

**UCLA SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF HEALTH SERVICES
PROGRAM IN HEALTH POLICY AND MANAGEMENT**

Summer Internship Planning Form

This Internship Planning Form has been designed to help you select an internship site best suited to your academic and professional needs. It will help you to articulate your personal career goals and objectives for your internship in terms of the acquisition of skills and knowledge. Please consider these items carefully. Investing energy in answering these questions will help direct you to a more appropriate setting for your internship. In addition, it will help us to identify suitable potential sites for you to explore.

Please complete this form and return it to Professor Hilberman in Room 3 1-253C, at hilberma@ucla.edu, or during your first meeting with the Program Director. This information will help us to plan the internship placement process. Thank you for your cooperation.

Name _____ Soc Sec # _____

Local Address _____

Phone: Local _____ Work _____

Work Address _____

Permanent Address (if different from above) _____

Permanent Phone _____ E-mail _____

PREPARE AND UPDATE YOUR RESUME!

PLEASE THINK ABOUT AND RESPOND TO THE FOLLOWING QUESTIONS. The internship process will be more rewarding for you, if you have thought about your career goals, skills and experiences, and interest

In terms of your career, where do you want to be five years from now? Please be as specific as possible. What type of organization would you like to work in? What position? Location? Area of expertise?

Field training is designed to provide you with an opportunity to build upon previous skills as well as learn new ones. We are trying to capture your current skill set as well as gain a better understanding of what skills you want to learn this summer. In the first column, please indicate your level of prior experience (1=No experience, 5=Fully proficient without supervision) in the areas listed below. This does not have to be "professional" experience. Participation in volunteer organizations and programs or previous student activities can develop skills that are applicable to your professional work. In the second column, please rate your level of interest in developing these skills during your field placement (1 = Not at all interested, 5 = Extremely interested.)

FISCAL FUNCTIONS:

Exp. Interest

- ___ ___ Budgeting
- ___ ___ Funds Development
- ___ ___ Financial Planning
- ___ ___ Accounting
- ___ ___ Reimbursement/Contracting
- ___ ___ ProForma Development
- ___ ___ Business Plan Development

RESEARCH

Exp. Interest

- ___ ___ Surveys
- ___ ___ Questionnaire Development
- ___ ___ Interviewing
- ___ ___ Data analysis and collection

PROJECT MANAGEMENT:

Exp. Interest

- ___ ___ Planning
- ___ ___ Design/Implementation
- ___ ___ Evaluation

MEASURING PERFORMANCE

Exp. Interest

- ___ ___ Accreditation: JCAHO
- ___ ___ TQM, CQI/
- ___ ___ Process Improvement
- ___ ___ Quality Assessment

INFORMATION TECHNOLOGY

Exp. Interest

- ___ ___ Internet/Web Capability
- ___ ___ EMR/Medical Informatics
- ___ ___ Information Systems

MARKETING:

Exp. Interest

- ___ ___ Product development
- ___ ___ Market analysis
- ___ ___ Competitor analysis

MANAGED CARE:

Exp. Interest

- ___ ___ Contracting
- ___ ___ Provider Relations
- ___ ___ Utilization Review
- ___ ___ Capitation

POLICY:

Exp. Interest

- ___ ___ Analyzing legislation
- ___ ___ Lobbying/negotiation/Advocacy
- ___ ___ Writing policy briefs
- ___ ___ Drafting and reviewing regulation

GRANTSMANSHIP:

Exp. Interest

- ___ ___ Proposal writing
- ___ ___ Writing progress reports

WORKING WITH GROUPS:

Exp. Interest

- ___ ___ Staffing committees
- ___ ___ Working in teams
- ___ ___ General management
- ___ ___ Computer skills (list below)

Please use additional paper, if necessary.

After reflecting on the dimensions listed above and given your previous academic and professional experience, please list at least five skills that you can offer your preceptor during an internship.

- 1.
- 2.
- 3.
- 4.
- 5.

Please list the top five skills that you would like to develop or learn during the summer.

- 1.
- 2.
- 3.
- 4.
- 5.

Please indicate at least three public health or health services problems, issues, or population groups that interest you. (e.g., children, elderly, health care reform, access to care, chemical dependency, managed care, e-health, pharmaceutical R & D, managed behavioral health care, direct to consumer advertising, management consulting, etc.).

Please indicate your preferred functional area within the health care system. (e.g., management, policy/advocacy, financial analysis, marketing, research, contracting/provider relations, strategic planning, quality improvement, consulting, etc.)

What is your preferred health care setting? (e.g., hospital, managed care organization, medical group, government agency, community-based organization, research organization, consulting firm, etc.)

Some students enter UCLA with a clear idea of the organizations where they would like to complete their internship. Have you identified any organizations where you would like to apply for a summer internship? Please list their contact information below and we will help you to pursue them.

Is there any other information that you want to share with the Department to help ensure that your internship is a success? (Use additional sheets if necessary.)