**RHS 2980**

**Introduction to**

**Cooperative Work Experience**

**Manual**

**for**

**Rehabilitation Sciences Majors**

Department of Athletic Training

Weber State University

Table of Contents

[Introduction 3](#_Toc55725179)

[Expectations 3](#_Toc55725180)

[Supervisor Interview Report 6](#_Toc55725181)

[Facility/Company Description Report 8](#_Toc55725182)

[Educational Requirements Report 9](#_Toc55725184)

[Professionalism Report 10](#_Toc55725185)

[Personal Impact Report 12](#_Toc55725186)

[RHS 2890 Internship Checklist 13](#_Toc55725187)

Last updated: 11/8/2020

# Introduction

This cooperative work experience will serve as an opportunity to introduce you to an occupational experience in health care that takes place in a safe, supervised work environment. The purpose of this cooperative work experience is to let you explore a health care profession and learn about the qualifications, skills, details of employment through job shadowing a health care professional.

Your Cooperative Work Experiences may be:

* Taken for credit (1 credit hour).
* Part-time or full-time.
* On campus and/or off-campus.
* Paid or unpaid.
* Completed during the fall, spring, or summer

Your Cooperative Work Experience **MUST** be completed in the semester in which you have registered for the credit. Extenuating circumstances will be taken into consideration.

You **MUST** be registered for RHS 2890 by the **4th week of the semester** in which you are registering for cooperative work experience.

For your cooperative work experience to be successful, a committed and collaborative partnership must exist among those involved in the experience (intern, site supervisor, Cooperative Work Experience coordinator).

As the key benefactor of this partnership, you must be willing to put forth an optimal performance.

# Expectations

You will be expected to:

1. **Pre-Cooperative Work Experience**
* Meet with your faculty mentor or department advisor to discuss potential experiences within your field(s) of study. Prior to this meeting, review the contents of your ***Cooperative Work Experience Manual***. Your cooperative work experience course instructor, will further discuss your professional preparation and potential Cooperative Work Experience opportunities.
* Propose potential work sites and review requirements for each site.
* Use available resources to obtain a cooperative work experience interview.
* After being accepted for a cooperative work experience, complete the ***Cooperative Work Experience Contract*** with the site supervisor and Cooperative Work Experience course instructor. Note: There are two contracts, one for unpaid internships and one for paid internships. Obtain and review specific responsibilities with the site supervisor. The Cooperative Work Experience course instructor will determine the number of credit hours that you are eligible to enroll.
* Review work assignments, reports and evaluations with the cooperative work experience coordinator and then with the site-supervisor.
* Register for the cooperative work experience.
* Complete any required criminal background verification, immunizations, and drug screening per the Cooperative Work Experience setting (e.g., McKay Hospital and Ogden Clinic both require HBV vaccinations, criminal background check, and drug-screening.) The cost will be absorbed by the student or the setting depending on each location.
1. **Cooperative Work Experience**
* Meet individually with the course instructor to review the course packet, syllabus, requirements, and due dates.
* Accomplish to the best of your ability all of the daily duties and tasks as well as special projects assigned by the site supervisor which are related to the agreed upon expectations and responsibilities of the position.
* Maintain a professional appearance (this will be determined by your work site and should be strictly followed as you are representing yourself and the University) and behave in a professional manner.
* Adhere to professional ethics and follow the rules and regulations and performance requirements of the site’s organization.
* Complete the academic requirements (reports) as outlined in the RHS 2890 Cooperative Work Experience Manual.
* Notify the Cooperative Work Experience course instructor of any changes in the original Cooperative Work Experience agreement or of any problems that develop during the work experience.
* If changes to established due dates are necessary, it is your responsibility to submit revised due dates to your Cooperative Work Experience course instructor for approval. This must be done prior to the established due date. Late reports will have a negative effect on your final grade.

# Cooperative Work Experience Description Report

Schedule an orientation/tour with your cooperative work site supervisor to develop a description of your Cooperative Work Experience. Attempt to obtain information on or gain exposure to:

1. The supervisor and staff
2. The work environment
3. The philosophy of the organization/company.

In your report you will briefly describe what you have learned and what your initial impressions were of the organization.

Copy and paste the report template below into a blank (new) Word document.

**COOPERATIVE WORK EXPERIENCE DESCRIPTION REPORT (template)**

**Cooperative Work Experience**

**Organization**

**Location**

**Program Supervisor**

Submitted by Your Name

Course Number

Date

**Supervisors and Immediate Colleagues**

 *Name*

 *Position/Title*

 *Areas of Responsibility*

**Philosophy Statements**

 *Mission Statement*

 *Vision Statement*

**Work Environment**

 *Facilities (e.g., description, operation, maintenance)*

 *Clientele*

 *Atmosphere (e.g., functional, inviting, friendly)*

 *Equipment/Software (e.g., general, description, maintenance)*

*Safety Measures/Guidelines*

#

# Supervisor Interview Report

With the first month of you cooperative work experience, try to schedule some time to interview your cooperative work site supervisor. Ask him/her questions related to the following:

1. Where did you grow up prior to college?
2. How much did your family support your educational and career goals?
3. When did you first become interested in this profession?
4. What got you interested in this profession?
5. How much schooling did you do (universities and degrees)?
6. Did you have to take out any student loans?
7. How long have you practicing as a health care provider?
8. What are your primary responsibilities as a health care provider?
9. What is your most and least favorite aspects of your job?
10. What would be one piece of advice that you would provide for a student who is interested in your career?

In your report you write about your interview and provide information that you gathered from the questions you asked your supervisor.

Copy and paste the report template below into a blank (new) Word document.

**SUPERVISOR INTRVIEW REPORT (template)**

**Cooperative Work Experience**

**Organization**

**Location**

**Program Supervisor**

Submitted by Your Name

Course Number

Date

**Background**

 *Childhood*

 *Family support*

 *Interest in profession*

**Education**

 *Schools & Degrees*

 *Student Loans*

**Career**

*Job Responsibilities*

*Work Experience*

**Reflection**

 *Pros vs. Cons*

 *Advice for students*

# Educational Requirements Report­

In this section you are required to outline the current educational requirements of your work site supervisors health care profession. With the help of your supervisor and the internet, find informed related to the following:

1. Highest level of schooling needed for this health care profession
2. Years of schooling (minimum and maximum)
3. Common pre-requisite coursework needed to apply to a professional program
4. Average (or minimum) GPA needed to apply to a professional program
5. Observation hours needed to apply to a professional program
6. List of professional programs offered in/around Utah
7. Typical coursework within a professional program
8. Clinical experience offered within a professional program

Copy and paste the report template below into a blank (new) Word document.

**EDUCATIONAL REQUIREMENTS REPORT (template)**

**Cooperative Work Experience Expectation**

**Organization**

**Location**

**Program Supervisor**

Submitted by Your Name

Course Number

Date

**Degrees and Duration**

 *Level of schooling*

 *Years of schooling*

**Application Requirements**

*Prerequisite coursework*

 *Average/minimum GPA*

 *Observation hours*

**Professional Programs**

*Regional programs*

*Coursework*

*Clinical experience*

#

# Professionalism Report

After completing the educational report, meet with you supervisor to discussion the certification and licensure requirements of his/her health care profession. You are also welcomed to use the internet when finding the following information:

1. Name and passing criteria of board/medical examination
2. Timing and frequency of board/medical examination
3. Continuing education requirements
4. Continuing education opportunities
5. State licensure procedures
6. Scope of practice and ethical code
7. Optional/recommended certifications/credentials

Copy and paste the report template below into a blank (new) Word document.

**PROFESSIONALISM REPORT (template)**

**Cooperative Work Experience**

**Organization**

**Location**

**Program Supervisor**

Submitted by Your Name

Course Number

Date

**Board/Medical Examination**

 *Name & Criteria*

 *Timing & Frequency*

**Continuing Education**

 *CE Requirements*

 *CE Opportunities*

**Practice Guidelines**

 *State Licensure*

 *Scope & Code of Ethics*

 *Optional/Recommended Certifications/Credentials*

# Personal Impact Report

Towards the conclusion of your cooperative work experience, take time to reflect upon what you have learned and the impact it has made on you future plans/goals. In the first part of your final report, list and explain the ten most important things have you learned during this experience. IN the second part of your final report, answer the questions in the template.

Copy and paste the report template below into a blank (new) Word document.

**PERSONAL IMPACT REPORT (template)**

**Cooperative Work Experience**

**Organization**

**Location**

**Program Supervisor**

Submitted by

Your Name

Date

**Top Ten Things Learned**

**Reflection Questions**

1. *In what ways did this experience confirm or make you question your future career goals?*
2. *Describe one patient you worked with or observed that influenced your decision.*
3. *Based on what you’ve observed, what behaviors did you observe in your supervisor(s) that you hope to emulate in your own career?*
4. *You will complete at least one other internship in RHS 4890. Would you like to complete a similar internship to this one, or complete another internship?*
5. *What are you most excited to learn in the Rehabilitation Sciences program?*
6. *What are you most excited to learn more about in graduate school?*
7. *What is your timeline for applying to graduate school?*

#

# RHS 2890 Internship Checklist

|  |  |
| --- | --- |
|  | Supervisor Interview Report |
|  | Facility/Company Description Report |
|  | Education Report |
|  | Professionalism Report  |
|  | Personal Impact Report |
|  | Hours log – signed by supervisor |