

**IDAHO STATE UNIVERSITY  
KASISKA COLLEGE OF HEALTH PROFESSIONS  
DEPARTMENT OF HEALTH AND NUTRITION SCIENCES**

**PRACTICUM / MHE INTERNSHIP HANDBOOK**

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**IDAHO STATE UNIVERSITY  
KASISKA COLLEGE OF HEALTH PROFESSIONS  
DEPARTMENT OF HEALTH AND NUTRITION SCIENCES**

**GUIDELINES FOR PRACTICUM / MHE INTERNSHIP IN HEALTH EDUCATION**

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# **GUIDELINES FOR PRACTICUM / MHE INTERNSHIP**

## **INTRODUCTION**

**The Health Education practicum/Master of Health Education internship experience is designed to provide the future health educator with opportunities to gain practical experience at designated sites in the community. It should provide for diversity of experience and should emphasize health education practices and actual job training. The practicum/internship, an unpaid experience, should offer the student an opportunity to gain further insight into health education content, problems, issues and skills previously studied, and it should offer the student the chance to apply these at the work site. A well-conducted practicum/internship should be mutually rewarding for the student and the supervising organization. Undergraduate health education majors complete a practicum; graduate students in the MHE program of study complete an internship.**

## **OBJECTIVES**

**Upon completion of the practicum/internship, students are expected to have observed, developed, and improved skills in several of the following areas:**

- 1. Planning arrangements for meetings, conferences, and workshops;**
- 2. Conducting workshops;**
- 3. Writing reports and meeting summaries;**
- 4. Program planning (i.e. development of goals and objectives, conducting needs assessments);**
- 5. Community organization;**
- 6. Communication techniques (i.e. preparation of pamphlets, flyers, press releases, making oral presentations);**
- 7. Direct educational contact with clients;**
- 8. Work duties as specified by each internship site supervisor.**

## **ELIGIBILITY**

**In order to be eligible to begin a practicum/internship, students must meet the following criteria:**

- 1. For undergraduate students: completion of at least 92 credit hours or senior standing; for graduate students: completion of at least 8 graduate credit hours.**
- 2. Completion of most core classes in the program or program of study, and advisor approval for both undergraduate and graduate students.**
- 3. Selection of a site from the approved list of practicum/internship sites at the back of this handbook (alternate sites may also be selected, but must be approved by the academic advisor and the ISU Practicum/MHE Internship Coordinator).**

## **PROCEDURE FOR ESTABLISHING PRACTICUM/MHE INTERNSHIP**

**The following procedures will be followed by all students who are planning to register for a practicum/internship.**

**Prior to Registration the student needs to:**

- 1. Contact advisor to determine eligibility.**
- 2. Print the “Practicum / MHE Internship Handbook” which can be found online at [http://www.isu.edu/departments/hns/healthed\\_updated.shtml](http://www.isu.edu/departments/hns/healthed_updated.shtml) .**
- 3. Select site and meet with site contact person to get accepted and set up duties and/or projects.**
- 4. Fill out Appendix A–Approval Form, and obtain signatures of advisor and site supervisor; the student needs to sign the form as well.**
- 5. Provide Practicum/MHE Internship Coordinator with signed Approval Form.**
- 6. Obtain add card from Practicum/MHE Internship Coordinator in order to add class.**
- 7. Purchase ISU Student Malpractice Insurance (currently \$15), and provide proof-of-purchase to Practicum/MHE Internship Coordinator at orientation.**

**After Registration the student needs to:**

- 1. Attend Practicum/MHE Internship Orientation during the first or second week of the semester (time and place will be announced via e-mail address provided by the student on Appendix A).**

2. Set up the first site visit appointment with the Practicum/MHE Internship Coordinator to include your site supervisor.
3. Provide Practicum/MHE Internship Coordinator with Appendix B–Work Schedule—at the beginning of your work experience. Please be specific regarding dates, days, and times of work experience.
4. Provide Practicum/MHE Internship Coordinator with time sheets on a bi-weekly basis when site visits are made. Fill out time sheets completely including: date, time in, time out, number of hours worked, and description of tasks. Time sheets must be signed by the site supervisor to be valid. Make a copy for yourself.
5. Provide a brief description of your activities on the time sheet in the space provided. No other journal of your activities will be required.
6. Site supervisors will evaluate the students twice (mid-term and final evaluations) utilizing Appendix D–Practicum/MHE Internship Field Work Evaluation Form.
7. When you have met the hours required to complete the practicum/internship, set up a one-on-one exit interview with the Practicum/MHE Internship Coordinator. You will need to turn in your last time sheet as well as Appendix E–Practicum/MHE Internship Experience Evaluation Form.

#### **CREDITS AND THE REQUIREMENTS FOR COMPLETION**

<b>HE 490-01</b>	<b>Practicum</b>	<b>8 credits</b>	<b>(20 hrs per wk/16 wks=320 hours)</b>
<b>HE 490-02</b>	<b>Practicum</b>	<b>12 credits</b>	<b>(30 hrs per wk/16 wks=480 hours)</b>
<b>HE 490-03</b>	<b>Practicum</b>	<b>16 credits</b>	<b>(40 hrs per wk/16 wks=640 hours)</b>
<b>HE 655-01</b>	<b>Internship</b>	<b>1-3 credits</b>	<b>(50 hours per credit)</b>

#### **GRADING**

Evaluation of the practicum/internship student will be based on input from the site supervisor and the ISU field experience coordinator. Grading will be on a Satisfactory/Unsatisfactory basis.

Appendix A

DEPARTMENT OF HEALTH AND NUTRITION SCIENCES  
PRACTICUM/MHE INTERNSHIP APPROVAL FORM

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student Number: \_\_\_\_\_ Semester of Internship: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Proposed Site: \_\_\_\_\_

Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Planned Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_  
Academic Advisor

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Site Supervisor

\_\_\_\_\_ Date: \_\_\_\_\_  
Practicum/MHE Internship Coordinator

**Appendix B**

**FIELD EXPERIENCE COORDINATOR INFORMATION FORM**

**STUDENT: Name:** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

**SITE:** \_\_\_\_\_

**(Include full mailing address)**

**SITE SUPERVISOR:**

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

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

**E-mail:** \_\_\_\_\_

**TIME SCHEDULE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED COMPLETION DATE:** \_\_\_\_\_

**BRIEF DESCRIPTION OF SITE EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Appendix D

### PRACTICUM/MHE INTERNSHIP FIELD WORK EVALUATION FORM

Please evaluate each of the areas of the student's performance cited below as completely and candidly as you can. Place an X in the box that reflects your evaluation. Your responses will be shared with the student so she/he can learn from what was done well and from suggestions regarding what could have been done better.

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

Name of Supervisor: \_\_\_\_\_

Areas of Performance	Excellent	Good	Average	Other
<b>A. Work Habits</b>				
1. Is on time.				
2. Observes the rules of the organization.				
3. Is cooperative.				
4. Appears neat, presentable, and properly dressed.				
5. Completes assignments on time.				
6. Is receptive to constructive criticism and accepts authority.				
<b>B. Relationships With People</b>				
1. Gets along with co-workers.				
2. Gets along with supervisors or others in positions of authority.				
3. Interacts well with people from outside the organization (clients, patients, community members, etc.).				
4. Works effectively as a member of a work team.				
5. Establishes an open and trusting atmosphere with clients.				

**Areas of Performance**

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Other</b>
<b>C. Use of Professional Skills</b>				
<b>1. Communicates well in writing.</b>				
<b>2. Communicates well verbally.</b>				
<b>3. Listens and follows instructions well.</b>				
<b>4. Plans activities and the use of time effectively.</b>				
<b>5. Maintains confidentiality as necessary.</b>				
<b>6. Contributes useful ideas and suggestions.</b>				
<b>D. Knowledge Base</b>				
<b>1. Has sufficient knowledge of health and health-related information.</b>				
<b>2. Has sufficient knowledge of health education planning methods.</b>				
<b>3. Has sufficient knowledge of health education instructional strategies.</b>				
<b>4. Has sufficient knowledge of health education evaluation strategies.</b>				
<b>5. Knows how and where to obtain information about health.</b>				
<b>6. Knows how and where to acquire resources for use with HE programs.</b>				
<b>7. Adheres to ethical standards of practice for health educators.</b>				

**Elaborative Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_









## Appendix F

### LIST OF APPROVED PRACTICUM/MHE INTERNSHIP SITES

Place	Contact Person
<b>Alcohol Rehabilitation Association (ARA)** 163 East Elva Idaho Falls, ID 83402</b>	<b>Jared Vineyard Program Supervisor 522-6012</b>
<b>American Falls High School 2966 South Frontage Road American Falls, ID 83211 <a href="mailto:jimg@sd381.k12.id.us">jimg@sd381.k12.id.us</a></b>	<b>Summer Session Only Athletic Training/Conditioning Program Jim Giulio, Teacher</b>
<b>American Red Cross of Greater Idaho** Regional Office 330 Shoup, Suite B Idaho Falls, ID 83402</b>	<b>Shawn Tolman, Director East Idaho District 243-0517-cell  Diane Lewis 243-0519</b>
<b>Area Agency on Aging (Area VI) Eastern Idaho Special Services Agency, Inc. 357 Constitution Way Idaho Falls, ID 83405</b>	<b>Matthew Queen 522-5370 Ext. 1034</b>
<b>Area Agency on Aging (SEICOG) 214 E. Center St. P.O. Box 6079 Pocatello, ID 83205</b>	<b>Judi Robinson 233-4032 ext. 17</b>
<b>Aspen Physical Therapy 1800 Garrett Way, 19A Pocatello, ID 83201</b>	<b>Bart McDonald 233-1064</b>

**Bannock Youth Foundation  
620 W. Fremont  
Pocatello, ID 83204**

**Suzanne Hughes, LPC  
Independent Living Coordinator  
234-2244**

**Candace Camper  
Babysteps Program  
403 N. Hayes  
234-1122 ext 15**

**Bingham County\*\*  
7<sup>th</sup> Judicial Drug Court  
Blackfoot, ID 83221**

**Liberty Fairchild  
Treatment Supervisor  
705-6042**

**Bingham Memorial Hospital  
Education Center  
315 W. Idaho St.  
Blackfoot, ID 83221**

**Dixie Erickson  
Education Director  
237-2153**

**Cedar Health Center  
(Mental Health)  
427 N. Arthur  
Pocatello, ID 83204**

**Jennifer Higbee  
233-2998**

**Creekside Home Health and Hospice  
1246 Yellowstone, Ste C-5  
Pocatello, ID 83201**

**Terri Campbell  
637-1100**

**Eastern Idaho Regional Medical Center\*\*  
1904 Jennie Lee Drive  
Idaho Falls, ID 83404**

**Marian Twitchell  
529-6700**

**EXCEL Weight Loss Solutions  
611 Wilson St., Suite 8  
(Behind Gart Sports)  
Pocatello, ID 83201**

**Karen Donaldson  
233-0593**

**Family Services Alliance  
355 S. Arthur Ave.  
Pocatello, ID 83204**

**Sarah A. Leeds  
Executive Director  
232-0742**

**Fitness, Inc.**  
**1800 Garrett Way, 119A**  
**Pocatello, ID 83201**

**Bill Davis**  
**233-8035**

**Head Start**  
**330 Oakwood Drive (old Lincoln Elem. Schl.)**  
**Pocatello, ID 83204**

**Sherry Dieter, Health Manager**  
**233-6606 – office**  
**251-2304 – cell**

**Health West, Inc.**  
**845 West Center, Suite 202**  
**Pocatello, ID 83204**

**Erica Malouf**  
**Health Education**  
**232-7862, ext. 109**

**Idaho Department of Health & Welfare**  
**Human Development Center**  
**421 Memorial Drive**  
**Pocatello, ID 83201**

**Robb Dye, LCSW**  
**234-7900**  
**Drug Court Wellness Classes**  
**MHE Internship Only**

**Idaho Power**  
**301 E. Benton**  
**Pocatello, ID 83201**

**Safety/Accident Prevention Dept.**  
**388-2200**

**Idaho Probation & Parole, District 6\*\***  
**1135 Yellowstone Ave.**  
**Pocatello, ID 83201**

**John Warner**  
**237-9194, ext. 234; 243-1310**

**INL\*\***  
**P.O. Box 1625**  
**Idaho Falls, ID 83403**

**Sharon Chivers**  
**526-0259**

**Bowen Huntsman**  
**Voluntary Protection Program**  
**526-0388**

**Evan Thomas**  
**Health Promotion**  
**526-6929**

**ISU Center for New Directions**  
**Roy F. Christensen (RFC) Building**  
**Mail Stop 8380**  
**College of Technology**  
**Pocatello, ID 83209**

**Marlene Darling**  
**282-6076**

**ISU CW Hog Handicapped Outdoor Group  
Mail Stop 8128  
PSU Basement**

**Bob Ellis  
282-3912**

**ISU Genesis Project  
Student Health Center  
Mail Stop 8016  
Pocatello, ID 83209**

**Dylan Stone  
282-5312  
(HIV/AIDS Prevention Program  
targeted for gay men 18-35.)**

**ISU Janet C. Anderson Women's & Men's Center  
Gravelly Hall 117  
Mail Stop 8141  
Pocatello, ID 83209**

**Fall Semester Only  
Kim Talbot  
Project Hope Advocacy Program  
282-5180**

**ISU Weight and Conditioning Facility  
Idaho Orthopedic and Sports Clinic  
560 Memorial Drive  
Pocatello, ID 83209**

**Mark Campbell  
282-3035**

**ISU Wellness Center  
Reed Gym 205A  
Mail Stop 8109  
Pocatello, ID 83209**

**Lisa Salazar  
282-2117**

**Madison Memorial Hospital\*\*  
450 East Main  
Rexburg, ID 83440-0311**

**Kim Abbeglin, Intern Director  
356-3691, ext. 5700; 359-6459 for  
direct line.**

**MK Place  
110 S. 19th  
Pocatello, ID 83201**

**Cindy Hansen  
Program Director  
251-1787**

**Pocatello Family Medicine  
465 Memorial Drive  
Pocatello, ID 83209**

**Laura Southworth  
282-4896**

**Portneuf Medical Center\*\*  
777 Hospital Way  
Pocatello, ID 83201**

**Misty Foltz  
Community Health Education  
239-2437 (East Campus, Annex D)**

**Portneuf Medical Center\*\* (cont.)**

**Monica White, Director  
Volunteer Services  
239-1155 (West Campus,  
Basement)**

**Brad Huerta, Director  
Planning  
239-1052 (West Campus)**

**Gail Mikesell  
Education Department  
239-2436 (East Campus, Annex D)**

**Ann Swanson, Director  
Community Relations  
239-2121 (East Campus)**

**Public Hospital Cooperative  
651 Memorial Drive  
Pocatello, ID 83201  
(Physical location: 1151 Hospital Way, Bldg B)**

**Jon Smith, Executive Director  
239-2384**

**Road to Recovery  
600 East Oak  
Pocatello, ID 83201**

**Liz Lovell  
Executive Director  
233-9135**

**Rocky Mountain Diabetes & Osteoporosis Center  
2220 E. 25<sup>th</sup> St.  
Idaho Falls, ID 83404**

**Becky T. Sulik, RD, LD, CDE  
Metabolic Clinic Director  
523-1122, ext. 30**

**South Central District Health Department\*\*  
1020 Washington St. N  
Twin Falls, ID 83301**

**Maggi Machala, RN, MPH  
734-5900, ext. 284**

**Southeastern District Health Department\*\*  
District #6  
1901 Alvin Ricken Drive  
Pocatello, ID 83201**

**Maggie Mann, Health Promotion  
239-5258**

**Candee Cooper, Environmental  
239-5274**

**Jeff Doerr, Epidemiologist  
478-6321**

**Southeastern District Health Department\*\* (cont.)**

**Cindy Holly-Rausch, WIC  
239-5260**

**Southeastern District Health Department\*\*  
District #7  
254 E Street  
Idaho Falls, ID 83403**

**Marilyn Anderson  
522-0310**

**Hilary Coyne, WIC  
522-3823, ext. 238**

**Southwestern District Health Department\*\*  
920 Main St.  
Caldwell, ID 83605**

**Mitch Keister  
(208) 455-5321**

**World Gym  
1435 N. Main St.  
Pocatello, ID 83204**

**Paige Cameron  
Club Administrator  
234-4177**

**\*\*Please allow enough time at these facilities for required background checks, testing, and other preparation for acceptance. The process can take from 3-6 weeks, and must be completed before the student begins work.**