Prospective Internship Site Profile

Department of Health Education & Behavior

Location: ***Gainesville*** (City) ***FL*** (State) Date: ***3/21/2018***

Agency: ***UF Health Rehab Center- Shands Hospital***

Contact: ***Michelle Musalo, Rehab Division Manager***

Address: ***1600 SW Archer Road, Box 100341*** (Street / PO Box) ***Gainesville*** (City) ***FL 32610*** (State / Zip)

Phone: ***352-265-0295*** Fax: ***352-265-6980***

Email: ***musalm@shands.ufl.edu*** Website: ***ufhealth.org***

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):

Sunday-Thursday OR Tuesday-Saturday is preferred. Our department has staff on site 7 days per week 7-5 PM. We can be flexible to accommodate student scheduling needs, but weekend availability is recommended.

Is office space available to interns? ☐ Yes ☑ No ***Small lockers available- bring own lock*** (Comments)

Is a computer available to interns? ☑ Yes ☐ No ***Staff office has general use computers*** (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.)

None

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

All UF students are required to park in designated student parking on UF campus. No special decals or parking passes are available.

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

Volunteering in a rehab location for a minimum of one semester, whether outpatient, acute care, or inpatient rehab volunteering.

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.

These are specified in the contract between Shands Hospital and University of Florida for student placements, exhibit A. See attachment
Note: these items must be submitted to Dr. Moses on the last day of class (HSC4800).

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

Assist physical therapist with patient physical rehabilitation.
Provide patient health education.
Provide individual/group health coaching.
Conduct health risk appraisals.
Design and produce health education materials.
Conduct literature reviews.
Plan, implement and evaluate a health promotion in-service/presentation presented to rehab staff.

List any important information about your agency.

It is important that our students are professional, communicate well with other professionals, patients, staff, visitors, and their peers. It is also important that our students take initiative when not assigned a specific task, using their time effectively. It is also important that our students are dedicated to patients and are sensitive to their needs/experiences in the hospital setting. It is especially important that our students understand the laws regarding protected health information/HIPPA and apply all regulations to appropriate aspects of the internship.

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: _____

EXHIBIT A

REQUIREMENTS FOR STUDENTS AND/OR FACULTY PARTICIPATING IN CLINICAL EXPERIENCE AT SHANDS

Students and faculty with on-site supervision responsibilities must provide proof that they meet the following requirements when they come to Shands to begin their clinical experience:

1. General Health Screening and/or physical examination.

2. Proof of two MMR vaccines, administered 4 weeks apart, OR
   Laboratory (serological) proof of immunity to measles and rubella.

   Documentation of immunity to Chickenpox (varicella) by one of the following:
   - Documentation of two varicella vaccinations, administered 8 weeks apart, OR
   - Laboratory (serological) proof of immunity, OR
   - Documentation of a history of varicella disease or herpes zoster ("shingles") by a licensed healthcare provider.

3. Tuberculosis screening: Documentation of a negative tuberculin skin test (PPD) or negative TB-IGRA blood test within 12 months of start of clinical rotation. If history of previous testing was positive, there must be documentation of 1) a chest x-ray showing no active tuberculosis disease and 2) completion of preventive therapy or treatment for active tuberculosis disease.

4. Hepatitis B vaccine:
   - Documentation of completion of hepatitis B vaccine series.
   - Documentation of Hepatitis B surface antibody serology **(optional, but recommended)**.
   - Declination of Hepatitis B vaccination completed.

5. Tetanus / Diphtheria / Pertussis: Documentation of one dose of tetanus/diphtheria/pertussis (Tdap) vaccination.

6. Vaccination with the current season's quadrivalent formulation of the flu vaccine.

7. Completed training course on HIV and AIDS, as required by State Law.

8. CPR certified.

9. Evidence of health insurance. (May be waived for students demonstrating hardship).

10. Completed Shands' HIPAA training and orientation.

11. Criminal background check.