MURRAY STATE UNIVERSITY
DEPARTMENT OF APPLIED HEALTH SCIENCES
PUBLIC AND COMMUNITY HEALTH PROGRAM

INTERNSHIP MANUAL

HEA 499 –
Professional Experience in Public and Community Health

A GUIDE FOR AGENCIES AND STUDENTS
PARTICIPATING IN THE PUBLIC AND COMMUNITY HEALTH INTERNSHIP
(Updated May 2016)
INTRODUCTION:

The fieldwork experience is one of the major strengths of the Public and Community Health curriculum. Properly structured experiences compliment and reinforce the knowledge and skills acquired in the classroom and laboratory course.

PUBLIC & COMMUNITY HEALTH INTERNSHIP

HEA 499 – Professional Experience in Public & Community Health

a. This course involves supervised fieldwork in a professional setting with emphasis on administration, supervision, and program leadership.
b. The internship is offered during the fall, spring, and summer semesters for 6 credit hours (a minimum of 320 contact hours).
c. Students must complete their internship in an agency related to their career objectives.
d. Students will present a summary of their internship experience during the week before finals of the fall or spring semester enrolled or finals week of summer semester.

OBJECTIVES OF THE INTERNSHIP

1. For the student, the objectives are
   a. To provide an opportunity to observe, practice, and apply theories and techniques learned in the classroom.
   b. To provide an opportunity to become acquainted with a variety of public and community health/health-related settings, programs, and professionals.
   c. To provide an opportunity to recognize leadership strengths and limits and to help alleviate weaknesses through concentrated work experience.
   d. To provide an opportunity to develop new interests in a health-related profession.
   e. To provide an opportunity to develop insights and perspectives of self and of others.

2. For Murray State University, the objectives are
   a. To improve the educational process and enlarge the scope of the curriculum.
   b. To provide a laboratory for application of theoretical knowledge.
   c. To provide a continuing opportunity for evaluation of the students’ needs, abilities, and progress leading to adjustments in the curriculum.
   d. To provide an opportunity for faculty to contact professional community health leaders and agencies.
   e. To provide for evaluation of the total Public & Community Health Program curriculum as well as field work experiences.
   f. To extend and improve MSU’s relationships with the community.

3. For the Internship Sites, the objectives are
   a. To provide an opportunity to assist in the preparation of future public and community health leaders.
b. To provide an opportunity to recruit trained leaders and evaluate students for later employment.
c. To enlarge the available staff which will allow for variations and for an increase in health activities.
d. To provide an opportunity for the exchange of ideas between professionals and students.

**CRITERIA FOR SELECTION OF AGENCY**

Since the internship is one of the most important steps in professional preparation of students, agencies must meet the following requirements to be approved as an internship location.

1. The agency must have a desire to participate in an educational program for the purpose of improving the preparation of personnel for the profession.

2. There must be evidence of a sound professional philosophy in the agency’s operation of programs and services.

3. The agency must have sound administrative procedures including adequate financial budget, personnel policies, and a staff development program.

4. The agency must have adequate facilities and equipment to conduct a broad and varied program.

5. The agency must have capable staff qualified through both education and experience to supervise the student.

6. The agency should provide the student with a desk and/or workspace.

**PROCEDURE FOR SELECTION OF AGENCY**

1. Agencies must offer educational opportunities for MSU students.

2. The following information is needed to assist the faculty and student in selecting an internship site to fit the student’s professional goals and objectives.

   - Descriptive information that will identify the type and scope of programs and services offered by the agency (e.g., programs, brochures, faculty listing, etc.).

   - Biographical material or qualifications of staff members who may serve as the Site Supervisor.

   - Description of responsibilities and assignments with which the student may become involved.

3. Information on agencies is available for students as an Excel spreadsheet and will be posted on Canvas for students to access.
STUDENT PROCEDURES FOR INTERNSHIP PLACEMENT

To clarify the process for placement the sequence is outlined below:

1. During the semester prior to enrollment in HEA 499 the student is required to attend a meeting with the Internship Coordinator to:
   a. Begin to identify their short-term and long-term career objectives.
   b. Develop a professional resume and cover letter.
   c. Research and select an agency that will enhance their career objectives. Students are encouraged to network, use department files, and consult with faculty members.

2. Students must contact the selected site(s) and arrange for an interview with Site Supervisor(s). Interview will include but is not limited to a discussion of:
   a. Student’s personal goals and objectives for the internship experience.
   b. The specific responsibilities of the internship position and expectations of the intern (e.g. job duties).

3. After the student and agency reach a mutual agreement, the students must complete the Agreement Contract (Appendix A), obtain the required signatures, and return it with the completed Intern Information Form (Appendix B) and Student Confidentiality Acknowledgement Form (Appendix C) to the Intern Coordinator (an MOU between the site and MSU can substitute for Appendix A – see MSU Internship Coordinator for more information).

4. Professional liability insurance is purchased by the student prior to enrollment in HEA 499.
   a. Purchase Professional Liability Insurance. Professional liability insurance is required. Proof of liability insurance cover must be submitted prior to you being able to enroll in HEA 499. After proof of insurance is provided, the permission required override will be added to MyGate to allow you to enroll in the HEA 499 course. There are likely many sources for professional liability insurance, but consider the following options:
      i. Proliability (http://www.proliability.com/)

   NOTE: Make sure you search for (or inquire about) student rates. The cost for 1 year of coverage should be $50.00 or less.

   NOTE: Student coverage must be at least $1,000,000/$3,000,000 unless a different sum is agreed upon in writing with your specific internship placement.
RESPONSIBILITIES FOR THE INTERNSHIP

2. Responsibilities of Agency/Site Supervisor

The Agency/Site Supervisor serves as an agency-based teacher offering instruction and supervision to the student utilizing the agency’s operation to further the student’s professional competence. The Agency/Site Supervisor should:

i. Challenge the student with meaningful experiences that meet both the student and agency needs.

ii. Design, with the student, his/her learning experiences and assignments.

iii. Inform the student of all relevant personnel policies and procedures.

iv. Interpret the internship to the agency board or controlling authority of the agency.

v. Monitor the student to protect and enhance the quality of the agency’s services as well as the student’s wellbeing while affiliated with the agency.

vi. Schedule periodic conferences with the student to discuss scheduling, work performance, and future assignments.

vii. Evaluate and review with the student his/her performance and submit the results on the form provided. (Appendix F)

viii. Provide the student reasonable independence to participate in staff meetings, activities, project, and programs.

ix. Provide an opportunity for the student to learn and, if possible, gain experience in the following areas:

- Administration of policies, procedures, legal status of agency, board-staff relations, budgeting, record keeping, personnel and supervisory practices.

- Program planning, leadership, operation, and evaluation

- Facility and operations, long range planning, design of physical facilities, maintenance, purchasing of equipment and office management
• Public relations, citizen involvement, publicity, reporting, speaking and coordination with other agencies

• Revenue cycle, data structures and management, health care quality management, health care coding, classification, and reimbursement, electronic medical records, information security, systems, and technology and health laws and regulation

3. Responsibilities of MSU
   a. Assist the student in selecting an internship site that will meet his/her career needs and interests.

   b. Keep an updated spreadsheet of agencies providing internship opportunities.

   c. Review internship assignments and give final approval.

   d. Provide information to students regarding requirements and reporting procedures.

   e. Provide agency with information concerning its responsibilities as a participant in the internship program.

   f. Supervise the student’s experiences and be available for consultation with Site Supervisor.

   g. Be available for periodic visits and conferences with the student and the Site Supervisor to observe procedures and programs as needed.

   h. Remove student from an agency when a different assignment would be in the best interest of the student.

   i. Serve as a resource for the cooperating agency and the student.

4. Responsibilities of Student
   a. Ask about and obtain required documentation to qualify to work at the site (e.g., criminal background check, drug tests, health records, etc.) and provide the MSU Internship Coordinator with copies of the required paperwork.

   b. Accept responsibility for duties outlined with the Site Supervisor and all scheduled commitments and arrangements made during the internship program.

   c. Arrive on time and when scheduled/expected and, within reason, continue working until the completion of daily tasks or internship assignments.
d. Become familiar with the regulations pertaining to the agency and conform to them.

e. Accept the agency’s philosophy, methods, leadership, and program. Give constructive suggestions when asked for an opinion.

f. Construct mutually satisfactory goals and objectives with the Site Supervisor.

g. Plan thoroughly and in advance for all assignments.

h. Notify the Site Supervisor when it is necessary to be late or absent from work.

i. Put away cell phones and/or other personal electronic devices and do not use them while working except as expressly permitted or encouraged by your Site Supervisor.

j. Prepare for periodic conferences with Site Supervisor and be ready to ask questions and present constructive ideas.

k. Dress appropriately for all assignments and maintain a well-groomed appearance.

l. Be tactful, friendly, courteous, and respectful to everyone - project a professional image to participants and staff.

m. Consult with the Site Supervisor when confronted with problems that cannot be solved independently. Contact the MSU Internship Coordinator if additional assistance is needed.

n. Express your appreciation to the agency staff in person and in written form (letter or thank you note) for the opportunity to participate in the internship experience with them.

o. Complete and submit assignments/binder to MSU as scheduled/by the due date.

SPECIFIC REQUIREMENTS AND ASSIGNMENTS FOR STUDENTS

1. Provide the MSU Intern Coordinator with the completed Intern Information Form (Appendix B), the Student Confidentiality Acknowledgement Form (Appendix C), and the ORIGINAL copy of the signed Agreement Contract (Appendix A). The contract must be signed by the Site Supervisor, yourself, MSU Internship Coordinator, Chair of the Department of Applied Health Sciences, and Dean of the School of Nursing in that order. In addition, students must provide copies of any paperwork required by the site (e.g., criminal background check, drug test results, health records) to the MSU Internship Coordinator in accordance with their site requirements. Students will not be allowed to enroll in HEA 499 nor start
accruing hours at the internship site until all of these documents are submitted. Students may start accruing hours at the site upon registration into HEA 499.

2. Keep track of hours worked utilizing the internship log provided (Appendix D) or the time log provided by the internship site.

3. Maintain and submit via Canvas a weekly journal of internship site experiences using the form provided on Canvas. Journal entries should include:
   a. Goals and objectives for the week
   b. Insights gained (learning experiences, new ideas, concepts)
   c. Any problems encountered (relate challenges or areas of concern and how the situations were handled)
   d. Professional growth (relate learning experiences to your professional development)

4. Write a Narrative Report (see Appendix E for specific format) - begin writing the first week of the internship

5. Write an evaluation of the internship experience (see Appendix G). The following items should be included in the evaluation:
   a. Description of the contributions you made during your internship (e.g. programs developed, materials written or designed, activities initiated, assistance in in-service training, job analysis, etc.)
   b. General overview of the types of tasks you performed and the opportunity you had for administrative, supervisory, programming, and activity leadership involvement at the site.
   c. Discussion of the problems or difficulties you encountered, personal and other. Describe approaches you tried to alleviate avverse or problematic situations.
   d. Self-analysis of personal and professional growth, development of competencies, surfacing of strengths and limitations, emerging attitudes and values, facility to career objectives, change in confidence and assertiveness, satisfaction/dissatisfaction with internship/career choice.
   e. Recommendations and suggestions for improving the Public & Community Health Program and fieldwork experience.

6. Poster Presentation
   a. Prepare a visual representation of your internship experience. This can be a poster, tri-fold board, PowerPoint or Prezi to be shared with the MSU
Internship Coordinator. This poster presentation will be presented to your peers at the end of the semester you are enrolled in HEA 499.

b. Be prepared to share highlights, learning experiences, professional growth, responsibilities, opportunities, application of coursework to internship, and recommendations for other students.

7. Develop an Internship Notebook (binder)

a. All assignments must be typed and organized in a 3-ring binder that will be submitted on the pre-selected due date.

b. The notebook should be arranged in the following order:

   i. Table of Contents
   ii. Site Supervisor Evaluation of Student Intern (Appendix F)
   iii. Weekly Logs (Appendix D)
   iv. Narrative Report (Appendix E)
   v. Signed Learning Goals and Supporting Documentation (Appendix H)
   vi. Evaluation of Internship Experience (Appendix G + Written Evaluation)
   vii. Appendices (forms, budget reports, minutes, charts, training manuals, etc.)

**EVALUATION PROCEDURE**

1. The final grade (A, B, C, D or E) will be determined by the completion of the required hours, student’s performance at the internship site, written assignments, and poster presentation. All written assignments should be typed, grammatically correct, and reflect professionalism. See course syllabus for grading criteria.

2. All assignments must be completed by the due date.

3. Grades will be based on the following:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of hours</td>
<td>10%</td>
</tr>
<tr>
<td>Site Supervisor Evaluation &amp; Intern Performance</td>
<td>40%</td>
</tr>
<tr>
<td>Binder</td>
<td>40%</td>
</tr>
<tr>
<td>Poster Presentation/Internship Fair</td>
<td>10%</td>
</tr>
</tbody>
</table>
Appendices

Appendix A: Agreement Contract
Appendix B: Intern Information Form
Appendix C: Student Confidentiality Acknowledgement Form
Appendix D: Internship Log
Appendix E: Narrative Report Instructions
Appendix F: Site Supervisor Evaluation of Student Intern
Appendix G: Student Evaluation of Internship Site
Appendix H: Learning Goals
APPENDIX A

HEA 499 – Internship Agreement

CONTRACT

WHEREAS, MURRAY STATE UNIVERSITY is desirous of providing its students with clinical experiences, and

WHEREAS, these clinical experiences can best be accomplished by arrangements with outside health care providers, and

WHEREAS, it has been determined that the use of preceptors is desirable as a component of these clinical experiences, and

WHEREAS, ____________________________________________________________________________ with offices located at ________________________________________________________________ is willing to assist MURRAY STATE UNIVERSITY in arranging for clinical experiences for its students in the Public & Community Health program (hereinafter “MSU Program”) by providing facilities and preceptors as described hereinbelow,

NOW, THEREFORE, this contract, this day made and entered into by and between MURRAY STATE UNIVERSITY, of Murray, Calloway County, Kentucky (hereinafter referred to as the “UNIVERSITY”), and ___________________________________________________________ (hereinafter referred to as the “FACILITY”) WITNESSETH: That for and in consideration of the premises and the mutual promises contained herein, the parties have agreed as follows, to-wit:

A. MURRAY STATE UNIVERSITY agrees that, acting through its MSU Programs, it will:

1. Delineate a curriculum which provides the academic and experiential preparation needed as a basis for the clinical preceptorship.

2. Use reasonable care in the selection of academically and experientially qualified students.

3. Emphasize to the student the importance of fulfilling his/her obligations to the preceptor or clinical facility.
4. Meet with preceptors periodically throughout any given semester to discuss both the student and the clinical experiences.

5. Cooperate in the resolution of any problems arising within the student’s clinical practice setting that are directly related to the student’s preceptorship experiences.

6. Evaluate, with preceptor input, the clinical preceptorship concept and experience together with its relationship to the goals of the particular educational program.

7. Instruct students to ask about and obtain required documentation to qualify to work at the facility (e.g., criminal background check, drug tests, health records, etc) and provide the MSU Internship Coordinator with copies of the required paperwork.

B. The FACILITY agrees:

1. That it will provide the UNIVERSITY students with an orientation to the facility by the preceptor or the other designee, which orientation will include practice and procedures, records, rules and regulations, and such other information as believed to be necessary by the preceptor or the facility out of which the preceptor operates.

2. That it will evaluate the student’s clinical performance in mutual consultation with a representative of the applicable MSU Program. The final decision as to grades will be that of the faculty of the MSU Program at the UNIVERSITY.

3. The FACILITY shall provide emergency medical treatment to students as needed for illness or injury suffered during clinical experience. Such treatment shall be at the expense of the individual treated except for treatment necessitated by the negligent or intentional action of the FACILITY, its agents or employees, which treatment will be at the sole expense of the FACILITY.

C. It is mutually understood and agreed that:

1. Clinical experiences for the UNIVERSITY students in its MSU Program will be afforded at the FACILITY through the use of preceptors.

2. The students, while engaged in these clinical experiences, will be subject to the rules and regulations of the FACILITY.
3. The FACILITY will retain full responsibility for the care of patients and will maintain administrative and professional supervision of students insofar as their presence reflects the operation of the FACILITY and/or direct or indirect care of patients.

4. Both the UNIVERSITY and the FACILITY represent that they will comply with all applicable federal and state laws prohibiting discrimination. Each represents that it will not discriminate against any person on the basis of race, color, age, religion, gender, sexual orientation, national origin, handicap, or veteran’s status.

5. Nothing in this Agreement is intended to be contrary to state or federal laws and in the event of conflict between the terms of this Agreement and any applicable state or federal law, that state or federal law will supersede the terms of this Agreement.

6. This contract shall commence on _______________________.

7. The UNIVERSITY will review the resume of potential preceptors to determine their suitability for a particular assignment. Further, the UNIVERSITY shall have the right to verify the licensing status of the Preceptor prior to the commencement of the clinical assignment.

8. Individual preceptor arrangements shall be evidenced in writing signed by a representative of the facility and the Dean of the School of Nursing and Health Professions and accepted by the preceptor. These arrangements are designed to facilitate the expectations of this contract.

9. The preceptor is not an employee of the UNIVERSITY.

10. The individuals signing this CONTRACT for the UNIVERSITY and for the FACILITY, each, by his/her signature, represents and affirms his/her authority to sign as the duly authorized agent of that party to the CONTRACT.

11. That with specific reference to the clinical experiences involving students and the health care field, it is the intent of these parties that the preceptor will:

   a. Challenge the student with meaningful experiences that meet both the student and agency needs.

   b. Design, with the student, his/her learning experiences and assignments.

   c. Inform the student of all relevant personnel policies and procedures.
d. Monitor the student to protect and enhance the quality of the agency’s services as well as the student’s well-being while affiliated with the agency.

e. Schedule periodic conferences with the student to discuss scheduling, work performance, and future assignments.

f. Evaluate and review with the student his/her performance and submit the results on the form provided by MSU Internship Coordinator.

g. Provide the student reasonable independence to participate in staff meetings, activities, project, and programs.

h. Provide an opportunity for the student to learn and, if possible, gain experience in the following areas: (1) Administration of policies, procedures, legal status of agency, board-staff relations, budgeting, record keeping, personnel and supervisory practices; (2) Program planning, leadership, operation, and evaluation; (3) Facility and operations, long range planning, design of physical facilities, maintenance, purchasing of equipment and office management; (4) Public relations, citizen involvement, publicity, reporting, speaking and coordination with other agencies; and/or (5) Revenue cycle, data structures and management, health care quality management, health care coding, classification, and reimbursement, electronic medical records, information security, systems, and technology and health laws and regulations.

12. That the University students participating in the clinical experience will carry professional liability (malpractice) insurance for amounts not less than $1,000,000/$3,000,000 unless a different sum is agreed to in writing.

13. That the facility, physicians, and preceptor participating in the clinical experience will each carry professional liability (malpractice) insurance for amounts not less than $1,000,000/$3,000,000 unless a different sum is agreed to in writing.

14. The contract will remain in full force and effect unless either party chooses to cancel the contract or unless the contract is terminated in accordance with paragraph 15 below. The contract may be terminated by either party immediately with cause by providing written notice to the other party. The contract may be terminated by either party without cause at any time with sixty (60)
days advanced written notice to the other party. Any termination during the term of a clinical experience should be, to the extent possible, such as to not prejudice the student’s clinical experience.

15. If, at any time during the term of this contract, funding for the continuation of the program is no longer available to the University, this contract may be terminated by the University by giving sixty (60) days notice in writing of its intent to discontinue this agreement.

16. In the performance of their respective duties and obligations under this agreement, each party is an independent contractor, and neither is the agent or employer of the other.

17. The FACILITY shall indemnify and hold harmless the UNIVERSITY for any claim or cause of action of whatsoever kind or nature arising out of or stemming from the actions or omissions of the FACILITY. The UNIVERSITY shall, to the extent allowed by the laws of the Commonwealth of Kentucky, indemnify and hold harmless the FACILITY for any claim or cause of action of whatsoever kind or nature arising out of or stemming from the actions or omissions of the UNIVERSITY.

18. The following is applicable only in the event Personal Information, as defined below, is obtained, accessed, or collected by FACILITY and/or its Affiliates.

**PERSONAL INFORMATION.** The term “Personal Information” means personally identifiable or identifying information or data, in whatever form, and including as defined in Kentucky law (KRS 61.931(6)) an individual's first name or first initial and last name; personal mark; or unique biometric or genetic print or image, in combination with one (1) or more of the following data elements: (a) An account number, credit card number, or debit card number that, in combination with any required security code, access code, or password, would permit access to an account; (b) A Social Security number; (c) A taxpayer identification number that incorporates a Social Security number; (d) A driver's license number, state identification card number, or other individual identification number issued by any agency; (e) A passport number or other identification number issued by the United States government; or (f) Individually identifiable health information as defined in 45 C.F.R. sec. 160.103, except for education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. sec. 1232g. Without limiting the preceding, and in addition thereto, Personal Information includes all information and data protected under applicable law including the Family Educational Rights and Privacy Act as amended, together with regulations promulgated thereunder.

In the event that UNIVERSITY is to provide any information/documentation which is subject to protection under the Health Insurance Portability and Accountability Act (“HIPAA”), FACILITY will execute a HIPAA Business Associate Agreement.
FACILITY and its employees, agents, and contractors (collectively “Affiliates”) may obtain, access or collect (collectively “obtain” or collectively in the past tense “obtained”) Personal Information only if specifically authorized by and necessary and required in connection with the Agreement.

In addition to any protections to UNIVERSITY in the Agreement or any other documents, and any provision in the Agreement or any other documents to the contrary notwithstanding, FACILITY: (1) acknowledges that it is familiar with the terms and provisions of applicable law, including KRS 61.931 et seq., and will fully comply with it; (2) will not use any Personal Information other than for the purpose of performing its obligations for UNIVERSITY under the Agreement; (3) will not re-disclose any such information to any third party not specifically involved in fulfilling its obligations for UNIVERSITY under the Agreement; and (4) shall ensure that prior to its Affiliates undertaking to obtain any Personal Information, such individuals or entities are informed of and agree to abide by confidentiality obligations no less restrictive than those contained herein, and FACILITY will require all Affiliates to comply and cooperate with the security procedures and practices and breach investigation procedures and practices as provided herein. Without limiting the preceding subpart (4), it is the responsibility of FACILITY to ensure that its Affiliates provide prompt notice to it of any actual or suspected breach so that FACILITY can fulfill its obligations hereunder and under law. Any release or re-disclosure of Personal Information must be in accordance with applicable law including 34 CFR 99.33(a), and to the extent required by law the party releasing Personal Information will notify UNIVERSITY before any such release of Personal Information.

FACILITY and its Affiliates will at their sole cost and expense implement, maintain, and update security procedures and practices, including taking any appropriate corrective action, to protect against security breaches and implement, maintain, and update security and breach investigation procedures and practices that are 1) appropriate to the nature of the Personal Information; 2) at least as stringent as the strictest standards provided by law and industry practices regarding security and breach investigation procedures including 16 CFR 314.1 et seq., the security and breach investigation procedures and practices of the Kentucky Council on Postsecondary Education under KRS 61.932(1)(b), and Payment Card Industry Data Security Standards; and 3) reasonably designed to protect the Personal Information from unauthorized access, use, modification, disclosure, manipulation, or destruction.

FACILITY shall notify the UNIVERSITY in the most expedient time possible and without unreasonable delay but within seventy-two (72) hours of determination of an actual or suspected security breach relating to the Personal Information. Notice will be provided to the UNIVERSITY’s Chief Information Officer, 112 Industry and Technology Building Murray, Kentucky 42071. Phone: (270) 809-2154 Fax: (270) 809-3465. The notice to the UNIVERSITY shall include all information FACILITY has with regard to the security breach at the time of notification. FACILITY will report using Form FAC-001 found at http://finance.ky.gov/services/forms/Documents/COT/FAC001%20Determined%20Breach%20Notification%20Form.pdf

FACILITY’s obligation is applicable regardless of whether the Personal Information was obtained by or was in the possession of or maintained or stored by or on behalf of FACILITY or any Affiliate.
The notice required by the preceding paragraph may be delayed if a law enforcement agency notifies FACILITY that notification will impede a criminal investigation or jeopardize homeland or national security. If notice is delayed pursuant to this subparagraph, notification shall be given as soon as reasonably feasible by FACILITY to the UNIVERSITY. In connection therewith, FACILITY will complete the form FAC-002 found at [http://finance.ky.gov/services/forms/Documents/COT/FAC002%20Delay%20Notification%20Record.pdf](http://finance.ky.gov/services/forms/Documents/COT/FAC002%20Delay%20Notification%20Record.pdf)

In the event of a security breach relating to Personal Information, FACILITY at the discretion and direction of UNIVERSITY will be responsible for a reasonable and prompt investigation required by KRS 61.933(1)(a)(2) including all requirements of KRS 61.932(1)(b), and for providing notices required by KRS 61.933(1)(b) subject to the provisions of KRS 61.933(3). In such event, FACILITY will satisfy the notification deadlines in KRS 61.933(1)(b) but FACILITY will ensure that UNIVERSITY has the opportunity to review and approve all notices to be sent. UNIVERSITY will have the opportunity to review any report produced as the result of the investigation. Without limiting the preceding, FACILITY will be fully responsible for complying with all other law applicable to any security breach related to Personal Information regardless of whether the security breach relates to Personal Information obtained by or in the possession of or maintained by or on behalf of FACILITY or any Affiliate. FACILITY will be fully responsible for all costs associated with its and UNIVERSITY’s complying with the provisions of KRS 61.931 et seq., and any other Federal or state law including the law of any other state, as the result of a security breach hereunder.

If FACILITY is required by federal law or regulation to conduct security breach investigations or to make notifications of security breaches, or both, as a result of the unauthorized disclosure of one (1) or more data elements of Personal Information that is the same as one (1) or more of the data elements of Personal Information listed above, FACILITY shall meet the requirements hereunder by providing to the UNIVERSITY a copy of any and all reports and investigations relating to such security breach investigations or notifications that are required to be made by federal law or regulations. This paragraph shall not apply if the security breach includes the unauthorized disclosure of data elements that are not covered by federal law or regulation but are listed above.

FACILITY will promptly notify UNIVERSITY in the event any Affiliate is required by federal law or regulation to conduct security breach investigations or to make notifications of security breaches, or both, as a result of the unauthorized disclosure of or security breach related to one (1) or more data elements of Personal Information that is the same as one (1) or more of the data elements of Personal Information listed above, and FACILITY will ensure that UNIVERSITY receives a copy of any and all reports and investigations relating to such security breach investigations or notifications that are required to be made by federal law or regulations. The preceding sentence will not relieve FACILITY or any Affiliate of responsibilities for compliance with the terms hereof or with KRS 61.931 unless an exception under the referenced statutes is applicable.

Without limiting any of the preceding, and with respect to situations not otherwise addressed above, FACILITY will as soon as possible, and in no event more than three (3) days after discovery of any security breach notify all
individuals whose Personal Information was affected thereby and bear any and all costs associated with notifying all individuals who are the victims of, and will bear any and all costs and damages of such individuals in connection with, any such security breach.

Any provision in the Agreement or any other document to the contrary notwithstanding, including but not limited to any provision related to limitation of liability, FACILITY shall fully indemnify and hold harmless UNIVERSITY, UNIVERSITY’s Board of Regents, and its and their Regents, agents, and employees, in their individual and official capacities, from and against any and all claims, losses, expenses, damages, liabilities and obligations, including, without limitation, reasonable court costs and attorneys’ fees (collectively, “Losses”) suffered or incurred by them to the extent that such Losses arise out of any security breach or any theft or misappropriation or improper use, access, or disclosure relating to Personal Information. Without limiting any of the preceding, FACILITY will be responsible for any and all costs and damages of all individuals whose Personal Information is affected by any security breach.

Without UNIVERSITY’s prior written consent, FACILITY shall not consent to, and will ensure no Affiliate consents to, the entry of a judgment or award, or enter into a settlement, which does not include a release of UNIVERSITY, UNIVERSITY’s Board of Regents, and its and their Regents, agents, and employees, in their individual and official capacities, from all liability with respect to the Losses.

Without limiting any of the preceding, FACILITY will bear any and all costs associated with notifying all individuals who are the victims of, and will bear any and all costs and damages of such individuals in connection with, any such security breach involving Personal Information.

As used herein, “security breach” includes: 1. the unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of unencrypted or unredacted records or data that compromises or the UNIVERSITY or FACILITY believes may compromise the security, confidentiality, or integrity of Personal Information and result in the likelihood of harm to one (1) or more individuals; or 2. the unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of encrypted records or data containing Personal Information along with the confidential process or key to unencrypt the records or data that compromises or the UNIVERSITY or FACILITY reasonably believes may compromise the security, confidentiality, or integrity of Personal Information and result in the likelihood of harm to one (1) or more individuals. Without limiting the preceding, security breach includes the theft or misappropriation or improper use, access, or disclosure of unencrypted Personal Information, or of encrypted Personal Information along with the confidential process or key to unencrypt the Personal Information, obtained by or in the possession of or maintained or stored by or on behalf of FACILITY or any Affiliate. In the event of any dispute between FACILITY and UNIVERSITY as to whether a security breach has occurred, UNIVERSITY’s determination will be conclusive and FACILITY will proceed in accordance herewith.

Upon expiration or termination of the Agreement, for any reason, FACILITY agrees to destroy any and all Personal Information obtained by or in the possession of or maintained or stored by or on behalf of FACILITY or any Affiliate in a manner that completely protects the confidentiality of the
information after copies thereof have been returned to UNIVERSITY, if requested, unless UNIVERSITY directs that such Personal Information be transferred to another person or UNIVERSITY. In no event will any copies of Personal Information be retained by FACILITY or any Affiliates.

In the event of any conflict between the provisions herein and any provisions in the Agreement, the provisions herein will be applicable unless the provisions of the Agreement provide greater protection to the UNIVERSITY, Personal Information, and to individuals affected by a security breach in which event such provisions in the Agreement will apply. Without limiting the preceding, in no event will any provisions of the Agreement contrary to KRS 61.931 et seq. be applicable.

The provisions hereof will survive termination or end of the Agreement for whatever reason.

FACILITY hereby agrees that records/information of any student of UNIVERSITY which are disclosed by UNIVERSITY to FACILITY under this agreement (same including all student records/information regardless of whether same constitutes or contains “Personal Information”) shall be maintained and used in accordance with FERPA, 20 U.S.C. § 1232g, 34 C.F.R. § 99 et seq. and same shall not be released to any other party without consent of the student.

This the __________day of _______________, 2016

MURRAY STATE UNIVERSITY [INSERT FACILITY NAME]

BY: _________________________________ BY: _________________________________
   DR. ROBERT O. DAVIES               [INSERT PERSON’S NAME]
   PRESIDENT                          DIRECTOR
STATE OF KENTUCKY  )
   ) SS.
COUNTY OF CALLOWAY)

I, ____________________________, a Notary Public in and for the County and State aforesaid, do hereby certify that the foregoing CONTRACT was duly acknowledged before me in said County by DR. ROBERT O. DAVIES PRESIDENT of MURRAY STATE UNIVERSITY, to be the act and deed of MURRAY STATE UNIVERSITY, and his act and deed acting in his official capacity as PRESIDENT of Murray State University, all of which is certified to the proper office for record.

Given under my hand and seal on this, the _____day of __________________, 2016

NOTARY PUBLIC, KENTUCKY
AT LARGE, WITH
COMMISSION FILED IN
CALLOWAY COUNTY,
KENTUCKY

My Commission Expires:

(AFFIX NOTARIAL SEAL)
STATE OF KENTUCKY  
)  
)SS.  
COUNTY OF _________  
)  

I, ___________________________, a Notary Public in and for the County and State aforesaid, do hereby certify that the foregoing CONTRACT between MURRAY STATE UNIVERSITY and [INSERT NAME OF FACILITY], was duly acknowledged before me in said County by [Insert Name of Director] acting in her official capacity as Director of [INSERT NAME OF FACILITY].

Given under my hand and seal on this, the _____day of ______________, 2016

__________________________  
NOTARY PUBLIC, _________  
COUNTY,_________________  

OR  

__________________________  
NOTARY PUBLIC, _________  
AT LARGE, WITH  
COMMISSION FILED IN  
__________COUNTY,_____

My Commission Expires:

(AFFIX NOTARIAL SEAL)
RECOMMENDED:

_______________________________
DR. MARCIA B. HOBBS - DEAN
SCHOOL OF NURSING
AND HEALTH PROFESSIONS

_______________________________
DR. MICHAEL KALINSKI – CHAIR
APPLIED HEALTH SCIENCES

_______________________________
DR. TIM TODD – INTERIM PROVOST AND
VICE PRESIDENT FOR ACADEMIC AFFAIRS

EXAMINED AS TO FORM AND LEGALITY:

_______________________________
TERESA MOSS GROVES
ASSOCIATE COUNSEL
MURRAY STATE UNIVERSITY
Appendix B

HEA 499 -- Intern Information Form
Complete and return to HEA Internship Coordinator with Appendix A.
Please write legibly or type into the form provided on Canvas.

Academic Term and Year of Internship:

Purchased Professional Liability Insurance
   o Agency:
   o Date of Purchase:
   o Proof Provided to Internship Coordinator:

Intern/Student Information:

Name:

M#:

Address:

Email Address:

BEST Phone Number:

Internship Site & Supervisor Information:

Agency Name:

Name:

Title:

Address:

Email Address:

Phone Number:

Student Signature__________________________________________ Date:__________________

For Internship Coordinator Use Only:

Verification of Insurance Provided: Yes  No

Emailed Site Supervisor:

Student Mailed Thank You Note and Provided Internship Coordinator Copy:
CONFIDENTIALITY ACKNOWLEDGEMENT
RE: PROTECTED HEALTH/PROPRIETARY INFORMATION
AND
AGREEMENT RE: STUDENT CLINICAL EXPERIENCE AND
RELEASE OF EDUCATION RECORDS

I understand that by virtue of my participation and/or enrollment in Course No(s). HEA 499 – Professional Experience in Public and Community Health at Murray State University, I will be assigned to the following facility(s): ________________________________.

In connection with such assignment, I hereby authorize Murray State University to provide such education records concerning me as may be required by the facility, including but not limited to, documents containing grade information and classification status, criminal background check and drug test information and information as to immunizations and such other medical documentation as may be required.

In connection with such assignment(s), I also agree to adhere to the following:

In connection with my clinical training/internship/practicum [hereinafter referred to as “clinical experience”], I recognize that I may have access to oral information and review of records and charts of patients, whether by paper copy or computer/electronic files, which may contain protected health information, the unauthorized disclosure of which is prohibited by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as well as other proprietary/confidential information of the clinical experience facility(s) including but not limited to policies, procedures, trade secrets, trade information, business practices, information systems, security passwords, financial information, and other proprietary information. I further acknowledge that in certain facilities I may also have access to student information/documents (whether oral, paper/hard copy or electronic) which constitutes confidential information under the Family Education Rights and Privacy Act (FERPA) and other state laws. I hereby acknowledge that all such patient information, student information and proprietary facility information as set forth above is confidential information and hereby agree to maintain the confidentiality of same
I further agree and acknowledge that I will not remove any documents, papers, electronic files or data from the facility(s) at which I am engaging in my clinical experience, nor will I copy any such documents or electronic files/data for use or disclosure other than as directed by appropriate staff at the clinical experience facility(s) and will only access information on a “need to know” basis. I further agree to abide by all policies of MSU and the facility(s) to which I am assigned and that I will not publish or submit for publication (other than educational reports to MSU) any material related to my clinical experiences without prior written approval of MSU and the facility. I understand that the confidential/proprietary information to which I am privy shall remain confidential after completion of the course(s). I understand that any disclosure by me of such confidential/proprietary information, at any time, whether orally, hard copy/paper or electronically, including removal of same, could subject me to substantial civil as well as criminal penalties imposed by law. I further acknowledge and fully understand that the disclosure by me of confidential/proprietary information to any unauthorized person is also a violation of Murray State University’s policy and could subject me to academic discipline and other disciplinary action by Murray State University. It is hereby acknowledged that my responsibility to maintain the confidentiality of such confidential/proprietary information shall apply to any facility in which I am placed for clinical training/instruction/observation during my tenure as a student at Murray State University regardless of whether or not said facility is specifically listed above.

I further agree that should confidential/proprietary information be disclosed by me in any manner or form or copies made or distributed (paper or electronic) by me in violation of this agreement, FERPA, or any rules or policies of MSU or the facility to which I am/have been assigned, HIPAA, or any other applicable laws or regulations, I will immediately notify the faculty person assigned to me/my clinical experience or the Department Chair. In such event (as well as any situation where Murray State University becomes aware of a breach or allegation of a breach of confidentiality by any other means which involves me or is alleged to involve me), I hereby authorize Murray State University to inform the clinical facility whose confidential/proprietary information has been or may have been breached and provide to that facility any information/records, including education records, regarding myself and said
breach of confidentiality or allegation thereof as may be deemed appropriate by Murray State University in its sole discretion and I hereby specifically waive any and all rights regarding such disclosure under the Family Education Rights and Privacy Act (FERPA).

By signature below, I hereby acknowledge that I am 18 years of age or older and that I agree to the terms and obligations as set forth above.

______________________________  ______________________________
Print Student’s Name.            Student’s Signature

________________________________
Date Signed
Appendix D

HEA 499 -- Weekly Progress Report
To be completed and uploaded to Canvas weekly. Please use additional paper or the back of this sheet if you need more room.

Intern Name: ____________________________________________

Internship Site: ____________________________________________

Week #: __________

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours Worked</th>
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<td>Sunday</td>
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</table>

Total hours completed this week: __________

Total hours completed to date: __________

Goals and objectives for the week:

Insights gained (learning experiences, new ideas, concepts):

Any problems encountered (relate challenges or areas of concern and how the situations were handled):

Professional growth (relate learning experiences to your professional development):

Site Supervisor Signature: ____________________________________________
APPENDIX E

HEA 499 -- AGENCY NARRATIVE REPORT INSTRUCTIONS

The Narrative Report is an extensive study of the agency in which you are completing your internship. The student should collect necessary and available information and begin writing the report in the first week of their internship. The report should be written and submitted as a paper.

1. General Information
   a. Brief history and overview of the agency
      i. Mission statement
      ii. Vision statement
      iii. Guiding principles
      iv. Agency type - private, public, not-for-profit, government
   b. Legal basis of the agency
      i. Creation of the agency - referendum or similar legal action
      ii. State laws or local ordinances that influence operation of the agency
      iii. Liability
         1. Insurance
         2. Liability problems

2. General Administration
   a. Organization of the board or governing authority
      i. Statement of board organization, agency objectives, board policies and operational procedures
         1. Relationships with other agencies, departments, and organizations (city park, voluntary agency, etc.)
      ii. Planning and conducting a board meeting (or meeting of the controlling group of the agency)
         1. Agenda: conduct of meeting, points on board operations, and working with committees
      iii. Board Superintendent (agency-director) relations
         1. Operational procedures, such as methods of handling problems that concern the board and the health profession
   b. Departmental organization
      i. Personnel operations and policies
         1. Job analysis and assignment of duties
         2. Selection of employees, qualifications, evaluation, salaries, vacations, car allowance, attire
      ii. In-service/training schedule
      iii. Office procedures: how to operate an office, records and reports, filing systems
      iv. Use of volunteers (how many, selection, training, assigning duties)
   c. Finances
      i. Reasons for careful control of finances
      ii. Tax structure (public, private, not-for-profit, government)
      iii. Policies and procedures for handling finances
         1. Receipts, expenditures, and similar procedures for accounting of funds
         2. Details procedures: vouchers, purchase orders, approval of expenditures, bids, etc.
      iv. Budget
         1. Funding source(s)
         2. Budget line items (general)
         3. Steps in planning and preparing the budget
         4. Budget forms and procedures
         5. Budget operations
      v. Special finance problems
         1. Fees and Charges
         2. Rentals
         3. Special funds  

Continued on next page
3. Public Relations
   a. Objectives of the agency public relations program
      i. What is the program trying to do?
   b. Responsibility for public relations
      i. Administrator, supervisors, leaders, volunteers and participants
      ii. Handling correspondence (who handles what types?)
   c. Public relations media
      i. Newspaper
      ii. Radio (PSAs)
      iii. Television
      iv. Word of mouth
      v. Visual Aids
   d. Publications
      i. Annual reports
      ii. Playground newspapers
      iii. Bulletins
      iv. Mimeo Material
      v. Newsletters
   e. Social Media Utilization
      i. What social media platforms do they use?
      ii. How big is the audience for each platform?
      iii. How do they use each platform?
   f. How to develop public relations?
      i. Creative projects
      ii. New horizons in reaching people
      iii. Human relations/resources (how do they deal with people effectively (dos and don’ts in the office and in the community)?
   g. Handling complaints

4. Year-round program planning
   a. How are activities chosen?
   b. How are starting dates or program dates chosen?
   c. How much of the budget goes for programs?
   d. How are planning leaders selected?
   e. Schedules (daily, weekly, monthly, master schedule)
   f. Timetable in program planning
      i. Steps in program planning
      ii. Principles and procedures, factors affecting program planning

5. Program Operation
   a. Objectives of the program
   b. Supervision of the program
   c. Coordination of staff efforts

6. Target Populations
   a. What populations does the agency exist to serve?
   b. What is the demographic breakdown of the clients they served in their last annual report?
      i. Age
      ii. Gender
      iii. Ethnicity
      iv. SES
      v. Religion
      vi. Sexual orientation
      vii. Marital status
      viii. Highest Education Achieved
      ix. Abilities/Disabilities
      x. Area of residence (rural, urban, suburban)
      xi. Primary language
      xii. Military status
APPENDIX F - EVALUATION OF STUDENT INTERN

Return to: Murray State University, Public & Community Health Program, Internship Coordinator, 101S Applied Science Building, Murray, Kentucky 42071

Intern Name: ________________________________________________________________

Evaluate the student on each of the following criteria as compared to other entry-level professionals you have seen and worked with. If you do not feel you have the information to evaluate any given area, check the “not applicable” (N/A) column.

<table>
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<tr>
<th>Ability to meet deadlines</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>N/A</th>
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<td>Demonstrates Initiative</td>
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<td>Dependability</td>
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<td>Follows instructions</td>
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<td>Works well with others</td>
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<td>Verbal communication skills</td>
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<td>Written communication skills</td>
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<td>Professionalism</td>
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<td>Health Knowledge</td>
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<td>Planning skills</td>
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<td>Implementation skills</td>
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<td>Small group skills</td>
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<td>Presentation skills</td>
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<td>Efficient use of time</td>
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<td>Imagination and creativity</td>
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<td>Enthusiasm</td>
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<td>Ability to receive criticism</td>
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<td>Judgment/Common sense</td>
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<td>Sense of humor</td>
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Please comment on each of the following (use the backside of this form or a separate sheet of paper if you need more space):

1. Comment on the student’s professionalism (dress, attitude toward profession, ethics, dependability, etc.)

2. What are the intern’s strong points?

3. Identify the intern’s weak points that need improvements:

4. Is this intern worthy of consideration by a future employer? Why or why not?

5. Grade Assigned (circle appropriate grade): A B C D E

Site Supervisor Signature: __________________________________________ Date: __________

Thank you for your time!
Appendix G
HEA 499 -- STUDENT EVALUATION OF INTERNSHIP SITE
(2 pages)

Agency __________________________________ Date __________________

Name of student __________________________________________________

Please rate the strengths and weaknesses of the site in terms of meeting your needs as an intern.

<table>
<thead>
<tr>
<th>Acceptance of you as a functional member of staff; willingness to integrate you into all appropriate levels in activities, programs and projects</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<tr>
<td>Provision of relevant experiences in administration, supervision, and leadership</td>
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<td>Cooperation of agency staff to provide professional growth experiences through training programs, seminars, and similar activities</td>
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<td>Provision of assistance in helping you meet your personal and professional goals and objectives</td>
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<td>Possession of resources essential to the preparation of professionals (computer equipment, supplies, etc.)</td>
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<td>Employment of qualified, professional staff with demonstrated capability to provide competent supervision</td>
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<td>Adequate scheduling of conferences with you and ongoing evaluation of your performance</td>
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<td>Allowance for relating classroom theory to practical situations</td>
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<td>Willingness to listen to whatever suggestions/recommendations you might offer and to discuss them with you, explaining the rationale for their response</td>
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<td>Professional conduct by all staff members you have worked or come into contact with; effective demonstration of worksite professionalism</td>
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<tr>
<td>Overall rating of internship site.</td>
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</table>

Were you offered a paid position by your internship site?  _____Yes  _____No
If yes, did you accept the position?  _____Yes  _____No

Comments to justify your ratings:
________________________________________________________________________
________________________________________________________________________

Please refer to next page.
Please answer the following questions on a separate sheet of paper and submit your responses with your Student Evaluation of the Internship Site.

a. Description of the contributions you made during your internship (e.g. programs developed, materials written or designed, activities initiated, assistance in in-service training, job analysis, etc.)

b. General overview of the types of tasks you performed and the opportunity you had for administrative, supervisory, programming, and activity leadership involvement at the site.

c. Discussion of the problems or difficulties you encountered, personal and other. Describe approaches you tried to alleviate averse or problematic situations.

d. Self-analysis of personal and professional growth, development of competencies, surfacing of strengths and limitations, emerging attitudes and values, facility to career objectives, change in confidence and assertiveness, satisfaction/dissatisfaction with internship/career choice.

e. Recommendations and suggestions for improving the Health Science Program and fieldwork experience.
Appendix H

HEA 499 -- Learning Goals

Please note: This appendix contains “learning goals” that are to be completed during your internship experience and will be included in your final notebook. Please include the signed learning goal sheet and supporting documentation showing your completion of the learning goal in your binder. If a learning goal is not appropriate for your site you and your supervisor can replace it with a more appropriate or relevant task that requires a similar amount of effort and time as the original learning goal. You and your supervisor must agree upon the replacement. After determining the replacement, please submit a written statement to the MSU Internship Coordinator summarizing the changed learning goal and replacement assignment(s).

All assignments must be submitted in the Internship Binder on the due date.
Learning Goal #1
Be a Staff Member

Training Activities

1. Read the program’s employee policy manual.
2. As appropriate, interview the program manager and determine his or her major responsibilities (see assignment #1 below)
3. Meet with another employee and ask for help in creating an organizational chart
4. Meet and memorize the names of all the employees in your program.
5. Attend at least two (2) staff meetings.
6. Review Learning Goal (LG) #7 and discuss it with your supervisor.

Assignments

1. Write a description of the primary job responsibilities of the manager and of at least three (3) additional key employees.
2. Include the organizational chart you created
3. Write a rough draft description of your Internship Project (LG #7) and share it with your supervisor. Identify at least one project goal and two project objectives.

I certify that the training activities and assignments contained in this learning goal have been satisfactorily completed.

________________________________________________________________________
Intern Signature Date

________________________________________________________________________
Site Supervisor Signature Date
Learning Goal #2
Emergency Procedures

**Training Activities**
1. Read and attach a copy of the emergency procedures.
2. Obtain a copy of an accident report from your internship site. Where are these kept? When are they filled out? Where are they submitted?

**Assignments**
1. Complete and submit a sample accident report.
2. Write a description of the normal procedures for minor injuries.
3. Identify where supplies are kept for minor injuries.
4. Describe the procedure that should be followed in the event of a serious accident or injury.
5. Describe what types of resident, client, or employee emergencies you might encounter.

I certify that the training activities and assignments contained in this learning goal have been satisfactorily completed.

_________________________________________  __________________
Intern Signature                              Date

_________________________________________  __________________
Site Supervisor Signature                     Date
Learning Goal #3
Effective Communication

Training Activities
1. Learn the telephone system. You should know how to place a caller on hold, transfer a call, how to answer the phone courteously, and how to schedule appointments.
2. Schedule an appointment with one of your co-workers to become familiar with general office communication tools (e.g., text, email, instant messaging, etc.) and procedures (this includes computer networks).
3. Read several examples of memos, letters, and emails to learn the format and style of each.
4. Become familiar enough with the office computer to write letters, memos, and emails.

Assignments
1. Type a memo, email, or letter. Have this approved by your supervisor.

I certify that the training activities and assignments contained in this learning goal have been satisfactorily completed.

Intern Signature ___________________________ Date ___________________________

Site Supervisor Signature ___________________________ Date ___________________________
Learning Goal #4
Programs and Services

**Training Activities**
1. Review the details of all programs and services including but not limited to special events, exercise classes, seminars, workshops, or screenings.
2. Observe at least two program or service orientations or activities (not an equipment orientation).

**Assignments**
1. Describe the details of how people are able to access the organization’s programs and/or services. The description should include targeted populations, costs, features, restrictions, and benefits.
2. Describe the details of at least two programs offered through your internship site with which you are familiar.

I certify that the training activities and assignments contained in this learning goal have been satisfactorily completed.

_________________________________________  __________________________
Intern Signature                                           Date

_________________________________________  __________________________
Site Supervisor Signature                                Date
Learning Goal #5
Marketing

Training Activities
1. Read all program brochures, flyers, website, social media, and other marketing material that is available (within reason).
2. Review all marketing materials for events held over the past two years including flyers, posters, press releases, and social media.
3. Speak to a staff member at your internship who is responsible for program marketing about the principles of writing an effective marketing plan.

Assignments
1. Under the direction of your supervisor or another appropriate staff member, write a marketing plan for a specific program, activity, or your project (LG #7).
2. Under the direction of your supervisor or another appropriate staff member, use a computer to make a web page, brochure or flyer for your program/project. Include this in your notebook.
3. Under the direction of your supervisor or other staff member, create a poster, bulletin board, newsletter, or at least one week’s worth of social media posts.

I certify that the training activities and assignments contained in this learning goal have been satisfactorily completed.

__________________________________________________________________________  ____________
Intern Signature                                              Date

__________________________________________________________________________  ____________
Site Supervisor Signature                                  Date
Learning Goal #6
Presentation Skills

Training Activities
1. Attend at least two separate presentations. These can be any type of presentation for any type of purpose. Take notes on the presentation and write down any reactions you have regarding the effectiveness of the presentation as well as ways to improve the presentation.

Assignments
1. Under the direction of your supervisor create two separate presentations using PowerPoint, Prezi, or Keynote.
2. Present the presentations you wrote to an audience. Write a summary of where you presented the presentation, any interactive activities you did during the presentation to get the audience engaged, how many people were in the audience, any assessment you did to evaluate the effectiveness of the presentation, and what you would change if you were to do the presentation again.

I certify that the training activities and assignments contained in this learning goal have been satisfactorily completed.

_________________________________________  ___________________
Intern Signature                          Date

___________________________________  __________________________
Site Supervisor Signature              Date
Learning Goal #7
Internship Project

Training Activities
1. Discuss project opportunities with your internship supervisor by the end of the second week of your internship. Some possibilities might include some type of marketing or promotion, research, or evaluation project.
2. With the signed approval of your site supervisor and the internship coordinator complete your project and type a summary (maximum five pages) of what you did and how you did it. The written summary should include:
   a. the rationale for the project  
   b. description of the target population  
   c. the goals and objectives of the project  
   d. marketing strategies  
   e. implementation plan  
   f. evaluation method and results  
   g. how one could improve the program or changes needed to make it more successful

Assignments
1. Submit the summary (above).
2. Provide supporting documentation of your project (e.g. anything you created and used for your project).

I certify that the training activities and assignments contained in this learning goal have been satisfactorily completed.

Intern Signature ___________________________ Date ___________________________

Site Supervisor Signature ___________________________ Date ___________________________