

# **Southern Illinois University Carbondale**



## **Bachelor of Science in Health Care Management Internship Handbook**

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# INFORMATION FOR INTERNS

## Introduction

Congratulations! You have reached the last stop in your HCM journey here at SIU- the internship. This handbook will outline the information you need to prepare for, complete, and succeed in your internship. **It is your responsibility to be familiar with this information and act in accordance.** Please use the checklist in the Appendix to guide you through the process.

The internship is required of all students pursuing the Bachelor of Science in Health Care Management. As the cumulating experience of the program, the internship provides you the opportunity to apply the knowledge and skills you have learned in HCM courses to real healthcare problems and situations. Furthermore, you will complete your internship under the supervision of a qualified and experienced healthcare professional. This provides you the opportunity to learn from those already working in the field and builds a bridge from your current academic world to your future professional world.

The HCM 421 and HCM 422 courses may be waived in lieu of clinical internship courses (i.e. RN, PTA, etc.) that include management/administrative activities. The management activities must align with the competencies outlined in the Evaluation of Intern Competencies in the Appendix. Restrictions apply and prior approval must be obtained by the Internship Coordinator and/or Program Director. Please refer to the [Undergraduate Catalog](#) for the current rules and restrictions around clinical internship waivers. The internship waiver can be found in the Appendix.

## Purpose and Goals of the Internship

The purpose of the internship is to provide you with professional experience. For some students, the internship may be the only work experience acquired before graduation. As such, the internship provides a critically important experience to gain insights from the field. Additionally, the internship provides an opportunity for professional development and for you to solidify your career goals. Finally, you will interact with healthcare professionals from a variety of disciplines, enhancing your understanding of interprofessional collaboration necessary to meet patients' needs.

The goals of the internship experience are to:

- Observe and interact with a variety of healthcare professionals
- Gain practical experience in a healthcare organization
- Enhance understanding and application of health management principles
- Establish professional contacts in the healthcare field
- Strengthen professional skills required of healthcare managers

## Planning for Your Internship

Below are important considerations as you begin planning for your internship:

- Meet with your Academic Advisor regularly to complete prerequisite and HCM courses. **Please note: all core classes must be completed before starting your internship.** The following are the core classes: HCM 320, HCM 340, HCM 360, HCM 364, HCM 365, HCM 366, HCM 375, HCM 382, HCM 384, HCM 385, HCM 388, HCM 390, HCM 410, HCM 413, HCM 420, and HCM 421.
- Join the Student Healthcare Management Association (SHMA) to meet other HCM students and ask about their internship experiences. SHMA also provides career exploration and networking opportunities, which will be helpful in narrowing your career goals. Consider joining other professional organizations as well (see Appendix).
- Make note of which courses interest you the most and which health care settings you prefer. This can be helpful in narrowing down an internship site.

## Internship Process

### *Step 1: Identifying an Internship Site*

You should begin identifying internship sites you are interested in early in the process; you will work to secure your internship site during HCM 421. Students are recommended to identify three potential internships they wish to intern at (list on the checklist in the Appendix). Each internship site accepts a different number of interns each semester and has different criteria for selecting interns. Identifying more than one internship site will provide “back-ups” if necessary. Please note that you are not guaranteed an internship at one of these sites. Furthermore, internship sites may decline interns at any time. The Internship Coordinator can work with you to identify internship sites that fit your interests and career goals. If a student is unable to locate an internship site, the Internship Coordinator may assign the student to an internship.

If you will be completing your internship at your current site of employment, the following guidelines must be met:

- Internship responsibilities are separate from and not related to current work responsibilities
- Internship hours must extend beyond current work hours
- The internship preceptor and current supervisor must be separate individuals

### *Step 2: Requesting a New MOU (if necessary)*

If you identify an internship site that does not currently have an MOU on file with SIU, a new MOU will need to be requested. Students should contact the Internship Coordinator to complete this process. **Please note that a new MOU may take 6 to 8 months or longer to process.** Please start this process as early as possible if necessary. Below are MOU request deadlines to limit delays in completing your internship:

- Fall semester internship: contact Internship Coordinator no later than January 1 prior
- Spring semester internship: contact Internship Coordinator no later than May 1 prior
- Summer semester internship: contact Internship Coordinator no later than September 1 prior

If you request a new MOU, please follow up regularly with the Internship Coordinator to check its progress.

### ***Step 3: Applying to Internship Site***

Each internship site has a different process for applying for an internship. Instructions, when provided from the internship site, are included in the HCM Current Internship Database file available to all students enrolled in HCM 421. Please follow the provided instructions for applying to your desired internship site. If you are unable to secure an internship at your first-choice site, apply to your second choice as identified in step 1. If you have any questions, please contact the Internship Coordinator.

### ***Step 4: Securing your Internship***

Congratulations! Reaching this step means you have been offered an internship! You now need to secure your internship and register for HCM 422. The following documents must be submitted to the Internship Coordinator. You will not be able to register for HCM 422 until all documents are submitted.

- Internship Agreement Form (see Appendix)
  - You will need to work with your preceptor to complete this form. Please complete the form in its entirety including your internship work schedule.
- Signed Handbook Acknowledgement Form (see Appendix)
- Immunization records
  - You will need to provide records of the following immunizations:
    - **Tetanus-Diphtheria-Pertussis:** Proof of three (3) Tetanus vaccinations containing Pertussis (DTP, DPT, DTap, or Tdap) are required. One dose must be Tdap. One dose must be within the last 10 years. TT is not acceptable.
    - **Measles-Mumps-Rubella (MMR):** Two (2) doses are required. All doses must be on or after 1<sup>st</sup> birthday at least 28 days apart and after 12/31/67.
      - If vaccines were given separately, the same guidelines apply.
      - Positive serum titers are also acceptable proof of immunity. Copy of lab reports must be submitted.
    - **Meningitis Conjugate:** One (1) required on or after 16<sup>th</sup> birthday (applicable only to students under age 22).
    - **COVID:** proof of a 2-dose series from Pfizer or Moderna or a single-dose vaccine from Johnson & Johnson.

- **Exemptions will need to be obtained in writing from the internship site and submitted to the Internship Coordinator in lieu of proof of vaccination.**
- **Influenza:** for internships that occur between October 1 and March 31, proof of seasonal influenza vaccination will be required.
  - **Exemptions will need to be obtained in writing from the internship site and submitted to the Internship Coordinator in lieu of proof of vaccination.**
  - Immunization records can be obtained from SIU Student Health Services, your high school, or your health care provider.
- Tuberculosis (TB) skin test
  - You will need to provide a copy of a negative TB test. TB tests are valid for one year. You are responsible for covering the cost of the test.
- Hepatitis B vaccination or signed waiver
  - You will need to provide records of the Hepatitis B vaccination or sign the waiver form (see Appendix). You are responsible for covering the cost of the Hepatitis B vaccination, if applicable.

The following may be required by your internship site. If required, these documents should be provided directly to the internship site and do not need to be submitted to the Internship Coordinator.

- Criminal background check
  - You need to check with the facility to determine if a criminal background check is required. If so, you are responsible for obtaining and submitting the background check to the facility within the timeframe specified by your Preceptor.
- Drug screening
  - You need to check with the facility to determine if a drug screening is required. If so, you are responsible for obtaining and submitting the drug screening to the facility within the timeframe specified by your Preceptor.
- Influenza vaccination (only if required by facility)
  - You need to check with the facility to determine if the influenza vaccine is required. It is recommended for all students who have direct contact with patients.

**To register for HCM 422, you must submit the following to the Internship Coordinator in HCM 421 or via email:**

- **Completed Internship Agreement Form**
- **Signed Handbook Acknowledgement Form**
- **Immunization records**
- **TB skin test results**
- **Documentation of hepatitis B vaccination or signed waiver**

### *Step 5: Completing your Internship*

Over the duration of your internship, you will need to adhere to the responsibilities of the intern (outlined below). Additionally, you will need to complete the requirements of HCM 422. Be sure to log into MyCourses frequently throughout your internship to submit requirements according to outlined timeframes. Please also check your SIU email regularly; all communication from the Internship Coordinator will be sent to your SIU email. It is critical that you submit assignments on time, as this provides the necessary communication with the Internship Coordinator to monitor the internship process.

The academic requirements of HCM 422 are as follows:

- Weekly Logs/Journals
  - You will complete weekly logs/journals throughout your internship that detail your current experience, activities, projects, observations, and meetings. Journals must be submitted each week by Sunday on MyCourses.
  - Each entry should be detailed and explicitly explain what you did at your internship.
- Weekly Timesheets
  - You will keep track of your internship hours on the provided timesheet. Your Preceptor will validate your timesheet by initialing at the end of each week. Timesheets will be turned in each week by Sunday on MyCourses.
- Competency Evaluations
  - Your Preceptor will evaluate your progress and competencies twice during your internship: once at the midpoint of your internship and once at the end of your internship. You and your Preceptor should review the evaluation together. After you have reviewed your evaluation with your Preceptor, you will submit your evaluation on MyCourses. **Evaluations must be submitted within 48 hours of review.**
  - You are responsible for providing the evaluation form to your preceptor once you have completed approximately 75 contact hours and once you are near the end of your internship.
- Interprofessional Reflections
  - During your internship, you will complete a minimum of two (2) interviewing and/or shadowing experiences with a clinical professional (i.e. physician, nurse, physical therapist, dietician, etc.). You and your Preceptor should work together to identify these individuals. An interview/observation guide is available on MyCourses. After each experience, you will complete a brief (1-2 page) reflection on the roles and responsibilities of the professional and the ways in which this profession interacts with health administrators. These reflections should be submitted to MyCourses by the end of your internship.
- Student Evaluation of the Internship Experience
  - At the end of your internship, you are required to complete an evaluation of the internship experience and your preceptor. This evaluation will be completed via Survey Monkey. A link will be available in D2L.

Additional details and specifications will be provided on MyCourses.

### **Responsibilities of the Intern**

- Complete and submit the Internship Agreement Form and other requirements outlined in step 4 above within required timeframes.
- Complete a total of 150 contact hours at the internship site.
  - All contact hours must be completed at the internship site and/or under the supervision of the Preceptor. Work completed at home does not count toward contact hours. Assignment completion for HCM 422 also does not count toward contact hours (such as weekly reflection journals).
- Complete weekly logs/journals and other required assignments as outlined in the HCM 422 syllabus.
- Commit to the work schedule determined with the Preceptor. Any adjustments in this work schedule must be approved by both the Preceptor and Internship Coordinator. Failure to adhere to the work schedule may lead to termination from the internship and a failing grade in HCM 422. Students are not allowed to repeat HCM 422.
- Adhere to the policies and procedures of the healthcare organization and of the HCM Internship Program (see Appendix).
- Establish a productive and respectful working relationship with the Preceptor, co-workers, volunteers, patients, and other members internal and external to the organization.
- Maintain confidentiality with respect to any and all information the intern reviews or hears while at the organization.
- Complete all projects and/or goals outlined on the Internship Agreement Form in the timeframes determined by Preceptor.
- Be proactive in seeking additional opportunities to assist with projects at the healthcare organization.
- View the internship as a learning experience; take notes, ask questions, and explore the decision-making processes that managers engage in daily.

## **INFORMATION FOR PRECEPTORS**

### **Introduction**

Thank you for your commitment to the Health Care Management (HCM) Internship Program and your support of our interns! The internship is a vital component of the program, as it provides students to opportunity to apply the knowledge and skills they have learned in HCM courses to real healthcare problems and situations. For some students, the internship may be the only work experience acquired before graduation. As such, the internship provides a critically important experience to gain insights from the field.



The goals of the internship experience are for students to:

- Observe and interact with a variety of healthcare professionals
- Gain practical experience in a healthcare organization
- Enhance understanding and application of health management principles
- Establish professional contacts in the healthcare field
- Strengthen professional skills required of healthcare managers

### **Memorandum of Understanding (MOU)**

A MOU must be established between SIUC and your facility before a student can begin their internship. The MOU approval process can take 6 to 8 months or longer. As such, we recommend beginning this process as early as possible to prevent delays in internship start dates.

### **Preceptor Orientation**

A recorded webinar will be provided to all preceptors. The purpose of this webinar is to explain the goals and purpose of the internship program, orient preceptors to HCM Internship Policies, and outline the responsibilities and expectations of the Intern, Preceptor, and Internship Coordinator. A copy of the Internship Handbook will also be made available to all preceptors.

### **Internship Requirements**

Each student must complete a minimum of 150 contact hours. These hours must be completed at the internship site and/or under the supervision of the Preceptor.

Before a student begins his/her internship, an Internship Agreement Form will be completed in coordination with the Preceptor. The Internship Agreement Form details the internship specifics, including contact information and the Intern's work schedule as well as major projects or activities the Intern will complete. You are free to identify projects or activities that best fit the needs of the organization and the goals of the internship. Example projects or activities include:

Example projects or activities include:

- Conduct one data analysis project
- Create a training plan and presentation
- Update policies and procedures
- Complete one process improvement project

During the internship, the Intern will be required to complete the following:

- Weekly journals that detail experiences, activities, projects, observations, and meetings
- Weekly timesheets that track internship hours

- We ask you to validate the Intern's timesheet by initialing at the end of each week.
- Evaluations of the Intern's progress and competencies
  - You will evaluate the Intern twice during the internship: once at the midpoint of the internship and once at the end of the internship. We ask you to review the evaluation with the Intern. After you have reviewed the evaluation with the Intern, please provide the evaluation to the Intern to submit.
- Interprofessional shadowing and reflection
  - During the internship, the Intern should complete a minimum of two (2) shadowing experiences with a profession other than health administration (i.e. physician, nurse, physical therapist, dietician, etc.). You are free to identify the professionals and the length of observation. The goal of the interprofessional shadowing experience is to provide insights on the vast roles and responsibilities that comprise healthcare organizations.

### **Grading Considerations**

On the final evaluation, you will be asked to grade the student. Please use the following as a guideline for determining the grade the student earned during their internship:

- **A:** Thoroughly and accurately performed all internship projects/activities. Submitted all assignments on time. Made few, if any, errors. Consistently asked relevant questions and sought out additional information. Very quickly understood new concepts and assignments. Took initiative during internship. Regularly approached and solved problems independently. Demonstrated an exceptionally positive attitude, strong work ethic, and integrity in the workplace.
- **B:** Thoroughly performed all internship activities. Most assignments submitted on time. Made occasional errors. In most cases, asked relevant questions and sought out additional information. Exhibited acceptable understanding of new concepts and assignments. Worked without extensive supervision; occasionally took initiative. Able to solve most problems independently. Except in a few minor instances, demonstrated a positive attitude, strong work ethic, and integrity in the workplace.
- **C:** Performed all internship activities but several required revision/review. Most assignments submitted on time. Asked few but relevant questions. Did assignments as requested but did not demonstrate initiative. Needed supervision to solve problems. Except in a few minor instances, demonstrated a positive attitude, strong work ethic, and integrity in the workplace.
- **D:** Internship activities were of erratic quality. Work assignments were completed but frequently late. Made frequent errors. Asked few questions and rarely sought out additional information. Did assignments as requested but did not demonstrate initiative. Needed supervision to solve problems. Except in a few minor instances, demonstrated a positive attitude, strong work ethic, and integrity in the workplace.
- **F:** Internship activities were not completed as assigned and/or intern demonstrated a consistently negative attitude, poor work ethic, and/or lack of integrity.

### **Responsibilities of the Preceptor**

- Provide overall supervision of the internship experience.
- Work with the Intern to identify relevant and meaningful projects and/or goals to be completed during the internship.
  - The Intern will document and submit these goals to the Internship Coordinator via the Internship Agreement Form (to be signed by both Intern and Preceptor).
- Meet with the Intern regularly to discuss progress, problems, and questions.
- Allow the Intern to attend meetings that the Preceptor is attending, when feasible.
- Communicate with the Internship Coordinator if problems or concerns arise.
- Complete two evaluations with the Intern: one at the midpoint of the internship and one at the end of the internship. These forms should be reviewed with and provided to the Intern.
- Complete a Preceptor Evaluation form to provide feedback on your experience as a Preceptor. This form will be completed via Survey Monkey and will be sent via email from the Program Director.

## **INTERNSHIP POLICIES**

### **Attendance**

The Intern must comply with the policies and rules set forth by the Preceptor and the health care organization. Interns are expected to maintain a regular work schedule. The Intern must notify both the Preceptor and Internship Coordinator in the event of an unexpected absence (i.e. illness). It is the Intern's responsibility to call the Preceptor at least 30 minutes prior to the start of scheduled work time; additionally, the Intern must email the Internship Coordinator on the day of the absence. If the Intern is out from work for three or more consecutive workdays, he/she must submit a doctor's note to both the Preceptor and Internship Coordinator. Time lost due to illness must be made up before the end of the internship.

Interns must report to their internship at the designated start time. Tardiness is unacceptable. Three late arrivals will be considered one absence. Repeated absences and/or tardiness can result in dismissal from the internship and a failing grade in HCM 422.

Any issues with attendance should be documented on the weekly timesheet and communicated to the Internship Coordinator.

### **Holidays**

The Intern will follow the holiday schedule recognized by the health care organization and not of the University. Interns are entitled to observe religious holidays. Interns should communicate

absence due to observation of a religious holiday to the Preceptor and Internship Coordinator at least one week prior to the holiday. Time lost should be made up prior to the end of the internship. Preceptors are asked to work with Interns to meet these needs.

### **Outside Employment**

There is no restriction on holding outside employment in addition to the internship. However, Interns should not leave their internship early or arrive late due to outside employment. Furthermore, outside employment cannot interfere with the Intern's responsibilities at the organization. If outside employment infers with attendance or responsibilities, the Intern may be dismissed from the internship and a failing grade assigned in HCM 422.

### **Inclement Weather**

If inclement weather occurs when the Intern is scheduled to work, it is the Intern's responsibility to call the Preceptor within 30 minutes prior to the start of scheduled work time. The Intern should also email the Internship Coordinator. The Intern should document "Weather" on his/her timesheet. Time lost due to inclement weather must be made up before the end of the internship.

### **Request for Time-Off**

Requests for time-off are left to the discretion of the Preceptor and health care organization. Interns must submit any request for time-off at least two weeks in advance. If granted, the Intern must arrange to make up time lost with the Preceptor.

### **Transportation and Parking**

Interns are responsible for transportation to and from the internship site. Interns should park only in designated areas and are responsible for any fees that may be associated with parking at the facility.

### **Dress Code**

Interns are expected to adhere to the health care organization's policies and rules regarding dress code. At a minimum, the following expectations must be met:

- Professional/business attire should be worn consistently. Dress should be appropriate for the work responsibilities involved. Open toe shoes should not be worn.
- If an identification badge is required by the health care organization, the badge must be worn so it is easily visible at all times.
- Hair must be of natural color, clean, neatly groomed, and be kept in a way that does not interfere with duties or safety.
- Make up, perfume, and cologne should be moderately applied. Please be cognizant of patient sensitivities to fragrances.
- All visible tattoos must be covered and body piercings outside the ear lobes are prohibited during working hours.

- Fingernails should be clean and trimmed, extending no more than ¼” beyond fingertips. Acrylic nails should **not** be worn. Clear or conservative light-colored nail polish may be worn.
- Proper hygiene should be maintained at all times.

## **Handling Unanticipated Situations**

### ***Activities Not Specified on Internship Agreement Form***

Interns may be asked to perform functions that are not anticipate but are within the general expected duties of any internship. These may include photocopying, answering telephones, delivery of documents, etc. While these activities are important to the operation of any healthcare organization and a certain level of these activities is expected in any position, these activities should not constitute most of the internship. If Interns feel they are performing a substantial amount of these activities, please contact the Internship Coordinator.

### ***Activities Against Values or Beliefs***

In the unlikely situation that Interns asked to perform certain activities that are unethical or compromise their personal values or beliefs, please contact the Internship Coordinator.

### ***Discrimination or Harassment***

If Interns feel they are being harassed or discriminated in any way, please contact the University Affirmative Action Office or the Internship Coordinator for further guidance. The University Affirmative Action Office is located in Miles Hall, Room 120 (phone: 618-536-6618).

Similarly, if a Preceptor feels the Intern is acting in a discriminatory or harassing manner, please contact the University Affirmative Action Office or the Internship Coordinator.

### ***Workplace Safety***

If Interns are concerned with workplace hazards or general workplace safety, please contact the Internship Coordinator.

## APPENDICES

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**Securing an Internship Checklist**  
**Southern Illinois University Carbondale**  
**Health Care Management**

<input checked="" type="checkbox"/>	<b>Date Completed</b>	<b>Action Item</b>
<input type="checkbox"/>	_____	Identify three potential internship sites: 1. _____ 2. _____ 3. _____
<input type="checkbox"/>	_____	Email Internship Coordinator to request new MOU (if applicable)
<input type="checkbox"/>	_____	Apply to internship site(s) as required by site(s)
<input type="checkbox"/>	_____	Complete Internship Agreement Form with Preceptor
<input type="checkbox"/>	_____	Email completed Internship Agreement Form to Internship Coordinator (required to enroll in HCM 422)
<input type="checkbox"/>	_____	Submit immunization records on MyCourses
<input type="checkbox"/>	_____	Submit Tuberculosis Skin Test on MyCourses
<input type="checkbox"/>	_____	Submit Hepatitis B vaccination record or signed waiver on MyCourses
<input type="checkbox"/>	_____	Obtain background check if required by facility
<input type="checkbox"/>	_____	Obtain drug screening if required by facility
<input type="checkbox"/>	_____	Obtain influenza vaccination if required by facility

**HCM Internship Handbook & Policies Acknowledgement Form**  
**Southern Illinois University Carbondale**  
**Health Care Management**

I, \_\_\_\_\_, have received and read the HCM Internship Handbook. I understand that it is my responsibility to understand and abide by the information provided in the handbook. I also understand it is my responsibility to seek clarification from the Internship Coordinator if I do not understand information in the handbook.

I understand that I will be treated at an employee at my internship site and I must follow the policies and procedures of the facility. I understand I must follow the schedule as outlined on the Internship Agreement Form and must communicate any concerns or questions to my Preceptor and/or the Internship Coordinator. I understand if I fail to uphold the policies outlined in this handbook and/or the policies of the healthcare organization, I may be subject to disciplinary measures which may result in being dismissed from my internship.

By signing below, I acknowledge receipt of the HCM Internship Handbook and understand the obligations outlined.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**Internship Agreement Form**  
**Southern Illinois University Carbondale**  
**Health Care Management**

The purpose of this Agreement is to outline the arrangements between the student intern and the preceptor/internship site. Please complete this form in its entirety. Students are required to submit this form to enroll in HCM 422.

**Student Name:** \_\_\_\_\_ **Dawg Tag:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**HCM 422 Term:**     Spring     Summer     Fall    **Credit Hours:** \_\_\_\_\_

**INTERNSHIP INFORMATION:**

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preceptor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Preceptor Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Internship Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Internship End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hours per Week:** \_\_\_\_\_ **Work Schedule:** \_\_\_\_\_

**Main Internship Projects or Assignments:**

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**Any changes to the above information must be approved by the Internship Coordinator.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Preceptor Signature**

\_\_\_\_\_  
**Date**

**Hepatitis B Vaccination Waiver Form**  
**Southern Illinois University Carbondale**  
**Health Care Management**

Hepatitis is a serious viral infection of the liver. The most severe form of Hepatitis is caused by a virus known as Hepatitis B. Hepatitis B can be spread the health care workers by accidental needle stick or other exposures to blood or bodily fluids of Hepatitis B infected patients. There is no known cure once a patient is infected, but a vaccine is available that can prevent Hepatitis B infection if you are accidently exposed to Hepatitis B infected blood or bodily fluids.

I, \_\_\_\_\_, understand that due to my occupational exposure to blood or other potentially infectious items or materials, I may be at risk for acquiring the Hepatitis B virus. I have read the *Information Sheet: Hepatitis B and Hepatitis B Vaccine*, available on D2L, and had an opportunity to ask questions. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B. I understand that if, in the future, I continue to have occupational exposure to blood or other potentially infectious items or materials and want to be vaccinated, I can receive the vaccination series at the time.

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**Signature**

---

**Date**

**Evaluation of Intern Competencies**  
**Southern Illinois University Carbondale**  
**Health Care Management**

Date of Evaluation: \_\_\_\_\_  Midpoint Evaluation  Final Evaluation

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Please rate the intern on his/her performance in the following competencies		
4	Advanced	Deep understanding and skills. Applies competency regularly and independently. Role model for this competency.
3	Proficient	Sufficient understanding and skills. Applies competency regularly with prompting required at times.
2	Developing	General understanding of key principles. Capable of applying competency with coaching and support.
1	Inadequate	Does not demonstrate competency at expected level, even with coaching and support.
NA	Not Assessed	Competency not able to be assessed

*Competency Level*

**COMMUNICATION AND RELATIONSHIP MANAGEMENT**

Demonstrates effective interpersonal relations	4	3	2	1	NA
Prepares effective business communications (i.e. meeting agendas, presentations, business reports, etc.)	4	3	2	1	NA
Sensitive to what is correct behavior when communicating with diverse cultures	4	3	2	1	NA
Provides and receives constructive feedback	4	3	2	1	NA

**LEADERSHIP**

Inspires and fosters teamwork	4	3	2	1	NA
Uses collaborative techniques when engaging with co-workers	4	3	2	1	NA
Holds self accountable for timely, high-quality results	4	3	2	1	NA

**PROFESSIONALISM**

Adheres to ethical business principles	4	3	2	1	NA
Adheres to professional norms and behaviors	4	3	2	1	NA
Demonstrates time management skills	4	3	2	1	NA

**KNOWLEDGE OF HEALTHCARE ENVIRONMENT**

Healthcare and medical terminology	4	3	2	1	NA
Levels of healthcare along the continuum of care	4	3	2	1	NA
Roles of clinical and nonclinical professionals	4	3	2	1	NA
Patient and staff perspectives	4	3	2	1	NA
Healthcare trends	4	3	2	1	NA
Healthcare technologies	4	3	2	1	NA
Regulatory and administrative environment in which the organization functions	4	3	2	1	NA

**BUSINESS SKILLS AND KNOWLEDGE**

Ability to analyze information to support a decision or recommendation	4	3	2	1	NA
Demonstrates critical thinking and analysis	4	3	2	1	NA
Financial management and analysis principles	4	3	2	1	NA
Human resources laws and regulations	4	3	2	1	NA
Organizational policies and procedures and their functions	4	3	2	1	NA
Manages projects and/or resources	4	3	2	1	NA
Data analysis, including manipulation, understanding and ability to explain data	4	3	2	1	NA
Technology privacy, confidentiality and security requirements	4	3	2	1	NA
Quality improvement theories and frameworks	4	3	2	1	NA

**Has the intern made adequate progress on his/her key internship projects/assignments?**  Yes  No  
*If no, please explain:* \_\_\_\_\_

\_\_\_\_\_

**TOP THREE STRENGTHS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOP THREE AREAS FOR IMPROVEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINAL EVALUATION ONLY:**

**What grade do you feel the student has earned?**  A  B  C  D  F

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Health Care Management Internship Waiver

**Student Name:** \_\_\_\_\_

**Dawg Tag:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Clinical Specialization/Area** (must be a healthcare-related specialty that results/ed in a state licensure of a clinical occupation, such as RN, PTA, etc.): \_\_\_\_\_

**Eligibility Criteria** (select one and provide the requested information)

1. I am a student in one of the clinical programs in the School of Health Sciences. As part of the requirements of my clinical program, I will complete a clinical internship which will include management competencies. ***Should I fail the clinical internship, my signature below indicates I understand and agree that I must then complete HCM 421 and HCM 422 to earn my Health Care Management degree.***

List the management/administrative activities you will complete during your clinical internship:

**Internship Coordinator:** Approved/Declined (circle one)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2. I am a current licensed clinical professional and completed an internship as part of that academic training which included management competencies. ***Please submit a copy of your current clinical license for review.***

List the management/administrative activities you completed during your clinical internship:

**Program Director:** Approved/Declined (circle one)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Professional Organizations**  
**Southern Illinois University Carbondale**  
**Health Care Management**

- American College of Healthcare Executives (ACHE)
  - Mission: To advance its members and healthcare management excellence
  - Student Membership Information:  
[http://www.ache.org/faculty\\_students/students.cfm](http://www.ache.org/faculty_students/students.cfm)
  
- Mid-America Healthcare Executives Forum (MACHEF)
  - Local chapter of ACHE in the Central/Southern Illinois Region
  - More information: <http://mhef.ache.org/>
  
- Medical Group Management Association (MGMA)
  - Mission: Empower practices, providers, and patients to create meaningful change in healthcare
  - Student Membership Information:  
<https://www.mgma.com/membership/memberships/individual/mgma-student-membership-first-year>
  
- Healthcare Financial Management Association (HFMA)
  - Mission: Leading the financial management of health care
  - Student Membership Information: <https://www.hfma.org/benefits/>
  
- American Public Health Association (APHA)
  - Mission: Improve the health of the public and achieve equity in health status
  - Student Membership Information: <https://www.apha.org/membership/student-membership>