

**Western Kentucky University  
Department of Public Health**



**Healthcare Administration Program  
Internship Guidelines**

**Academic Requirements and Procedures for  
Undergraduate NAB Accredited Internships**

## **Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines**

This document contains the guidelines for students conducting their internship for the *NAB accredited Health Care Administration with Long Term Care Certificate* program, Department of Public Health at Western Kentucky University, Bowling Green, Kentucky. Internship students, preceptors (responsible for supervising the student on site), and faculty advisors should refer to these guidelines for information relative to the types and scope of tasks/activities in which the student should be engaged in order to demonstrate competence and the ability to apply academic knowledge in an operational environment.

In addition, the guidelines provide Western Kentucky University requirements, program requirements, internship purpose, and objectives, in addition to other pertinent information relative to the internship experience.

Student interns and preceptors having questions concerning the internship program or desiring additional information, guidance, or clarification regarding any items contained within this guide should contact the program directors:

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# Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

## **\*\*\*\*\* Helpful Tips to Prospective Interns \*\*\*\*\***

1. Students must read carefully and completely these guidelines to understand the requirements for HCA internships.
2. Initially, students should consult with HCA program director Dr. Ellis-Griffith (HCA) or their academic advisors at least one semester prior to their internships to discuss about and find internships sites. Students are allowed to suggest the sites of their choice that might be used if they meet program requirements - **Appendix A**. Otherwise the program can direct students to sites previously used by the program. Dr. Ellis-Griffith can be contacted by phone at (270)-745-3076 or e-mail: [gregory.ellis-griffith@wku.edu](mailto:gregory.ellis-griffith@wku.edu).
3. Every student has to ensure that their internship agency has a valid and current affiliation with both the program and university: Print and take the **Site Affiliation Agreement Form - Appendix A** to the agency for filling. Bring the filled and signed form to the Public Health office assistance for further processing.
4. Prior to the start of the internship (or as soon as available), students are mandated to submit signed **Internship Responsibilities Form** to Blackboard. The forms can be printed from this document - **Appendices B and C**
5. Every week, for all 25 weeks of internship, students are required to submit weekly internship reports. Use the **Internship Weekly Report - Appendix D** and **Internship Activity Log - Appendix E** to help you in report preparation. The report should be approximately one to two double-spaced pages in length, typed and saved in a Word format. It should be submitted every week without fail on Blackboard. All reports must be reviewed and approved by the preceptor.
6. After completing the first two or three weeks of the internship, the student has to schedule a meeting with their preceptor to decide upon a project that has to be completed by the intern. The **Project Agreement Form - Appendix F** has to be filled, signed and returned to the program director indicating the identification and initiation of the project.
7. The project report should be 7-10 pages in length, typed and saved in Word format. The filled and signed **Project Completion Form - Appendix G** has to be submitted with the project report.
8. At the conclusion of the internship, the following evaluations have to be completed.
  - I. The preceptor will evaluate the intern based on the responses to the **Intern Evaluation Form - Appendix H**. This evaluation can be submitted anonymously to the program director or course instructor or it can be submitted by student electronically.
  - II. The student will evaluate the program using the **Student Assessment of the Academic Program Form - Appendix-I**. The completed evaluation form is to be submitted electronically.
  - III. The preceptor will complete, and student will submit, **Completed Internship Verification Form - Appendix J**. Appendix J: Completed Internship Verification Form.

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- IV. Student, Preceptor and/or designee will complete the site evaluation forms with supervising Professor or Program Director:
- The preceptor will complete, and student will submit, **Site Visit Communication to Professor (Preceptor) Form – Appendix K**. If the Preceptor wishes his/her comments to remain confidential, the form can be emailed directly to Program Director or designee.
  - The student will complete and submit, **Site Visit Communication to Professor (Student) Form – Appendix L**.

### ACADEMIC REQUIREMENTS

Each student in the NAB accredited health care administration program is required to successfully complete a twenty-five week, minimum 1000 hour, internship experience in an approved health care organization, health related organization, or a governmental agency that is associated with health care organization licensing, certification, or regulation. A minimum of 501 hours must be completed in a licensed nursing facility unless this requirement is waived due to student experience. Hours beyond the minimum 501 in a NF can be completed in a variety of settings that will enhance and support the student's experience and preparation for a career in long-term care, to include hospitals, senior housing, rehabilitation agencies, home health, physician office practices, managed care organizations, reimbursement or financial intermediaries, medical suppliers, assisted living, governmental agencies, research groups, pharmaceutical companies, hospice organizations, information systems companies, specialty clinics, community health centers, adult day care, senior centers, health care consulting groups, etc.

Students pursuing the concentration in long term care must complete their internship in a long term care setting approved by his/her advisor. Effective January 2018, a minimum of five hundred and one (501) hours of the required 1000 for NAB Accreditation must be completed in a nursing facility unless otherwise authorized or approved by the Program Director. Students must also complete the LTCA Certificate ([www.wku.edu/ltca](http://www.wku.edu/ltca)).

This is a mandatory prerequisite in order for the student to be eligible for graduation and awarding of a NAB Accredited Bachelor of Science (BS) degree in Health Care Administration from Western Kentucky University. The internship experience may be completed in any combination of academic semesters provided the student meets all current requirements for internship placement. Program directors are responsible for reviewing and approving all applications for internship placement and for approving all internship sites.

### PURPOSE

The purpose of the administrative internship experience is to provide the student with opportunities in an operational environment to:

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1. Acquire and demonstrate competencies expected in a professional managerial environment within a health care organization as outlined above.
2. Integrate and apply the academic theory and knowledge acquired in the classroom to the actual practice of health care management.
3. Acquaint the student with various consumer, customer or client populations, organizational activities, scope of services, and required personnel within the internship organization.
4. Develop objective methods for evaluating responsibilities, decisions, and operations relative to effective and efficient management and organization of a health care organization.
5. Assess the external environmental factors which affect the strategic ability of the health care organization to operate such as: community organizations, advocacy organizations, civil rights organizations, federal and state regulatory agencies and regulations, reimbursement mechanisms and constraints, certification and accreditation procedures, public attitudes, consumers, competition, or unions.
6. Acquaint the student with the interrelationships and interdependencies of the various components of the health care delivery system and the interfaces to the internship organization.
7. Observe and study the interrelationships and interdependencies within the health care organization.
8. Allow students to assess the suitability of his/her qualifications for and commitment to the profession of health care management.

### **GENERAL INFORMATION FOR STUDENTS**

The internship experience consists of a series of tasks and activities that the student must successfully complete in order to demonstrate his/her competence in a particular area and exhibit the ability to apply academic knowledge. The preceptor may verify the student's competence by reviewing performance and completion of tasks and activities, by observation, or by oral or written tests. The student's success during the internship depends on individual motivation, and application. Student success can be achieved by each individual who is capable of applying the theories, concepts, principles, knowledge, and techniques learned and acquired through formal academic preparation to practical operational situations, and problems in the areas to which the individual student is assigned.

During the internship, the student must conform to the general policies, procedures, rules, and regulations of the organization in the same way that all personnel of the organization must do. Students must pay particular attention to and conscientiously observe the ethical directives specific to the organization. Students must not interfere with the operations of the organization. Further, **students must observe strict**

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**confidentiality of all information** as would any health care professional be expected to follow. Students will **speak in a professional manner at all times** in the presence of personnel, patients, customers, clients, families, visitors, community representatives or other guests of the organization. Students are absolutely forbidden to discuss any information relative to a patient's condition unless specifically authorized to do so. Students will follow the directions of the preceptor or the preceptor's designee at all times in matters pertaining to the organization.

The preceptor, program coordinator, or the organization supervisor may, singularly or collectively, require the student to be assigned to different work areas and different shifts on a rotational basis. In such instances, the student will be under the supervision of the individual assigned by the preceptor and the student will be required to perform a variety of tasks and activities. Students are encouraged to seek the advice, counseling, and guidance of the preceptor and others assigned as the student's supervisor. Students should perform all tasks and activities assigned to them effectively and efficiently and to continually seek better ways of applying themselves in the internship experience, perform assigned tasks as directed, and exhibit a cooperative attitude at all times.

Students are reminded that the internship experience is an extension of the academic preparation and an opportunity to acquire experience in an operational environment. Students are also reminded remuneration by the University or the organization should not be expected or requested.

### **GENERAL INFORMATION FOR PRECEPTORS (Preceptor Responsibilities)**

**For students planning an internship with an organization that is not currently affiliated with the HCA internship program, a formal site affiliation agreement must be established.** It is requested that the chief executive officer (or authorized designee) of the organization complete and return an application for internship site affiliation **Appendix A; Pages 13-15**, agreement to designated Public Health office staff. In addition, it is requested that the appointed preceptor provide a current curriculum vitae or resume to the Program Director or designee and the student for submission with required internship documents. The aforementioned are required by the University and various accrediting agencies.

Preceptors will be responsible for verifying the student's competence relative to required tasks and activities as outlined in these guidelines. **The preceptor, or designee, must review and approve all student assignments and reports before they are sent to the faculty supervisor. Due to reports being submitted electronically, the student should first submit the report(s) to the preceptor who will review and approve before submitted by student. At the end of the internship experience, the Preceptor completes a verification confirming this process has occurred throughout internship. This method should ensure the preceptor sees and authorizes all student reports.**

The preceptor should meet with the student on a regular specified schedule in order to evaluate performance, apprise the student of strengths and weaknesses, identify problem

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areas, and modify, if necessary, the outlined program to reflect changes and altered needs of the student and the organization. Preceptors may formulate and administer oral and/or written examinations to verify student competence in a subject or particular area.

### **Recommended FREE Resources from NAB:**

1. The National Administrator in Training (AIT) Program Manual
2. The Preceptor Online Module Course (5 CE's)
3. The Career Development Toolkit

\*all are available free of charge at <https://www.nabweb.org/ait/-preceptor-manuals>

Preceptors may formulate their own individual student internship plan as long as the University's plan is incorporated. Plans that vary from the University's plan and/or NAB recommendation should be submitted in outline form to the HCA program director either prior to or during the first week of the internship.

The preceptor will be required to complete and have submitted to the faculty supervisor an evaluation of the student intern at the end of the internship period (**Appendix- H; Pages 22-24**). The student will provide the preceptor with a copy of the evaluation form.

### **STUDENT REQUIREMENTS**

Internship students will be required to submit electronically reports to the University HCA Program Director or designee as follows:

1. Complete and forward both the "Internship Weekly Report" See (**Appendix D**) and the "Internship Activity Log" (**Appendix E**) at the end of each week or upon Preceptor approval during the internship. Reports are to be submitted electronically. Prior to submission by student, all reports must first be submitted to the Preceptor for review and approval for authorization of the material.
2. Consult with and determine mutually with the preceptor, any project, research study, etc., which will be commenced and completed during the internship period. Once the assignment(s) is determined, the student intern will be required to complete, and submit, an "Internship Project Agreement Form" (**Appendix F**) in accordance with instructions contained on the form.
3. Upon completion of the project, a "Project Completion Form" (**Appendix G**) should be completed by the student and authorized by the preceptor for submission to the program director/faculty supervisor.

In addition to the weekly reports and the project agreement form, student interns must:

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1. Complete tasks and activities as outlined in these guidelines, and submit related reports, abstracts, etc., immediately upon completion.
2. All assignments and reports submitted by student interns shall be typewritten and sent electronically, proof read for errors in spelling and grammatical construction, and have authorization by the preceptor prior to forwarding to the faculty supervisor. **Reports are sent electronically; therefore, the intern should submit the report to the preceptor first. The preceptor will then review and grant approval for submission prior to the student's submission of the report to the faculty supervisor (this will ensure that the preceptor has had access to the material prior to submitting it to the faculty supervisor).** Assignments and reports not obtaining prior approval by the preceptor will not be accepted.
3. Faculty approval must be obtained for any deviation from the planned internship. Additionally, students will notify the faculty supervisor of any changes regarding work schedules, times, etc.

### **FACULTY SITE VISITS**

The faculty supervisor may make one or more site visit assessments as needed during each internship period to confer with the student and preceptor jointly or with each on a private basis. The assessment will address areas relative to student's overall performances and evaluation thereof, student's abilities and capabilities, student's personal educational strengths and weaknesses, evaluation of internship experience, student's suitability for health care management, suggestions for student improvement, suggestions for program improvement, etc. The faculty supervisor will provide, in advance, each preceptor and student, with a schedule indicating the time and date of site visits. Regular interim evaluations (no fewer than three) of intern performance will occur throughout the internship by designated faculty by review of submitted reports, activity logs and other materials. Other faculty visits may occur at unscheduled times. A site evaluation form is completed at the end of the internship.

### **STUDENT EVALUATION**

The preceptor will be required to complete and submit to an evaluation of the student intern at the completion of the internship (**Appendix-1**).

### **PROGRAM PARAMETERS**

The NAB accredited administrative internship period is twenty-five (25) weeks. The total number of clock hours associated with this period is approximately 1,000 hours; however, student interns will be required to complete additional hours as specified by the preceptor in order to provide the student with optimum opportunities for learning and acquiring operational experience. During this period of time, the student intern should be afforded

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the opportunity for exposure in all aspects of the organization operation including, but not limited to, the following:

1. Direct interaction with clients and families.
2. Contact with personnel in all of the organization's departments.
3. Involvement with the governing body.
4. Interaction with external environmental forces.
5. Exposure to organizational policies, procedures, planning, financing, etc.
6. Community involvement including seminars, conferences, meetings, professional association activities, etc.
7. Day and night shifts, weekends, holidays, etc.
8. Special assignments, projects, research, studies, etc.

### **OUTLINE OF PROGRAM**

There are many organizations in which a student may perform an internship. The following outline is provided as an example of activities that might be undertaken during the minimum 501 hours in a nursing facility. If the student were in such an organization the following tasks and activities are representative of the expectations of the internship period. Hours are approximate and may be modified to meet needs of the organization and student or modified as situations and conditions dictate.

1. Twenty four (24) hours devoted to orientation of the organization, administrative policies, personnel policies, patient care policies, organization mission and philosophy, services available, patient composition, organization, etc.

Objective: To acquaint the student with the organization, various policies, departmental personnel, organizational structure, etc.

Requirements: Student will submit a summary of the orientation activities including organizational chart of organization (no free hand drawings will be accepted.); budgeting process and procedures; census procedures and reports; and the preparation of balance sheet and income statement.

2. Forty (40) hours devoted to review of federal, state, and organization manuals, policies, procedures, etc.

Objective: To permit the student to acquire a wide variety of information concerning rules and regulations relative to organization operation.

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Requirement: Student will review relevant operations manuals. Examples of relevant manuals are:

- Medicare and Medicaid reimbursement manual
- Survey procedures manual
- Regulations
- Patient care policies manual
- Administrative manuals such as the corporate by-laws or the Medical staff by-laws
- Accounting and financial manuals
- Safety manuals such as a fire and disaster manuals and procedures
- Utilization review manuals
- Pharmacy manuals
- Occupational Safety and Health Administration manuals
- Personnel development and in-service training manuals
- Dietary manuals containing regular, therapeutic, and special diets
- Plant engineering and maintenance manuals
- Personnel manuals
- Infection control and sanitation manuals
- Third party payer manuals
- The Joint Commission, state licensure, certification surveys
- Other manuals as deemed pertinent by the preceptor

3. Forty (40) hours devoted to survey of the organization relative to certification of organization to participate in Medicare and Medicaid programs.

Objective: To acquaint the student with all aspects of the organization's services, responsibilities, requirements, standards, etc.

Requirements: Student will review previous surveys and submit summary of insights gained

4. Forty (40) hours devoted to survey of the organization's service area to identify all private, governmental, quasi-governmental programs and services available to qualified patients which the organization and patients may take advantage.

Objective: To provide the student with an opportunity to research and learn about the various programs and services that are available in the organization's service area.

5. Forty (40) hours devoted to assignment in Business Office/Financial Management.

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Objective: To provide the student with an opportunity to acquire knowledge relative to total accounting and financial procedures regarding operation of the organization.

Requirement: Obtain knowledge and provide summary of the following: accounts receivable procedures, Medicare, Medicaid, third party, private pay credit, billing, and collection procedures; general ledger and subsidiary accounts; aging reports; chart of accounts; resident accounts; patient admission and financial status procedures; invoice reconciliation and payment procedures; cost report and cost report preparation procedures.

6. Forty (40) hours devoted to assignment in Dietary and Dining Services.

Objective: To acquaint the student with the procurement, preparation, distribution, storage, etc., of food in the organization. Also, with various diets and dietary requirements.

Requirement: Student must observe and submit a summary of: food preparation, patient tray preparation, nutritional programming; food procurement, receiving, storage and distribution system; cost control methods and procedures; consultation and contract services; regulations; resident assessment and plans of care, special diets, etc.

7. Forty (40) hours devoted to assignment in Nursing.

Objective: To provide the student a comprehensive orientation to nursing service duties and responsibilities for patient care.

Requirement: Student will be required to summarize: staffing and staffing ratios; method of care planning and chart documentation; incident and accident procedures and reports; requisition of required supplies; resident assessment instrument; drug and biological procurement, distribution, control, disposal, reports, assistance with medications and activities of daily living, etc.

8. Forty (40) hours in Engineering/Environmental/Maintenance area.

Objective: To familiarize student with the duties and responsibilities of the engineering department and with the preventive maintenance procedures, work request procedures, etc.

Requirement: Student must summarize: routine maintenance and emergency request procedures; preventive maintenance program and procedures; life safety

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code; contract services; staffing; licensing requirements; fire and disaster program and procedures; emergency generator procedures, etc.

9. Forty (40) hours devoted to assignment in Materials Management and Medical Records

Objective: To familiarize student with the procurement, receiving, issue, and distribution system of the organization relative to supplies and equipment necessary for operation; familiarize with organization, documentation, requirements and other processes with medical records maintenance.

Requirement: Student must summarize: vendor selection, bidding and procurement systems for durable and nondurable supplies, standard and non-standard stock items, and major and minor equipment; receiving and stocking system; inventory reconciliation; requisition and distribution procedures; inventory system; records maintained; medical record organization and layout, auditing procedures; access to medical records, privacy practices, security procedures.

10. Forty (40) hours assignment in Personnel Department/Human Resources.

Objective: To provide the student with knowledge of the various personnel functions and the laws and regulations which affect personnel administration.

Requirement: The student will be required to report: job analysis procedures; formulation of job descriptions; formulation of job specifications; recruitment procedures (internal and external); interview methodology and procedures; selection procedures; background checks, placement procedures; orientation procedures; training programs and procedures; personnel policies; wage and salary program and procedures; position control procedures; labor-management relations; grievance procedures; benefit programs and administration; laws affecting personnel administration; licensing of staff and contracted providers; other pertinent information relative to the personnel function of the organization.

11. Twenty-four (24) hours devoted to assignment in Administration.

Objective: To acquaint the student with the duties and responsibilities of the chief executive/administrative officer and other top administrative personnel.

Requirement: The student will be assigned to observe the daily duties and routine of the chief executive/administrative officer and/or other top administrative personnel.

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12. Forty (40) hours devoted to assignment in Admissions/Social Services/Case Management (as applicable).

Objective: To provide the student with knowledge of the various regulations and functions which impact admissions processes and social services.

Requirements (as applicable): The student will experience initial assessments; discharge planning; care planning; assessment for social services; resident assessment instrument/care plans and resident interviews; social service assessments; roommate assignments and patient concerns; census reporting; addressing resident concerns and complaint process; behavior management; report requirements for APS, abuse, etc.; grievance policies; lost items; visitors; resident/patient rights; essential roles and function of social services; resident council; family council; advance directives

13. Twenty-four (24) hours devoted to assignment in Rehabilitation.

Objective: To provide the student with knowledge of the various regulations and functions which impact rehabilitation services.

Requirement: Therapy assessment; recording of minutes; resident assessment instrument or other assessment documents; therapist roles and qualifications; development of therapeutic programming; role of therapist and therapist assistants; reimbursement models related to therapeutic services; rehabilitation as part of care plan team and discharge planning; staff communication; activities of daily living.

14. Forty (40) hours devoted to assignment in Activities/Program Services.

Objective: To provide the student with knowledge of the various regulations and functions which impact activities.

Requirement: Development of activity/social planning; regulations; quality of life and meaningful programming; life story of residents; personalized care plans and resident assessment based on resident interests and needs; participation documentation; community and volunteer involvement.

The above are some recommended guidelines for developing a meaningful and learning experience for students during the internship rotations. However, the ideal internship experience is designed by both the Preceptor and Intern (AIT). These are guidelines and should not supersede the needs for student learning based on individual knowledge assessments, areas of interest, facility operations and special

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opportunities for learning that arise (such as surveys, conferences, etc.). Also not all departments and programs listed above are applicable as each health care service and entity is unique in culture and programming.

An excellent source for assessing student knowledge and guidance for establishment of a catered internship (AIT) experience covering the five (5) domains of practice can be found in The National Administrator in Training (AIT) Program Manual at:

[https://www.nabweb.org/filebin/images/AIT\\_Program\\_Manual\\_FINAL.pdf](https://www.nabweb.org/filebin/images/AIT_Program_Manual_FINAL.pdf)

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**Appendix A: Application for Internship Site Affiliation**

Agency Name: \_\_\_\_\_

Street

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

City, State,

Zip: \_\_\_\_\_

\*\*\*                      \*\*\*                      \*\*\*                      \*\*\*                      \*\*\*                      \*\*\*                      \*\*\*

President/CEO of Agency/or Signature Party: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Type of Organization:

- |                              |   |   |
|------------------------------|---|---|
| Hospital                     | 0 | If hospital, number of beds: _____                  |
| Nursing Home                 | 0 | If nursing home, number of beds: _____              |
| Home health agency           | 0 | If home care, visits per year: _____                |
| Ambulatory care center       | 0 | If ambulatory care facility, visits per year: _____ |
| Professional group practice  | 0 | If group practice, number of providers _____        |
| Insurance company            | 0 | If assisted living, number of units: _____          |
| Health related product sales | 0 | If adult day, number of clients: _____              |
| Community agency             | 0 |   |
| Government Office            | 0 |   |
| Other                        | 0 | Specify: _____                                      |

Type of licensure held: \_\_\_\_\_

Type of Accreditations: \_\_\_\_\_

Preceptor name: \_\_\_\_\_

Preceptor title: \_\_\_\_\_

Preceptor department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

\*                      \*                      \*                      \*                      \*                      \*

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Signature of person completing this form or if completed by student, name of agency contact person providing information: \_\_\_\_\_

Title: \_\_\_\_\_

Licenses or certifications of person completing this form: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### **Criteria for Internship Site Affiliation**

**The following criteria have been established for approval as an internship site for the Health Care Administration program, Department of Public Health, Western Kentucky University.**

**The organization must be prepared to perform the following:**

1. Where appropriate, the organization must be:
  - a. Licensed by the State
  - b. Accredited
  - c. Certified for participation in Medicare or Medicaid
2. Be committed to contributing to the educational preparation of health care administration students.
3. Provide the operational environment necessary for the student to demonstrate application of acquired knowledge, competence, and opportunity to acquire and refine managerial skills.
4. Assign an appropriate individual who is both educationally and experientially qualified to function as a preceptor for the student.
5. Evaluate the student using the educational objectives and performance criteria as described in the Internship Guidelines.
6. Review and approve student assignments prior to the submission of assignments to the faculty supervisor.

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7. Assist University faculty in planning and evaluating operational learning experiences of the student.
8. Review student progress and confirm outcomes of the student's learning process.
9. Participate in preceptor or adjunct faculty meetings relative to the internship program.
10. Appoint an individual (can be preceptor) to function as a liaison between the internship site and Health Care Administration Program.
11. Conform to the University statement of compliance in that no discrimination shall take place on the basis of age, race, color, religion, sex, national origin, or disability.

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### **Appendix B: HCA 449 NAB Accredited Healthcare Administration Internship – Responsibilities:**

I, \_\_\_\_\_ have read all the documentation concerning the Healthcare Administration Internship including the internship guide, sample rotation plan, and sample weekly report. I understand that I must submit a 2-3 page weekly report detailing the work and observations made during the week and to submit it to the Faculty Advisor for the internship course. I must also submit the Site Affiliation Information Form, the Project Initiation form, the Project Completion form, the actual written internship project paper (approximately 7-10 pages), the twenty-five (25) weekly reports for the internship period of 25 weeks – 1000 hours of work (there may be more reports if an intern needs to stretch the internship beyond 25 weeks at 40 hours per week), the student's evaluation of the program, the Preceptor's evaluation of the student, site evaluation and the contact information sheet. I understand that I received a complete and detailed briefing on the requirements of the internship.

I also understand that I must submit the weekly reports each week upon Preceptor approval after completing the rotations and that I must submit the other reports in a timely fashion in order for the materials to be reviewed with reasonable time. I understand that I cannot submit the majority of materials at the last week of the semester. If this occurs, I understand that it is highly likely that I will not graduate at the end of the internship semester and the internship period will carry over to the next semester, ultimately delaying my graduation to the end of that next semester. For Fall semester internships, all materials must be delivered to the Faculty Member of Record no later than the Friday of the first full week in December. For spring semester internships, all materials must be delivered to the Faculty Member of Record no later than the Friday of the first full week of May. For summer semester internships, all materials must be delivered to the Faculty Member of Record no later than the Friday of the first full week of August. All materials are to be typed and submitted electronically. A grade of incomplete will be given until all requirements have been met.

I have read all the above statements and understand that if I fail to comply with these internship requirements, then I will probably not graduate during that semester and would receive my degree and diploma at the end of the next semester date.

\_\_\_\_\_  
Student Signature (cannot be typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name (or typed with electronic submission)



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**Appendix E: Internship Activity Log**

Student: \_\_\_\_\_ for the dates of: \_\_\_\_\_  
Week Number: \_\_\_\_\_

| <b>Day of Week</b> | <b>Activities or assignments</b> | <b>Time spent in each activity</b> |
|--------------------|----------------------------------|------------------------------------|
| <b>Monday</b>      |                                  |                                    |
| <b>Tuesday</b>     |                                  |                                    |
| <b>Wednesday</b>   |                                  |                                    |
| <b>Thursday</b>    |                                  |                                    |
| <b>Friday</b>      |                                  |                                    |
| <b>Other</b>       |                                  |                                    |

Total hours completed this week:

Running total of hours completed to date with internship:

COMMENTS:

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**Appendix F: Project Agreement Form**

Must be typed

Student Name: \_\_\_\_\_ Internship Site: \_\_\_\_\_

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

Title of Project:

Description and Purpose of Project:

Objectives (Expected results, use measurable indicators or quantify if possible):

Methods (Describe how you intend to accomplish/complete project):

**Preceptor Signature (or typed name with electronic submission)** \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

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**Appendix G: Project Completion Form**

Student Name: \_\_\_\_\_ Internship Site: \_\_\_\_\_

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

Title of Project:

Description and Purpose of Project:

Objectives Achieved:

Acquired Benefit (i.e., what did you learn?):

**Signature of Preceptor (or typed name with electronic submission)** \_\_\_\_\_

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### Appendix H: Intern Evaluation Form (By Preceptor)

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

Internship Site: \_\_\_\_\_

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

Dates of Internship: \_\_\_\_\_

*\*Please note: we encourage you to discuss your honest evaluation with the student as it will help them to identify opportunities for improvement in their professional and personal growth.*

The following evaluation is based on a five point scale. Please circle the number you believe most accurately portrays the student's performance or behavior. Space for additional observations or comments is provided at the end of the evaluation.

The student arrives to the site when expected.

|                 |   |   |   |   |                  |
|-----------------|---|---|---|---|------------------|
| Almost<br>Never |   |   |   |   |                  |
| 1               | 2 | 3 | 4 | 5 | Almost<br>Always |

When changes in the student's schedule occur, the student informs all affected by the change.

|                 |   |   |   |   |                  |
|-----------------|---|---|---|---|------------------|
| Almost<br>Never |   |   |   |   |                  |
| 1               | 2 | 3 | 4 | 5 | Almost<br>Always |

The student can be expected to conduct his or her activities without constant supervision.

|                 |   |   |   |   |                  |
|-----------------|---|---|---|---|------------------|
| Almost<br>Never |   |   |   |   |                  |
| 1               | 2 | 3 | 4 | 5 | Almost<br>Always |

The student fosters comfortable and communicative atmosphere with others.

|                 |   |   |   |   |                  |
|-----------------|---|---|---|---|------------------|
| Almost<br>Never |   |   |   |   |                  |
| 1               | 2 | 3 | 4 | 5 | Almost<br>Always |

Student prepares required reports and written assignments that are focused and free from errors.

|                 |   |   |   |   |                  |
|-----------------|---|---|---|---|------------------|
| Almost<br>Never |   |   |   |   |                  |
| 1               | 2 | 3 | 4 | 5 | Almost<br>Always |

Student prepares required reports and written assignments on time.

|                 |   |   |   |   |                  |
|-----------------|---|---|---|---|------------------|
| Almost<br>Never |   |   |   |   |                  |
| 1               | 2 | 3 | 4 | 5 | Almost<br>Always |

The student conforms to the organization dress code as appropriate for the activities of the day.

|                 |   |   |   |   |                  |
|-----------------|---|---|---|---|------------------|
| Almost<br>Never |   |   |   |   |                  |
| 1               | 2 | 3 | 4 | 5 | Almost<br>Always |

## Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

| 1   | 2 | 3 | 4 | 5                |
|---|---|---|---|------------------|
| <b>Intern Evaluation Form Cont'd .....</b>  |   |   |   |                  |
| The student preserves the confidentiality and shows proper respect for personal privacy of others.                              |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| When dealing with others, the student is polite and considerate in speech and manner.   |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| The student maintains a clean and orderly work area.  |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| The student reads directions thoroughly or listens to directions carefully.   |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| The student concentrates on work assignments until their completion and disregards outside distractions.                        |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| Student utilizes available time with independent study.   |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| Student asks questions which indicate an interest in deeper or broader aspects of administration.                               |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| When confronted with a complex problem (or project), the student is able to coordinate several activities, ideas, and thoughts. |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| The student shows the ability to organize assignments effectively and efficiently.  |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |
| The student gives thought to and makes inquiries about the feasibility of a new or different course of action.                  |   |   |   |                  |
| Almost<br>Never   |   |   |   | Almost<br>Always |
| 1   | 2 | 3 | 4 | 5                |

## Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

**Intern Evaluation Form Cont'd .....**

The student tries, despite difficulties, to accomplish assignments or planned activities. For example: willingness to stay beyond normal hours to complete work.

|                 |   |   |   |                  |
|-----------------|---|---|---|------------------|
| Almost<br>Never |   |   |   | Almost<br>Always |
| 1               | 2 | 3 | 4 | 5                |

In interacting with employees, visitors, customers, etc., the student demonstrates an awareness of the organizational or departmental procedures.

|                 |   |   |   |                  |
|-----------------|---|---|---|------------------|
| Almost<br>Never |   |   |   | Almost<br>Always |
| 1               | 2 | 3 | 4 | 5                |

Overall, how would you rate the student's performance on the internship project required of them during the internship experience?

|             |   |   |   |                |
|-------------|---|---|---|----------------|
| Ineffective |   |   |   | Very Effective |
| 1           | 2 | 3 | 4 | 5              |

Do you believe the project was a valuable learning experience for the student?

|                      |   |   |   |                |
|----------------------|---|---|---|----------------|
| Strongly<br>Disagree |   |   |   | Strongly Agree |
| 1                    | 2 | 3 | 4 | 5              |

How valuable do you think the project was to your organization?

|             |   |   |   |               |
|-------------|---|---|---|---------------|
| No<br>Value |   |   |   | Very Valuable |
| 1           | 2 | 3 | 4 | 5             |

Would you hire this person to work in your organization if you had the opportunity?

Yes \_\_\_ No \_\_\_ If your answer is no, please state your reasons.

Remarks: (additional comments about the student's performance during the internship period)

*This form can be submitted by student electronically on Blackboard.*

**Academic Preparation.**

In your opinion, and in the opinion of others with whom the student has interacted, how would you rate the academic preparation and knowledge base of this student?

Inadequate \_\_\_\_\_ Adequate \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

**Academic Suggestions.** In what areas do you think our students need more knowledge or preparation?

# Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

## Appendix I: Student Assessment of the HCA Program (By Intern)

SA = Strongly Agree

A = Agree

N = Not Sure or Neutral

D = Disagree

SD = Strongly Disagree

Based on your course work in the Health Care Administration Program, how would you rate your ability to understand and/or perform for the following circumstances using the above definitions for your responses?

|  | SA                       | A                        | N                        | D                        | SD                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| .....  |                          |                          |                          |                          |                          |
| 1. Understanding of problem solving process. ....  | <input type="checkbox"/> |
| 2. Appropriate behavior with others in a team-based setting .....  | <input type="checkbox"/> |
| 3. Communication with others in a team-based setting<br>or in a similarly structured environment .....   | <input type="checkbox"/> |
| 4. Determine the links between causal factors<br>and the resulting quality problem. ....   | <input type="checkbox"/> |
| 5. Use the appropriate tools for organizing and analyzing data,<br>and evaluating and presenting corrective actions in a CQI process .....         | <input type="checkbox"/> |
| 6. Complete an in-depth research activity related to a quality issues<br>beginning with an appropriate research question to the final report. .... | <input type="checkbox"/> |
| 7. Understand the historical background of the following :   |                          |                          |                          |                          |                          |
| * The healthcare delivery system .....   | <input type="checkbox"/> |
| * The public health system .....   | <input type="checkbox"/> |
| * The financing of healthcare services .....   | <input type="checkbox"/> |

## Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

| <b>Student Assessment Cont'd .....</b>   | <b>SA A N D SD</b> |
|--|--------------------|
| 8. Understand the relationships among the healthcare sectors. ....   | □ □ □ □ □          |
| 9. Understand the relationships among the healthcare consumers, providers and payers.....  | □ □ □ □ □          |
| 10. Be able to describe data appropriately .....   | □ □ □ □ □          |
| 11. Be able to use graphs and tables to present data appropriately.....  | □ □ □ □ □          |
| 12. Be able to interpret basic statistics appropriately .....  | □ □ □ □ □          |
| 13. Be able to form simple hypotheses .....  | □ □ □ □ □          |
| 14. Be able to test simple hypotheses .....  | □ □ □ □ □          |
| 15. Be able to perform basic inferential statistics .....  | □ □ □ □ □          |
| 16. Be able to read professional journals more intelligently.....  | □ □ □ □ □          |
| 17. Be able to apply economic theories and concepts to the long term healthcare delivery system in the U.S.....  | □ □ □ □ □          |
| 18. Be able to analyze, synthesize, and evaluate economic policies and concepts .....  | □ □ □ □ □          |
| 19. Be able to incorporate the theories and concepts into your decision-making processes concerning individual, institutional, and system wide conflicts or issues ..... | □ □ □ □ □          |

## Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

| Student Assessment Cont'd ... ..   | SA                       | A                        | N                        | D                        | SD                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. Be familiar with the general legal principles as they relate to health care organizations. ....  | <input type="checkbox"/> |
| 21. Recognize illegal or unethical behavior within an organization .....   | <input type="checkbox"/> |
| 22. Assist in strategic planning efforts within my organization and have a basic understanding of how information management works within healthcare organizations ..... | <input type="checkbox"/> |
| 23. Able to compute the reimbursement from different reimbursement models .....  | <input type="checkbox"/> |
| 24. Able to review and understand income statements and balance sheets .....   | <input type="checkbox"/> |
| 25. Able to understand management techniques to increase collections of accounts receivables. ....   | <input type="checkbox"/> |
| 26. How satisfied were you with the advising you received at WKU?  | <input type="checkbox"/> |

**Western Kentucky University Program in NAB Accredited Health Care  
Administration Internship Guidelines**

**Appendix J: Completed Internship Verification Form**

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

Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Type of organization (NF, AL, home hlth, adult day, acute, etc): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

By initialing each item and signing below, I verify the following information:

\_\_\_\_\_ I reviewed and approved all weekly reports.

\_\_\_\_\_ I reviewed and approved all activity logs.

\_\_\_\_\_ I reviewed and approved the final Project Report.

\_\_\_\_\_ I confirm the Intern completed a minimum of \_\_\_\_\_ **hours** during his/her internship under my supervision.

\*An email from the Preceptor's business email address should be submitted to the professor, verifying this document was submitted with their approval and signature.

Printed Name of Intern: \_\_\_\_\_

Date internship was completed: \_\_\_\_\_

Signature of Preceptor: \_\_\_\_\_  
*(original signature required, cannot be typed)*

Signature of Student/Intern: \_\_\_\_\_  
*(original signature required, cannot be typed)*

## Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

### **Appendix K: Site Visit Communication to Professor (by Preceptor):**

*Please provide a brief overview of your experience as a Preceptor below.*

Within your written summary, you may want to include comments about the student's overall behavior and performance, benefits of an intern to your organization and suggestions for the WKU NAB Accredited Health Care Administration with LTC Certificate program (academic and/or internship experience). We would also like to hear of any needs you may have.

As always, we greatly appreciate your time and commitment to our students and program. ***Thank you.***

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

Preceptor Name and Title: \_\_\_\_\_

Name of Business/Organization/Internship Site: \_\_\_\_\_

\_\_\_\_\_  
Signature (or typed name with electronic submission)

\_\_\_\_\_  
Date

# Western Kentucky University Program in NAB Accredited Health Care Administration Internship Guidelines

## Appendix L: Site Visit Communication to Professor (by Student):

*Please provide a brief overview of your internship experience below.*

Within your written summary, you may want to include comments about the overall benefit this internship had to your learning and development as a student, recommendations for future students related to internship selection or preparation and suggestions for the WKU NAB Accredited Health Care Administration with Long Term Care Certificate program (academic and/or internship experience) not previously mentioned in weekly reports.

As always, we greatly appreciate your feedback and enjoy the comments students share with us about the internship experience. ***Thank you.***

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

Preceptor Name and Title: \_\_\_\_\_

Name of Business/Organization/Internship Site: \_\_\_\_\_

\_\_\_\_\_  
Signature (or typed name with electronic submission)

\_\_\_\_\_  
Date

Last Updated 01.2018