
- Assist with data collection and analysis to determine outcomes achieved.*
- Assist with departmental initiatives/clerical duties as assigned*

*Assist with Occupational and Physical therapy sessions:*

- Be present and attentive to the therapists' and patients' needs*
- Be flexible and open to feedback*
- Be professional at all times*
- Be on time and dependable. If there are unforeseen circumstances, communicate efficiently and consistently with your supervisor*
- Be organized and accountable for your hours/days worked*

List any important information about your agency.

*Built around the needs of the patient, the UF Health Heart & Vascular Hospital is designed with safety and efficiency in mind. Patients have streamlined access to highly specialized, comprehensive outpatient treatment options and inpatient services in one location. They also benefit from outstanding faculty physicians and clinical experts collaborating in a world-class medical facility designed to meet their unique needs, with improved efficiency and operations as well as a welcoming, accessible design.*

Would you like to be added to the Department's list of approved sites for future interns?  Yes  No

**FOR OFFICE USE ONLY:** CONTRACT ON FILE: \_\_\_\_\_

Approval of Intern Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Expiration Date: \_\_\_\_\_