

# Signature Healthcare Rehab Med R6

**See syllabus and primary orientation for requirements that apply to all sites.**

**Evaluating Attending:** [Bhanu Sandesara, M.D.](#),

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Welcome students,

You will spend two weeks, Mon – Thurs at Signature.

Fridays: mornings QI, afternoons case conferences at the VA GRECC T2.

Please direct all scheduling and E-Learning (Canvas) questions to the course coordinator.

# Facility

- From physical, occupational, and speech therapies, to short-term and long-term skilled nursing care services, professional staff has one main objective: to encourage each patient to reach his or her goals, and live as comfortably as they would in their own home.
- A 120-bed skilled nursing facility.

## LOCATION

4000 SW 20 Ave, Gainesville, 32607

Site phone: (352) 377.1981

<http://shcofgainesville.com/our-facility/>

# Rehabilitation 2 weeks

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- Students spend 2 weeks at enrolled Rehab site Monday – Thursday and Friday conferences in Gainesville
- You will evaluate frail elders in an acute-care rehabilitative, sub-acute rehabilitative or long-term care with rehabilitation setting.
- Learning Activities, Objectives and Daily Procedures in syllabus on page 12

# Rehabilitation Mandatory FRIDAYS

Mornings: 9 – Noon, COM Quality Improvement (QI) at UF, HPNP G301A with Dr. Black

Afternoons:

- ☐ Week 1 (of rehab block), 3 – 5pm, Falls and Dismobility, PT/OT
  - ☐ Meet at GRECC T2 (Geriatric Research Education and Clinical Center)
  - ☐ Use rear entrance
- ☐ Week 2 (of rehab block) 12:45pm – 3 pm, Dementia Tour
  - ☐ Meet in VA main lobby then proceed to 2<sup>nd</sup> floor SIM Lab
  - ☐ Neurocognitive Disorders Didactic session at T2



GRECC/T2, south of Shands South Tower, use rear entrance.

# Weekly Schedule

Day	AM 8 - Noon	PM 1 - 5
Mon	Report to Physical Therapy Director	Meet and work with Dr. Sandesara, attending and Medical Director at Nursing Station
Tues	Occupational Therapy and Wound Care	Dr. Sandesara
Wed	Dr. Sandesara	Dr. Sandesara
Thurs	Dr. Sandesara	Speech language pathology
Fridays	9-12, Quality Improvement Training HPNP	Required Rehab Small Groups and Didactics s at the VA Week 1: 3-5pm Falls/PT/OT Week 2: 12:45 – 3pm Neurocognitive / Virtual Dementia Simulation

**IMPORTANT: Anytime Dr. Sandesara is not present, you are to work with their patients and PT/OT/SLP.**

# Attendance

- **The designated hours of the clerkship will be Monday through Friday from 6:30\* am – 5:00 pm\*.**
- Students will be expected to be available as their site, cases, and patients require. (e.g. An attending starts rounds early or expects pre-rounding, or a two-hour admission occurs at 4:00 pm)
  - You are expected to complete the admission regardless of the time.
- **Structured Fridays are mandatory.**
- **Do not plan to leave early.**
- **Weekends are not an option** to make up clinical time in this rotation.
- Attendance is mandatory, and no unexcused absences are permitted including leaving early or not attending parts of the daily duties.

# REHAB Assignments

## Required (see checklist)

GICS: Instruction and Practice Case

2 patients (initial week 1 and follow up week 2)

Online quizzes (2) Falls, Dementia

Identify potential for error in transition of care from hospital to rehab or rehab to home including in discharge summary documentation and medication reconciliation.

Observe 1 PT or OT session

Observe 1 SLP (speech language) session

Perform a [Clock Draw Test](#)

See additional Learning Activities, Objectives and Daily Procedures in syllabus on page 12

<https://ufl.instructure.com/courses/329274>

# Rehab: GICS

Pick 2 patients to assess and follow up asap

GICS Title	Deadline for submission to the preceptor	Deadline for receiving preceptor formative feedback	Deadline for receiving preceptor summative feedback	Evaluated for the final grade?	Need to E-mail file to Clerkship Coordinator?
Mr. Hudson's Initial Visit (Practice)*Page 5	Submission not required; Self-study within first 2 days	Fill out for practice. See key for answers.	See key for answers.	No	No
Real Patient 1 Initial Visit	Wednesday of Week 1	Thursday morning of Week 1	N/A	No	No
Real Patient 2 Initial Visit	Wednesday of Week 1	Thursday morning of Week 1	N/A	No	No
Real Patient 1 One-Week Follow-Up Visit	Wednesday of Week 2	N/A	Thursday morning of Week 2	Yes	No
Real Patient 2 One-Week Follow-Up Visit	Wednesday of Week 2	N/A	Thursday morning of Week 2	Yes	No

It is **your responsibility** to review instructions posted, submit the GICS in time and arrange meetings with your clinical preceptor to receive feedback.



# Site Rehab Services

- Respiratory Therapy
- Physical, Occupational, and Speech Therapy
- Dedicated Post-Acute Care Unit
- Pulmonary Rehabilitation
- Orthopedic / Neurological Recovery Programs
- Joint Replacement Program
- Restorative Nursing Program

# Site Clinical Services

- TransitionalCARE Nurse
- 7 Day-a-Week Admissions
- IV Administration /
- Pain Management
- Post Surgical Care
- Respiratory / Tracheostomy Care
- Ostomy Care
- Wound Care / Wound Vac (\*certified wound care nurse)
- Cardiac / Diabetic Care

# Rehabilitation Learning Activities and Objectives

## **See syllabus page 11**

- The student will evaluate frail elders in an acute-care rehabilitative, sub-acute rehabilitative or long-term care with rehabilitation setting, divided into two primary foci
  - the focus of the first week will be Falls and Dismobility
  - the focus of the second week will be Major Neurocognitive Disorders in the Elderly
- The majority of students' time from Monday through Thursday each week will be spent at the assigned facility.
- Students will manage medical problems and will learn how to function as part of an interdisciplinary health team. Identify transfer of care issues and areas of potential errors including poor documentation on discharge summaries and medication reconciliation errors.
- Assess and describe baseline and current functional abilities in an older patient by collecting historical data from multiple sources, making sure to include the [Katz activities of daily living and Lawton instrumental activities of daily living](#) and, and performing hearing and vision screenings.
- Develop a preliminary management plan for patients presenting with functional deficits, including adaptive interventions and involvement of interdisciplinary team members from appropriate disciplines, such as social work, nursing, rehabilitation, nutrition, and pharmacy.
- Identify and assess safety risks in the home environment, and make recommendations to mitigate these.
- Ask all patients > 65 years, or their caregivers, about falls in the last year, watch the patient rise from a chair and walk (or transfer), then record and interpret the findings.
- In a patient who has fallen, construct a differential diagnosis and evaluation plan that addresses the multiple etiologies identified by history, physical examination and functional assessment.

# **Rehabilitation Daily Procedures**

**See syllabus page 11**

- It is expected that on the first day students will pick up two existing patients and then admit new patients regularly until they achieve a maximum census of 6 patients. Every patient needs an H&P and at least twice-weekly progress notes or as required. H&Ps should be on the chart by the end of the day of admission.
- Students should pre-round on all their patients and be on time and prepared for work rounds.
- Typically, one faculty member at each site is responsible for completing the student Evaluation form based on a compilation of their assessment and the assessment of others who worked with the student (primarily other faculty and residents, although input from clinic staff, patients and peers will be considered when pertinent).

# Appendix 2) Evaluation Forms

## Geriatric Medicine and Rehab Evaluation

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 Evaluator \_\_\_\_\_

Describe one or two areas of strength:

Describe one or two areas for improvement:

If applicable, explain need for remediation (fail):

Category	Ideal Example	SCORE P/F
Professionalism	Demonstrates respect, integrity, honesty, and compassion, seeks feedback, is responsible, mature, ethical, present, and timely.	
Patient Care	Reviews patient record, integrates and coherently presents to team history and physical findings, serves as patient advocate	
Systems based Practice	Seeks to understand clinical and other patient resources, recognizes need for interdisciplinary care, identifies transitional care issues	
Practice-based learning	Use scientific information and evidence based medicine to manage patients, aims for quality improvement	
Medical Knowledge	Differential diagnosis, able to correlate knowledge with clinical situation	
Communication	Listens to patients and families and explains information without using jargon. Communicates effectively with members of the patient's care team.	