

Health Career Internship Student Survey

This is a **confidential survey** designed to measure:

- Your experiences of your health career internship (paid or unpaid)
- Your future college and career plans

Please answer honestly and according to your own situation. Thanks!

1. **Today's Date:** ____/____/____

2. **Your Gender:** Male Female

3. **Your School:** _____

4. **Your current grade level (or if between grades, check the grade you just completed):**

- 9th 10th 11th 12th Adult Ed

5. **Location of your internship:** _____

6. **In your own words, describe how you were pleased and/or displeased with your internship experience:**

7. **What did you learn or gain from this internship experience?**

8. For the following set of statements, please indicate how much you agree on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree by placing a checkmark (☑) in the appropriate box.

| | Strongly Disagree 1 | Somewhat Disagree 2 | Unsure/ Neutral 3 | Somewhat Agree 4 | Strongly Agree 5 | N/A |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| a. <u>Because of</u> this internship, I am <u>more</u> interested in pursuing a health career. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| b. <u>Because of</u> this internship, I learned about <u>additional</u> types of health careers that I didn't know previously. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| c. My internship covered all of the departments, career types, and job responsibilities that I hoped it would. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| d. I was pleased with my internship experiences. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| e. I received adequate support/ advice/insight from the professionals that I worked with during the internship. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| f. The professionals that I worked with during the internship conducted <u>themselves</u> in a professional manner. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| g. I learned how to conduct <u>myself</u> in a professional manner during the internship. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| h. I plan to return to the health organization where I had my internship to pursue my future health career. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |
| i. I feel prepared to be academically successful in college. <i>(if you don't plan to go to college, mark "N/A").</i> | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ^{NA} |
| j. <u>Because of</u> this internship, I better understand the duties and responsibilities of the career that I want. | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | |

9. As part of your internship, which departments/services did you spend at least one day observing? (mark all that apply)

| | |
|--|---|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Behavioral Health/Mental Health (including Clinical Counseling, Psychology, Social Work) | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Blood Collection Lab/Phlebotomy | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Burn Unit | <input type="checkbox"/> Pain Management (outpatient) |
| <input type="checkbox"/> Cardiac/Coronary Care Unit | <input type="checkbox"/> Pastoral Care (including Chaplain Services) |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Catheterization (Cath Lab) | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Clinical Trials/Research | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> Rehab, Inpatient Unit |
| <input type="checkbox"/> Dietary/Nutritional Services | <input type="checkbox"/> Rehab, Outpatient Therapies (including PT, OT, Speech, Hand Clinic) |
| <input type="checkbox"/> Emergency Department (ED or ER) | <input type="checkbox"/> Rehab, Recreation Therapy (Rec Therapy) |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Facilities/Engineering | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Hemodialysis/Dialysis Unit or Clinic | <input type="checkbox"/> Senior Services/Geriatrics |
| <input type="checkbox"/> Hospital Administration (including CEO, VP, and executive management) | <input type="checkbox"/> Stroke Center |
| <input type="checkbox"/> Human Resources (HR) | <input type="checkbox"/> Surgical Services (including OR, Anesthesiology, and Recovery Room) |
| <input type="checkbox"/> Hyperbarics | <input type="checkbox"/> Telemetry (including Step Down Unit and PCU - Progressive Care) |
| <input type="checkbox"/> Information Systems (IS or IT) | <input type="checkbox"/> Triage |
| <input type="checkbox"/> Intensive Care Units (including ICU, SICU - Surgical, MICU - Medical, CCU - Critical Care, and NICU - Neonatal) | <input type="checkbox"/> Volunteer Department |
| <input type="checkbox"/> Laboratory (including Pathology, Clinical Lab, and Blood Bank) | <input type="checkbox"/> Weight Management Services |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Women's Health (including OB/GYN, Maternity Services, Labor & Delivery, and Nursery) |
| <input type="checkbox"/> Medical Billing/Financial Services (including Admitting Department) | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other, Specify: |
| <input type="checkbox"/> Medical-Surgical Unit (Med/Surg) | <input type="checkbox"/> Other, Specify: |

10. As part of your internship, what were your favorite departments/services? (mark all that apply)

| | |
|--|---|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Behavioral Health/Mental Health (including Clinical Counseling, Psychology, Social Work) | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Blood Collection Lab/Phlebotomy | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Burn Unit | <input type="checkbox"/> Pain Management (outpatient) |
| <input type="checkbox"/> Cardiac/Coronary Care Unit | <input type="checkbox"/> Pastoral Care (including Chaplain Services) |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Catheterization (Cath Lab) | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Clinical Trials/Research | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> Rehab, Inpatient Unit |
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| <input type="checkbox"/> Emergency Department (ED or ER) | <input type="checkbox"/> Rehab, Recreation Therapy (Rec Therapy) |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Facilities/Engineering | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Hemodialysis/Dialysis Unit or Clinic | <input type="checkbox"/> Senior Services/Geriatrics |
| <input type="checkbox"/> Hospital Administration (including CEO, VP, and executive management) | <input type="checkbox"/> Stroke Center |
| <input type="checkbox"/> Human Resources (HR) | <input type="checkbox"/> Surgical Services (including OR, Anesthesiology, and Recovery Room) |
| <input type="checkbox"/> Hyperbarics | <input type="checkbox"/> Telemetry (including Step Down Unit and PCU - Progressive Care) |
| <input type="checkbox"/> Information Systems (IS or IT) | <input type="checkbox"/> Triage |
| <input type="checkbox"/> Intensive Care Units (including ICU, SICU - Surgical, MICU - Medical, CCU - Critical Care, and NICU - Neonatal) | <input type="checkbox"/> Volunteer Department |
| <input type="checkbox"/> Laboratory (including Pathology, Clinical Lab, and Blood Bank) | <input type="checkbox"/> Weight Management Services |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Women's Health (including OB/GYN, Maternity Services, Labor & Delivery, and Nursery) |
| <input type="checkbox"/> Medical Billing/Financial Services (including Admitting Department) | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other, Specify: |
| <input type="checkbox"/> Medical-Surgical Unit (Med/Surg) | <input type="checkbox"/> Other, Specify: |

11. At this point, what do you plan to do after you graduate from high school or after you have completed your Adult Ed classes? (mark one that fits best)

- | | |
|---|---|
| <input type="checkbox"/> Attend a 4 year university | <input type="checkbox"/> I will not go to school; I will do missionary or volunteer work. |
| <input type="checkbox"/> Attend a community college | <input type="checkbox"/> I will not go to school; I will become a homemaker. |
| <input type="checkbox"/> Attend a technical/vocational college | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Join the military | <input type="checkbox"/> Other: specify: _____ |
| <input type="checkbox"/> I will not go to school; I will only work. | |

12. Have you decided on a college major (area of focus)?

- Yes → specify: _____
- No
- I'm not going or don't plan to go to college

13. Name up to three careers that you are considering for the future:

| |
|----|
| 1. |
| 2. |
| 3. |

**Thank you for taking the time to complete this survey.
Good luck with your studies and career pursuits!**