

Seminole Community College
Cooperative Education Internship in Nursing (NUR 2941)
PLANNING PACKET

- Directions:
1. After printing this Planning Packet, carefully read and review its content.
 2. Determine this semester's due date for the Planning Packet by contacting your faculty advisor.
 3. Complete the forms and obtain the indicated signatures.
 4. Make three additional copies of the completed packet.
 5. Distribute the copies of the completed packet as follows:
 - A) Hospital Representative
 - B) Seminole Community College Faculty Advisor
 - C) Seminole Community College Cooperative Education Office, Sanford/Lake Mary campus (C-103)
 - D) Retain a copy for your records

Seminole Community College
Cooperative Education Internship in Nursing (NUR 2941)
General Information

Course Description:

This course is designed to provide students the opportunity to apply classroom theory to practical work-related experiences and to facilitate the student's transition into the workplace as a graduate nurse.

Pre-requisites

Completions of all nursing general education courses, support courses, and all course prior to NUR 2943C.

Co-requisites

Completion of NUR 2943C, Nursing Process: Practicum.

Credit Hours/Work Hours

NUR 2941 is a one (1) credit course and will require that the student work at least 50 hours at the work site in addition to any work completed for any other clinical, practicum or any other form of experiential learning. Students may exceed the minimum 50 hour requirement and may not leave in the middle of a shift if the minimum requirements are met.

Location

Local healthcare facility or area hospital.

Times

Hours worked will be determined on an individual basis through collaboration between the student, SCC Faculty Advisor, and hospital supervisor(s).

Seminole Community College
Cooperative Education Internship in Nursing (NUR 2941)
Student Data Sheet

Student

Name _____

Address _____

City _____ State _____ Zip _____

Student ID# Number _____

Major _____

Work Phone _____ Home Phone _____

Faculty Supervisor

Name _____

Work Phone _____ Office Location _____

Employer

Name _____

Address _____

City _____ State _____ Zip _____

Supervisor _____

Phone _____ FAX Phone _____

Career Development Center Director

Name Christy King _____

Work Phone 407 708-2103 _____ Fax _____ 407 708-2034

Office Location Seminole Community College Sanford/Lake Mary (C-103)

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Letter of Intent

The student agrees to:

1. Uphold his/her obligation to the employer by arriving on time for work, avoiding unnecessary absences, dressing appropriately, carefully and accurately completing work assignment, complying with work place requirements, working cooperatively with co-workers, and taking initiative.
2. Uphold his/her obligations to his/her faculty advisor by taking initiative to set up meetings with faculty advisor, arriving on time for scheduled meetings and being appropriately prepared, completing and turning in assignments in a timely fashion, and keeping the channels of communications open through his/her initiative.
3. Uphold his/her obligations to the Co-op Office by, attending the required Orientation, completing and turning in paperwork according to established deadlines, and attending required Employability Seminars.

The faculty advisor agrees to:

1. Meet with the student to assist the student with the formulation of the Learning Contract.
2. Act as the liaison between student, employer, and Seminole Community College.
3. Provide guidance to the student throughout his/her Co-op assignment.
4. Clearly define expectation and course requirement for the Co-op assignment.
5. Visit the student on the job site when feasible.
6. Evaluate and grade the Co-op experience using the Learning Contract as the foundation.

The employer agrees to:

1. Provide work assignments in line with Co-op goals and objectives as defined in the learning contract.
2. Designate supervisor who will work with the student in achieving the student's goals and learning objectives.
3. Assign preceptor to work with student during internship and practicum.
4. Complete the mid-term performance evaluation and return it to the Co-op Office.
5. Alert the Co-op Office and faculty advisor of any concerns or dissatisfaction with the Co-op student.
6. Maintain the cooperative work experience for the prescribed period unless the student is unable to effectively perform the work or meet the work schedule.
7. Abide by all governmental provisions related to wage and hour regulations or other conditions of employment.

The Co-op Office agrees to:

1. Assist in determining student eligibility for participation in the SCC/Hospital Co-op experience.
2. Provide proper paper work to student which allows them to register for Co-op once eligibility has been established.
3. Work cooperatively with faculty, deans, directors, and department chairs to determine appropriate faculty advisor assignments.
4. Conduct Co-op Orientation for students and faculty.
5. Provide a varying schedule of employability seminars that accommodate students' schedules.
6. Send and collect performance evaluations for employers and students.
7. Serve as the repository for all official Co-op records.

Student's Signature/Date

Employer's Signature/Date

Faculty Advisor's Signature/Date

Career Development Center Director's Signature/Date

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Learning Contract

Overview of Work Experience: Carefully describe the major responsibilities of the Co-op work experience. _____

Projects Overview:

1. **Daily Journal:** The student will maintain a Daily Journal in which significant learning experiences and personal growth are recorded. An entry is required for each day of the internship experience. A form is provided for this purpose.
2. **Final Report:** The student will complete a final report by responding to the questions on the Final Report Form. The Daily Journal may assist with writing this Final Report.

SCC/Hospital Learning Objectives:

1. Learn the mission and values of the hospital.
2. Develop the technical and professional skills required of a graduate nurse.
3. Develop leadership skills in relation to the nursing unit assigned and patient care assignment.

Evaluation Plan: Below are four evaluation methods that will be used for your co-op experience:

% of Grade

- | | | |
|-------|----|---|
| _____ | 1. | Evaluation by employer supervisor of student performance. |
| _____ | 2. | Faculty supervisor's evaluation of project. |
| _____ | 3. | Documentation (Weekly Time Log) of required hours of work at the Co-op job. |
| _____ | 4. | Thank you note to Unit Manager and copies to: |

Hospital Representative,
Workforce Planning

SCC Faculty Advisor
SCC Career Development Center

Student's Signature/Date

Employer's Signature/Date

Faculty Advisor's Signature/Date

Career Development Center Director's Signature/Date