Wright State University  
Master of Public Health  

Practice Placement Guidelines for Students  

CMH/PPH 8110  

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I. The Master of Public Health (MPH) Practice Placement

The Wright State University (WSU) MPH Practice Placement is an applied professional experience in which students work with a population health or public health organization to learn how the department/divisions collaborate to achieve their mission. Site preceptors guide students to help them learn how the organization supports health in the community. An important part of the practice placement experience is collaborating with site preceptors and faculty leads in developing and implementing one or more projects that assists the organization in achieving its mission.

The practice placement provides an opportunity for the student to learn to think critically about population and public health issues and prepare relevant projects. The practice placement can be in an area of public health, community health, and/or preventive medicine.

The MPH program requires that students complete a minimum of 200 hours to gain adequate practice placement experience. The practice placement may assist in the formulation of the MPH culminating experience.

II. CMH/PPH 8110: Public Health Practice Learning Objectives

At the conclusion of CMH/PPH 8110, the student shall:

A. Demonstrate a new or expanded awareness and understanding of a segment of population and public health.

B. Demonstrate awareness and general understanding of the function and operations of a public health, a health care agency/facility, or a population health organization.

C. Demonstrate active participation and engagement with the site preceptor and other staff in learning about the function and operations at that practice placement site.

D. Demonstrate an understanding of how health professionals use population and public health critical literature review, research design, quantitative and qualitative methods in daily practice.

III. The MPH Practice Placement Process

A. Student responsibilities prior to beginning the practice placement:

1. Make an appointment with the Practice Placement Assistant, usually in the second or third semester of the MPH degree, to discuss and ask questions about the practice placement process. Student should download the Practice Placement Guidelines and review them in preparation for this meeting.

2. To assist students with the selection of a practice placement site, the MPH program maintains a list of practice placement sites and site preceptors where students have conducted practice placement projects. (The site preceptor is an employee of the practice placement site who will guide the practice placement project.) To broaden experience with public health organizations, in-career students are encouraged to consider a site
other than their place of employment. If necessary, the student may complete the practice placement within their primary place of employment provided the experience is outside the student’s regular scope of work.

3. Once a site has been selected, meet with the site preceptor to identify a project that develops opportunities to collaborate, to provide benefits for the organization, and to provide the best learning experience for the student. Review WSU MPH Program Competencies (Appendix A) with site preceptor to help understand the types of skills that can be developed during a practice placement, realizing that a limited set of competencies may be met in any one practice placement. (See III.C.2 regarding submission of the WSU MPH Program Competencies checklist at the completion of the practice placement.)

4. Students must complete any requirements of the Practice Placement site prior to beginning any activities at the site. Some sites may require students to submit an application to the site or to attend orientation sessions, for example. If the Practice Placement site requires a background check, this must be completed at the student’s expense.

5. Work with the Practice Placement Assistant to engage a Faculty Lead for the practice placement. To assist students in the selection of a Faculty Lead, a list of MPH program faculty by specialty areas is located on the MPH website: http://www.med.wright.edu/mph/mphfaculty

6. Once the project topic is identified, work in collaboration with the Faculty Lead to develop a minimum of three skill-based learning objectives that will be accomplished in the practice placement. Learning objectives must be clear, with outcomes that can be documented and met within the given 200 hours.

7. Work with the site preceptor to develop a proposed work schedule for completing the project during the majority of the 200 minimum hours.

8. Submit a completed, signed Practice Placement Initiation Form (Appendix B) to the Practice Placement Assistant. Submit work schedule mentioned in III.A.7 with the initiation form.

9. Submit a completed, signed Practice Placement Professionalism Agreement (Appendix C) and Acknowledgment of Risk and Consent for Medical Treatment (Appendix D) to the Practice Placement Assistant.

10. The signed initiation form (Appendix B), professionalism agreement (Appendix C), and acknowledgment of risk and medical consent (Appendix D) must have been filed with the Practice Placement Assistant before a student can start working at a practice placement site.

Students may register for CMH/PPH 8110 in the semester after their initiation form is signed or in the semester they plan to complete the practice placement. Students do not have to register for Practice Placement before starting to accrue hours. We strongly encourage students to register for Practice Placement in a semester in which they can complete the requirements to avoid having “Incomplete” grades and possibly having to pay another registration fee. Enrollment and timing of registration is coordinated with the Practice Placement Assistant.
11. Start a comprehensive electronic log to document all practice placement activities. Activities include hours in preparation, setups, meetings, and summary writing as well as contact hours at the practice placement site. At minimum, document the date, start and stop time of each activity, with a running total of hours, and the exact nature of the activity. Students may include a list of individuals present at the activity, thoughts, potential research questions, and if appropriate, how this might support the culminating experience. Emphasis should be given to documenting active engagement in the practice placement activities and how these activities relate to the practice placement learning objectives.

The student will electronically submit the practice placement log to the CMH/PPH 8110 Pilot Dropbox at the end of the practice placement. It will become part of the student’s record. (See CMH/PPH 8110 Pilot for a log sample.)

B. Student responsibilities during the practice placement:

1. On the fifth day of each month, submit a progress report documenting activity hours accrued for the period, progress toward learning objectives, and any issues or concerns with the practice placement. Progress reports are to be submitted to the appropriate folder in CMH/PPH 8110 Pilot Dropbox and to the site preceptor. (See CMH/PPH 8110 Pilot for a sample monthly report.)

2. If hours reported are less than 80% of the hours projected in the student’s proposed schedule for that month, include an explanation and a plan to ensure timely completion of all practice placement hours.

3. Travel time counted for Practice Placement hours cannot exceed 10 hours. Sometimes travel time is spent in advancing the Practice Placement objectives (such as accompanying a site preceptor to a distant event during which programming principles are discussed). If this is the case, those hours and the manner in which the “travel time” is logged must be discussed with Course Director prior to submitting those hours.

4. Inform the Practice Placement Assistant and/or Faculty Lead of any difficulties completing the practice placement.

C. Student responsibilities at the end of the practice placement:

1. At the end of the practice placement, submit the following documents electronically to the appropriate folder in CMH/PPH 8110 Pilot Dropbox.
   a. The comprehensive journal as described in III.A.11.
   b. A summary of not less than five typed, double-spaced pages documenting how the learning objectives were met through the practice placement.

2. Review WSU MPH Program Competencies checklist with site preceptor (Appendix A) to checkmark which competencies were used (reminder: a limited set of competencies may be met in any one practice placement). Submit a signed copy with final paperwork to the appropriate folder in CMH/PPH 8110 Pilot Dropbox.

3. Request the Practice Placement Assistant to send the Web link for the Practice Placement Evaluation by Student and the Practice Placement Evaluation by Site Preceptor to the appropriate individuals.
IV. Operational Aspects of the Practice Placement

A. Two hundred contact hours must be completed in order to fulfill CMH/PPH 8110: Public Health Practice and MPH degree requirements. The hours are accomplished as supervised applied learning experience(s) during the practice placements as well as hours before and after the actual practice placement spent in preparation, setup, meetings, and summary writing.

B. A maximum of 5 hours prior to submission of a signed Initiation Form can be applied to the practice placement; these hours must be documented.

C. Travel time counted for Practice Placement hours cannot exceed 10 hours. Sometimes travel time is spent in advancing the Practice Placement objectives (such as accompanying a site preceptor to a distant event during which programming principles are discussed). If this is the case, those hours and the manner in which the “travel time” is logged must be discussed with Course Director prior to submitting those hours.

D. If the student does not provide monthly communication concerning their progress toward completion of the practice placement and/or does not meet projected hour goals as described in the student’s proposed schedule, concern conferences with the student, Faculty Lead, and the MPH Program Director (or his/her designee) will be scheduled.

E. The practice placement may extend over more than one academic semester. Students are therefore encouraged to start planning for the practice placement as soon as possible after entering the MPH program and only register for the course in the semester in which the Practice Placement requirements will be accomplished.

F. The student will work with the Practice Placement Assistant to determine the best plan for semester of enrollment for their MPH program of study.

G. If the course requirements are not met in the semester enrolled, the student will receive a grade of Unsatisfactory (U). The student must meet with the Faculty Lead and Course Director to create a plan to complete the practice placement satisfactorily in order to receive a grade of Incomplete (I). The Course Director or his/her designee will prepare a Faculty-Student Agreement for the Grade of Incomplete form. Once course requirements have been met, the Faculty Lead will advise the Course Director to change the grade.

H. Students receiving a grade of Unsatisfactory for their practice placement may be required to re-register for CMH/PPH 8110 in order to receive course credit if a plan to complete requirements is not initiated within one term following their initial practice placement registration.
### Wright State University Master of Public Health Program Competencies

<table>
<thead>
<tr>
<th>Number</th>
<th>Competency Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Identify and describe the 10 Essential Public Health Services that serve as the basis for public health performance.</td>
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<tr>
<td>2.</td>
<td>Assess and utilize quantitative and qualitative data.</td>
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<td>3.</td>
<td>Apply analytical reasoning and methods in data analysis to describe the health of a community.</td>
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<tr>
<td>4.</td>
<td>Apply behavior theory and disease prevention models to develop community health promotion and intervention programs.</td>
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<tr>
<td>5.</td>
<td>Describe how policies, systems, and environment affect the health of populations.</td>
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<td>6.</td>
<td>Communicate public health information to lay and/or professional audiences with linguistic and cultural sensitivity.</td>
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<tr>
<td>7.</td>
<td>Address population diversity when developing policies, programs, and services.</td>
</tr>
<tr>
<td>8.</td>
<td>Engage with community members and stakeholders using individual, team, and organizational opportunities.</td>
</tr>
<tr>
<td>10.</td>
<td>Evaluate and interpret evidence, including strengths, limitations, and practical implications.</td>
</tr>
<tr>
<td>11.</td>
<td>Demonstrate ethical standards in research, data collection and management, data analysis, and communication.</td>
</tr>
<tr>
<td>12.</td>
<td>Explain public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels.</td>
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We agree that the indicated competencies were applied during the practice placement.

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**MPH Student Signature**

**Date**

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**Site Preceptor Signature**

**Date**
Appendix B

Master of Public Health Program
Practice Placement Initiation Form

Please submit completed, signed form to the Practice Placement Assistant.

Last Name: First Name:

Home Mailing Address: Work Mailing Address:

Daytime Phone: Evening Phone:

Fax: WSU Email:

1) Complete the following:

a. Describe the practice placement you are planning to complete. Include the practice placement experience title and site.

b. Practice placement Faculty Lead:

c. Site preceptor’s name, title and credentials:

d. Site preceptor’s contact information, including email, telephone, mailing address and office address (if different from mailing address):
2) Provide at least three (3) public health learning objectives you would like to achieve as a result of the practice placement (be clear with outcomes that can be documented). Attach separate sheet if necessary.

Student Signature: ________________________________ Date: ________________

Site Preceptor Signature: __________________________ Date: ________________

Faculty Signature: ________________________________ Date: ________________
Appendix C  

Student Practice Placement Professionalism Agreement

I, ____________________________, will act responsibly during the completion of the Wright State University MPH practice placement. Although I am not employed by the agency/community site nor by Wright State University, during the hours of my scheduled practice placement, I agree to meet the following conditions:

☐ I will conduct my practice placement activities at the agency/community site, under the supervision of the designated staff member or volunteer and will accept supervision graciously. I will behave in a professional manner and ask my site preceptor and/or my faculty lead for clarification if I have questions regarding professionalism.

☐ I will comply with all school and agency/community site rules, regulations, policies, and procedures, including a possible criminal background check.

☐ I will keep confidential all information concerning clients, employees, and organizational files and projects as directed by my community site supervisor, including research data in accord with ownership principles as covered in my Citi training.

☐ I will be punctual and conscientious in my attendance for the time of my practice placement and will notify my supervisor or the agency/community site in advance if I am unable to participate as scheduled.

☐ I will conduct myself with dignity, courtesy, and respect toward my sponsoring organization and its staff, volunteers and clients.

☐ I will make my work at the agency/community site the highest quality.

☐ I will notify my site preceptor or his/her designated agent of any problems, emergencies, safety hazards, concerns, or suggestions regarding my practice placement or community site.

☐ I will complete all assignments related to my practice placement.

☐ I will arrange my own transportation to and from the practice placement site.

☐ I will extend to the agency/community site the professional courtesy of reviewing any material related to my practice placement that is planned for formal publication or presentation. This courtesy does not include informal class discussion or written assignments that only the faculty member will read.

Print Name _______________________________________

Student Signature ______________________________________

Date __________________________

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Appendix D

Master of Public Health Practice
Placement Acknowledgment of Risk and Consent for Medical Treatment

CMH/PPH 8110: Public Health Practice

Student Name _______________ UID __________________
Email ___________________ Phone __________________
Emergency Contact ___________________ Phone __________________

Please read and sign this form and return it to the Practice Placement Assistant before beginning work at your practice placement site.

I assume responsibility for any injury, loss, or damage resulting directly or indirectly from my participation in the practice placement project for the above course at Wright State University and will not institute any negligence or other claim against Wright State University, its agents, or any other person(s) who could be held liable in either their individual or official capacities and agree to hold the above named parties harmless from liability for any personal or property injury.

I acknowledge that I have no known medical problems or conditions that would prevent me from participating in this practice placement.

In case of a medical emergency, I authorize Wright State University, representatives of the practice placement site or their duly authorized agents to transport me to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide me with medical treatment.

I acknowledge that Wright State University does not provide health and accident coverage for practice placement participants and agree to be financially responsible for medical bills incurred as a result of emergency medical treatment.

If you will require some physical accommodation or special access in order to carry out your practice placement duties, please describe here.

If you have any medical conditions about which emergency medical personnel should be informed or are taking any medications, please list here.

I have read and understood the foregoing and voluntarily sign this release as my own free act and deed.

Signature ___________________________ Date ___________________________

Witness: ___________________________ Date ___________________________

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