Indiana University  
Graduate Program in Health Administration  
School of Public & Environmental Affairs

Internship Guidelines

**Purpose**

The Indiana University Master of Health Administration Internship Program is a unique opportunity for our graduate students to gain hands-on health administration experience. This 12 to 15 week learning experience assists future health care executives with understanding the complex problems associated with organizing, planning, financing and evaluating the delivery of health services in numerous settings. The internship is mutually beneficial to both the student and the preceptor due to the invaluable project contributions that students will make to the organizations that they serve.

**Coursework Preparation**

Prior to enrolling in the internship program, students will have completed a variety of health-related courses and acquired numerous technical skills during the first year. Courses typically completed include:

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
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<tbody>
<tr>
<td>Health Care Systems</td>
<td>H501</td>
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<tr>
<td>Health Care Strategic Capabilities</td>
<td>H502</td>
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<tr>
<td>Organizational Behavior</td>
<td>H507</td>
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<tr>
<td>Managerial Accounting</td>
<td>H508</td>
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<td>Managerial Finance</td>
<td>H509</td>
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<tr>
<td>Health Care Economics</td>
<td>H514</td>
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<tr>
<td>Statistical Methods</td>
<td>H518</td>
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<tr>
<td>Marketing</td>
<td>H612</td>
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</tbody>
</table>

**Guidelines**

Each internship is viewed as a unique opportunity for the student and the preceptor. The following are some guidelines, which may be useful for the internship experience:

- At the start of the internship, the student and preceptor should identify objectives for the internship experience. Both the faculty instructor and preceptor must approve the proposed learning objectives.
- Students should have an opportunity to rotate through the organization to gain a full picture of the services provided and the complexity of the organization. This should optimally occur during the first few weeks of the internship to allow the student to more fully contribute during the remainder of the time.
- Students should have an opportunity to work closely with a variety of upper level executive managers and meet with key decision makers of the organization.
- Students should have an opportunity to attend a broad variety of meetings, including board meetings, if possible. Students can be involved in such meetings by taking minutes or fulfilling other comparable duties.
- An important portion of the internship pertains to the student’s ability to participate in projects with specific value to the organization. Projects should involve 50-60% of the student’s time during the internship period.
- Students should periodically discuss their progress with their preceptor.
- Students should be involved in learning experiences that are normally not available in the classroom, but are essential parts of health administration training.
- Students should have an opportunity to test the validity and applicability of classroom learning in the professional setting.
- Students should have an opportunity to enhance their professional self-confidence and develop their operational skills.
- Students should develop a desire for continued learning.
- Students should be exposed to ethical issues that will help them develop their professional ethics.
**Design and Evaluation**

The internship typically occurs between May 15 and August 15 following a student’s first year of graduate study. Internships may be taken at other times with approval by the faculty instructor and preceptor. The typical length of a summer internship is 480 hours, generally during 12 or more weeks. Internships must be a minimum of 300 hours. Since students typically provide services that benefit the organization, the institutions are encouraged to provide a reasonable stipend.

During the internship each preceptor is asked to evaluate the student’s performance as an intern. Each preceptor is asked to evaluate the intern during the mid-term period of the internship through a site visit or phone conversation with the faculty instructor, and then again at the conclusion of the internship by using the Final Evaluation Form.

**Process needed to complete Internship**

1) At the start of the internship, the student must complete the Internship Goals & Objectives Form. The faculty instructor and preceptor must approve these.

2) A minimum of two (2) Monthly Internship Reports must be completed by the student and submitted to the faculty instructor.

3) There will be a mid-internship site visit or phone conversation between the faculty advisor and the preceptor, and the comments will be placed in the student’s file.

4) The preceptor will submit a final evaluation of the student’s performance.

5) The student will submit a final report evaluating his/her internship experience.

6) The student and faculty instructor will meet to review the internship.

**If there are any questions regarding the internship, please contact:**

David Handel  
MHA Program Director  
(317) 278-5692  
dhandel@iupui.edu

Luke Bickel  
Assistant to the Program Directors  
(317) 278-0308  
lbickel@iupui.edu

Indiana University – Purdue University Indianapolis  
School of Public & Environmental Affairs - Indianapolis  
Graduate Program in Health Administration  
801 West Michigan Street, BS 3027  
Indianapolis, Indiana  46202
Internship Goals & Objectives

This form must be completed and signed by the Student, Preceptor, and Faculty Instructor, at the start of the internship. These goals and objectives become the basis by which the student and Preceptor develop the specific details of the internship experience.

1. What are the goals for the internship experience?

2. What are the specific skills and competencies that will be achieved or improved during the internship?

3. How will the goals, skills, and competencies be achieved?

4. Starting date of the internship ______________

5. End date of the internship ______________

__________________________________________________________________________  ______________
Intern’s Signature                          Date

__________________________________________________________________________  ______________
Advisor’s Signature                         Date

__________________________________________________________________________  ______________
Preceptor’s Signature                      Date
# CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Preceptor Name &amp; Title</th>
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<tbody>
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<td>Address</td>
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**Final Evaluation Form**

Preceptor __________________________ Intern __________________________

Please evaluate the intern’s performance for those areas listed on the evaluation form by placing an “X” in the appropriate category.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Not Applicable</th>
<th>Unable to Observe</th>
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<td>Oral Communication Skills</td>
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<td>Willingness to undertake new tasks</td>
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<td>Desire to learn</td>
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<td>Ability to learn and apply new concepts</td>
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<td>Ability to work as a team member</td>
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<td>Leadership ability</td>
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<td>Professional demeanor</td>
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<td>Professional attire</td>
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<td>Reported to work on time</td>
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<td>Completed tasks on time</td>
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<td>Overall satisfaction with intern</td>
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( over )
What responsibilities were this Intern capable of completing exceptionally well? Which skills were very strong?

Were there areas for improvement? Which skills need improvement?

Would you be willing to sponsor interns in the future? Yes No

Additional Comments:

Preceptors are expected to provide the intern with an official evaluation of the internship experience. The evaluation should be completed during the midpoint of the internship, and then again during last two weeks of the internship experience. Students will not receive credit until the evaluation is completed and returned.

__________________________________________  ______________
Preceptor’s Signature        Date

__________________________________________  ______________
Intern’s Signature        Date

Name of Organization

__________________________________________
Address of Organization

Please return the completed form to:

| David Handel                  | Indiana University – Purdue University Indianapolis |
| Director, MHA Program         | School of Public & Environmental Affairs - Indianapolis |
| (317) 278-5692               | Graduate Program in Health Administration |
| dhandel@iupui.edu            | 801 West Michigan Street, BS4085 |
|                              | Indianapolis, Indiana 46202 |
Name: _____________________________ Date: ________________

This form is to be completed by the Intern and submitted to the Faculty Instructor.

1. What level of success did you achieve in attaining your goals and objectives?

2. Describe your major learning activities during the internship.

3. What skills and competencies were learned or improved during the internship?

4. Give a specific assessment of what you learned from the various tasks.

5. What level of support did you receive by the Preceptor(s), institutional personnel, and Internship Advisor?

6. What were the strengths and weaknesses of the internship?

7. Would you recommend this as a site for future internships?

Signature: _____________________________ Date: ________________
Checklist for Completion of Internship

1. Site approved by Faculty Instructor

2. Internship Goals & Objectives approved by
   - Preceptor
   - Faculty Instructor

3. Mid-internship call or site visit by faculty instructor

4. Monthly reports sent to faculty instructor
   - 1st Month
   - 2nd Month

5. Preceptor final evaluation

6. Student final report

7. Final meeting with faculty instructor