**UConn Health, Department of Community Medicine and Health Care, Master of Public Health Program**

**Applied Public Health Practice Learning Experience**

**Independent Practicum or Field Experience in Public Health**

**Overview and Goals of the Applied Public Health Practice Learning Experience:** The applied public health practice learning experiences collectively include the Independent Practicum, Field Experience in Public Health, and other related individual studies elective courses that largely focus on community-centered applied public health practice field work.

The goals, course requirements, and criteria for all the applied public health practice learning experiences are based on the MPH Program core course, the Practicum in Public Health, which is a group, rather than individual, community-centered applied public health practice learning experience. All applied public health learning experiences, group or individual, are part of the MPH Program’s aim to prepare students with the understanding, knowledge, experience, skills and values necessary to successfully function as highly competent public health practitioners and leaders.

The **organizing principles** of the applied public health practice learning experience courses are:

* *Public health practice is trans-disciplinary* - Comprehensive understanding of public health issues and effective interventions require simultaneous consideration of individual, interpersonal and environmental perspectives
* *Public health practice is a shared enterprise -* Collaboration between schools and the public health practice community is essential to assuring that all communities have access to effective principles and techniques for disease control and community improvement
* *Public health practice is orderly* - Effective interventions are predicated on sequential steps of assessment, asset mapping, planning, programming and evaluation
* *Public health practice is humanizing -* Interacting with stakeholders expands data and increases capacity for beneficial social change.

**Students’ Performance Requirements and Grades**: To achieve a passing grade for an applied public health practice learning experience course, students must successfully complete the following performance requirements:

* **Students are expected to spend 135+ hours in practicum-related activities**. Hours spent in completion of course-related activities will be registered and tracked via the student’s Activity Logs (see below).

Activities that count toward the 135+hours include: Time spent on research, report writing, and working within the community, and with community-based preceptors.

Students’ activities that do NOT count toward the 135+ hours include:

* + Travel time to and from class, meetings, the library, field sites, and the like
  + Non-productive unreasonably excessive time spent on the phone, emailing, text-messaging, conducting internet/web searches, and the like, UNLESS directly and substantively related to the project (must be documented in the Activity Logs; see below).
* **Activity Logs**: Beginning with the second week of the course, students will provide detailed information regarding the scope, extent and consequence of project activities that they undertake or complete. It is important that students carefully document all activities and estimates of committed hours. Individual activity logs are to be submitted **every week** during the semester, by Monday, 12:00 noon. Logs should include all of the following, *to the extent they are relevant to your work*:
  + A brief summary of your readings (What did you learn? Was it helpful?)
  + If communicating or meeting with project collaborators (What was accomplished?)
  + Notes from communications with stakeholders and community advocates
  + Description of work performed at the field site and in the community
  + Postings of references and resources, such as: Web links, bibliographic citations, summary statistics and findings, individual contact information, personal writings, observations, etc.
* **Reflections**: Students will write and submit three reflections over the course of the semester. If the student is taking the Practicum, the reflections are uploaded via HuskyCT, if it is a field experience, the reflections should be emailed to Dr. Brown ([stbrown@uchc.edu](mailto:stbrown@uchc.edu).). These narratives are 1-3 pages in length, are confidential and should demonstrate the student’s reflections on their participation in the course/project activities. Topics for reflection include: experience working on the project, evaluation of personal and group efforts, experience interacting with other public health experts, and self assessment of personal professional growth.
* **Pre and Post Competency Assessment, Learning Objectives and SMART Goals:** Students will submit a competency self-assessment both prior to the start of their Practicum project and afterwards to ascertain their progress. They will also develop learning objectives for their Practicum and individual S.M.A.R.T. goals.
* **Final Reports**: Students are required to compile a brief (2-3 pages) written report describing their project, data, findings, observations, recommendations, and personal experience. You can think of this report as an executive summary of your work. This report is **due by Monday, the week prior to the end of the semester**.
* **Student Presentation**: Students taking the Practicum course will present their project to an assembled group of students, site preceptors, and faculty, in a format set by the course instructor and at a date/time and location to be determined. Students conducting a Field Experience will arrange an appropriate venue/date/time with their site preceptors for the presentation.
* **Course Evaluation**: Students are required and preceptors are requested to complete the evaluation forms that follow. The forms are due by Monday, the last week of the semester.

**Course Learning Objectives and Competencies:**

1. Identify the main components and issues of the organization, financing, and delivery of health and public health service systems at the national, state, and community levels
2. Discuss policy and legislative processes for improving the health status of populations
3. Describe federal and state regulatory programs, guidelines and authorities that control health issues
4. Apply "systems thinking" to resolving organizational problems
5. Apply the principles of program planning, development, budgeting, implementation, and evaluation to state and community public health programs and initiatives
6. Describe the role of history, social organization and structured inequality in the production of health disparities
7. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served
8. Identify and engage critical stakeholders, and demonstrate skills in building effective sustainable partnerships and collaborations, that assure effectiveness, efficiency, and sustainability of public health programs and initiatives
9. Use information technology to access, evaluate, and interpret public health data
10. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities

**UConn Health, Department of Community Medicine and Health Care, Master of Public Health Program**

**Applied Public Health Practice Learning Contract**

**Course (Check one): \_\_\_\_\_ Independent Practicum \_\_\_\_\_ Field Experience in Public Health**

**Semester/Year:** **Fall\_\_\_\_\_\_\_\_ Spring\_\_\_\_\_\_\_\_ Summer\_\_\_\_\_\_\_\_**

**NOTE: Please PRINT**

**Student name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Advisor:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Preceptor:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Project Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Anticipated End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Checklist** (Include all that apply)**:**

\_\_\_\_\_ I have completed required protection of confidential health information (HIPPA) training and attached a copy of my certification to this application.

\_\_\_\_\_ I have completed required protection of human subjects in research (IRB) training and attached copies of my certification to this application.

\_\_\_\_\_ I have submitted an IRB proposal to the UConn Committee. A copy of their approval is attached to this application.

\_\_\_\_\_ I have submitted an IRB proposal to the following organization where this project will be completed. A copy of their approval is attached to this application. (**NOTE: Be sure to attach copy**.)

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Attach a recent copy of your resume**

**Attach a 2-page description of your proposed project that:**

* Summarizes the project’s rationale (Why is it an appropriate applied public health project? What will be accomplished by the completion of the project?)
* Lists your learning objectives for the project
* Indicates relevant MPH Program competencies that the project addresses
* Lists performance objectives (measurable results and outcomes) that demonstrate accomplishment of your goals and objectives for the project.

**UConn Health, Department of Community Medicine and Health Care, Master of Public Health Program**

**Applied Public Health Practice Learning Contract**

**ENDORSEMENTS**

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Complete for all that apply to your project**

1. **MPH Program Course Instructor:** I approve the proposed applied public health project, described in the attached summary, as a valuable applied practice learning experience that conforms to the learning objectives and competencies criteria for the Practicum in Public Health course.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. **DPH Course Instructor** (NOTE: Only required for the Field Experience in Public Health at CT DPH)**:** I approve the proposed applied public health project described in the attached summary as a valuable applied practice learning experience that conforms to the course learning objectives and competencies criteria for the Field Experience in Public Health.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. **Project Preceptor:** I approve of the proposed applied public health project, described in the attached summary, as a useful project for my affiliated agency/program. I agree to work with the student while he/she completes the proposed activities. Upon completion of the proposed scope of work, I will submit a brief written evaluation of the student’s performance and experience in applied public health practice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**UConn Health, Master of Public Health Program**

**Applied Public Health Practice Learning Experience**

**Evaluation**

**PART I: To be completed by STUDENT**

**Semester (enter Year): Fall\_\_\_\_\_\_\_\_\_\_ Spring\_\_\_\_\_\_\_\_\_\_ Summer\_\_\_\_\_\_\_\_\_\_**

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Advisor:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Preceptor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Project Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MPH Program Learning Objectives and Competencies**

* **Prior to the onset of your applied public health project learning experience, enter in the first column (“Pre”) the learning objectives and competencies you *anticipate* acquiring as a result of your experience.**
* **At the completion of your project, enter in the second column (“Post”) the learning objectives and competencies you felt you *actually acquired* as a result of the experience.**

|  |  |  |
| --- | --- | --- |
| **Learning Objectives/Competencies** | **Pre** | **Post** |
| In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs |  |  |
| Apply the principles of program planning, development, budgeting, implementation, and evaluation to state and community public health programs and initiatives |  |  |
| Describe the role of social and community factors in both the onset of and solution to public health problems |  |  |
| Describe federal and state regulatory programs, guidelines and authorities that control health issues |  |  |
| Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served |  |  |
| Use information technology to access and interpret public health data, and to assess evaluation reports in relation to their quality, utility, and impact on public health |  |  |
| Apply "systems thinking" to resolving organizational problems |  |  |
| Identify and engage critical stakeholders, and demonstrate skills in building effective sustainable partnerships and collaborations, that assure effectiveness, efficiency, and sustainability of public health programs and initiatives |  |  |
| Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities |  |  |

**Evaluation of Preceptor and Applied Public Health Practice Learning Experience**

**Check the box that best applies: Not At All Very Little Somewhat Very Much So**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I worked with my preceptor** |  |  |  |  |
| **I would recommend this preceptor to other students** |  |  |  |  |
| **My preceptor read over my work, discussed my work, and/or otherwise advised me** |  |  |  |  |
| **My preceptor provided me useful contacts** |  |  |  |  |
| **My preceptor provided me useful data** |  |  |  |  |
| **My preceptor provided me useful information** |  |  |  |  |
| **My preceptor provided me other useful resources, guidance and supervision (specify below)** |  |  |  |  |
| **Overall, I would rate my preceptor** | **(Very Poor)** | **(Poor)** | **(Good)** | **(Very Good)** |
|  | | | | |
| **Note: If you answered “Not at All…Very Little…Very Poor…(or) Poor” to any of the above, please explain below. Additional comments are welcome.**  **Comments:** | | | | |

**Please return the completed evaluation to: Dr. Stacey Brown as an email attachment (**[**stbrown@uchc.edu**](mailto:stbrown@uchc.edu)**).**

**UConn Health, Master of Public Health Program**

**Applied Public Health Practice Learning Experience**

**Evaluation**

**PART II: To be completed by PRECEPTOR**

**Semester (enter Year): Fall\_\_\_\_\_\_\_\_\_\_ Spring\_\_\_\_\_\_\_\_\_\_ Summer\_\_\_\_\_\_\_\_\_\_**

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Preceptor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Grade: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Other (Explain in “Comments” below)**

**Check the box that best applies: Not At All Very Little Somewhat Very Much So**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The student completed all requested/required tasks and assignments** |  |  |  |  |
| **The quality of the students work was excellent** |  |  |  |  |
| **The student took the initiative to benefit from my guidance, support, and resources** |  |  |  |  |
| **The student acted responsibly, responsively, and professionally when working with me** |  |  |  |  |
| **Based on my experience working with this student, I would look forward to working with other UCHC MPH Program students in the future** |  |  |  |  |
| **Note: If you answered “Not at All… (or) Very Little” to any of the above, please explain below. Additional comments are welcome.**  **Comments:** | | | | |
| **In general, how can the preceptor-student experience be enhanced?** | | | | |

**Please return the completed evaluation to: Dr. Stacey Brown as an email attachment (**[**stbrown@uchc.edu**](mailto:stbrown@uchc.edu)**).**