

**Wright State University
Master of Public Health**

**Public Health Applied Practice Experience
Guidelines for Students**

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Table of Contents

Introduction.....3

Applied Practice Experience Process.....3

 Student responsibilities *PRIOR* to beginning the Applied Practice Experience.....3

 Student responsibilities *DURING* the Applied Practice Experience4

 Student responsibilities at *COMPLETION* of the Applied Practice Experience4

Applied Practice Experience Course Completion.....5

Site Preceptor Responsibilities Checklist6

Appendices.....7

 Appendix A: WSU MPH Program Foundational and Concentration Competencies7

 Appendix B: Master of Public Health Applied Practice Experience Initiation Form.....9

 Appendix C: Student Applied Practice Experience Professionalism Agreement.....11

 Appendix D: Master of Public Health Applied Practice Experience Acknowledgement
of Risk and Consent of Medical Treatment12

Public Health Applied Practice Experience (APE)

The Wright State University (WSU) MPH Applied Practice Experience (APE) is a supervised applied public health learning experience in which students work within a community organization to support public health efforts that are meaningful to the organization. A site preceptor in the organization supervises the student to help them learn and to produce work beneficial to the community organization.

Key required features of the APE are: 1) collaborating with the practice site preceptor in identifying a minimum of two (2) public health portfolio products the student will develop in support of the needs of the organization, and 2) achieving a minimum of five (5) competencies, of which at least three (3) must be foundational. **Note: Foundational or concentration competencies selected must have been covered in coursework taken prior to the start of the APE. Exceptions will need approval of the APE Director.**

The APE provides an opportunity for the student to think critically about public health issues and produce relevant products. The APE may assist in the development of the MPH Capstone (integrative learning experience).

Applied Practice Experience Process

Student responsibilities *PRIOR* to beginning the Applied Practice Experience:

1. Meet with the APE Coordinator to discuss the process and possible sites. Download and review these APE Guidelines prior to the meeting.
2. Once a site is selected, meet with the site preceptor to identify a minimum of two (2) APE portfolio products that involve opportunities to collaborate, provide benefits for the organization, and provide the best learning experience for the student.
Examples of APE portfolio products include, but are not limited to: Written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos, or other digital artifacts of learning.
3. Review WSU MPH Program Foundational and Concentration Competencies (**Appendix A**) with site preceptor. A minimum of five (5) competencies, of which at least three (3) must be foundational, must be identified for achievement during the APE. Note: Foundational or concentration competencies selected must have been covered in coursework taken prior to the start of the APE.
4. Students must complete any advance requirements of the APE 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. If the APE site requires a background check, this is completed at student expense.
5. Consult with the APE Coordinator to engage a Faculty Lead, if needed, for the APE.

6. Work with the site preceptor to develop a proposed schedule for completing the required APE products and competencies.
7. The completed and signed initiation form (**Appendix B**), professionalism agreement (**Appendix C**), and acknowledgment of risk and medical consent (**Appendix D**) **must be filed with the APE Coordinator before a student can begin working at an APE site.** The APE Coordinator will notify the student once products are approved.

Students may register for PPH 8110/7980 in the semester they plan to complete the APE. Students do not have to register for APE before beginning APE work. *We strongly encourage students to register for APE in a semester in which they can complete the requirements* to avoid having “Incomplete” grades. Enrollment and timing of registration is coordinated with the APE Coordinator.

8. Start an electronic log to document APE activities. Emphasis should be given to documenting active engagement in APE activities and how these activities relate to the APE competencies and portfolio products. The log will be useful in formulating the summary five-page paper at the end of the APE.

Student responsibilities *DURING* the Applied Practice Experience:

1. On the fifth day of each month, electronically submit a brief report documenting progress toward APE objectives. Progress reports are to be submitted to the appropriate folder in the APE Pilot Dropbox and to the site preceptor. **(NOTE: Students will be added to Pilot for I-Continuous APE at the time they start their APE work in order to submit their monthly progress reports; this does not indicate the student is registered for the course.)**
2. Please communicate any issues or concerns to the appropriate person (site preceptor, faculty leads, APE Coordinator) in a timely manner.
3. Inform the APE Coordinator and/or Faculty Lead of any difficulties completing the APE.

Student responsibilities at *COMPLETION* of the Applied Practice Experience:

1. Electronically submit the following to the appropriate folders in the APE Pilot Dropbox:
 - a. Minimum two (2) required portfolio products (electronic versions);
 - b. Summary of not less than five typed, double-spaced pages **documenting how the five (5) chosen competencies were achieved through the APE.** (Sample summaries are on Pilot)
2. Review the MPH Program Foundational and Concentration Competencies (**Appendix A**) that were chosen with the site preceptor to checkmark the achieved

competencies. **Submit signed copy to the APE Coordinator** (can be scanned and attached in an email).

Applied Practice Experience Course Completion

1) Produce a minimum of two (2) public health portfolio products in support of the needs of the community organization;

2) Achieve a minimum of five (5) competencies, of which at least three (3) must be foundational;

3) Produce five-page summary report documenting how the five (5) chosen competencies were achieved.

After the final required paperwork is submitted (evidence of two portfolio products, five-page summary, signed competency checklist), ask the APE Coordinator to send the links for the online *Evaluation by Student* and *Evaluation by Site Preceptor* to the appropriate individuals (please include email addresses).

The APE may extend over more than one academic semester. Students are encouraged to start planning for the APE as soon as possible after entering the MPH program, and only register for the course in the semester in which the APE requirements will be met. The student will work with the APE Coordinator to determine the best plan for semester of enrollment for their MPH program of study.

If the student does not provide monthly APE progress communication and/or does not meet projected APE goals, a concern conference with the student, Faculty Lead, and the MPH Program Director (or his/her designee) may be scheduled.

The student must meet no less than two weeks prior to end of semester with the Faculty Lead and Course Director to create a plan to complete the APE satisfactorily in order to receive a grade of Incomplete (I). In this case, the Course Director or his/her designee will prepare a Faculty-Student Agreement for the Grade of Incomplete form. The student will have two semesters to complete requirements for a passing grade.

Otherwise, if the course requirements are not met, the student will receive a grade of Unsatisfactory (U). Students receiving a grade of Unsatisfactory (U) for their APE will be required to re-register for PPH 8110/7980 in order to receive course credit.

Site Preceptor Responsibilities Checklist

Prior to start of the WSU MPH Applied Practice Experience:

<input type="checkbox"/>	Meet with student.
<input type="checkbox"/>	Review MPH Foundational Competencies (Appendix A) with student to guide selection of at least five competencies that can be attained through the practice experience selected.
<input type="checkbox"/>	Identify a minimum of 2 portfolio products expected to result from the practice experience. Examples of APE portfolio products include, but are not limited to: Written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos, or other digital artifacts of learning.
<input type="checkbox"/>	Develop a work schedule with student to complete the minimum 2 portfolio products required.
<input type="checkbox"/>	Sign the Master of Public Health Applied Practice Experience Initiation Form, (Appendix B).

During the WSU MPH Applied Practice Experience:

<input type="checkbox"/>	Supervise student's work.
<input type="checkbox"/>	Meet with the student as needed.
<input type="checkbox"/>	Review monthly progress reports from student.
<input type="checkbox"/>	Address issues needing clarification with the student directly. If issues go unresolved, contact the Applied Practice Experience Coordinator (see contact information below).

Completion of the WSU MPH Applied Practice Experience:

<input type="checkbox"/>	Review the MPH Foundational Competencies checklist (Appendix A) with student to acknowledge which competencies were used during the Applied Practice Experience. Both student and Site Preceptor will sign the document.
<input type="checkbox"/>	Complete online evaluation of the student's Applied Practice Experience performance. A link to the evaluation will be emailed by the Applied Practice Experience Coordinator. The evaluation should be completed within ten (10) days of receipt if possible.

**Contact: Jackie Pasquarella, Applied Practice Experience Coordinator – Jackie.pasquarella@wright.edu;
(937) 775-1306**



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Appendix A WSU MPH Program Foundational and Concentration Competencies**Foundational Competencies**

Evidence-based Approaches to Public Health		MPH Course
<input type="checkbox"/>	1. Apply epidemiological methods to settings and situations in public health practice	PPH7020
<input type="checkbox"/>	2. Select quantitative and qualitative data collection methods appropriate for a given public health context	PPH7020 & PPH7410
<input type="checkbox"/>	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	PPH7010 & PPH7410
<input type="checkbox"/>	4. Interpret results of data analysis for public health research, policy or practice	PPH7010 PPH7020
Public Health & Health Care Systems		
<input type="checkbox"/>	5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	PPH7030
<input type="checkbox"/>	6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels	PPH7030
Planning & Management to Promote Health		
<input type="checkbox"/>	7. Assess population needs, assets and capacities that affect communities' health	PPH7410
<input type="checkbox"/>	8. Apply awareness of cultural values and practices to the design, or implementation, or critique of public health policies or programs	PPH7040
<input type="checkbox"/>	9. Design a population-based policy, program, project or intervention	PPH7040
<input type="checkbox"/>	10. Explain basic principles and tools of budget and resource management	PPH7030
<input type="checkbox"/>	11. Select methods to evaluate public health programs	PPH7040
Policy in Public Health		
<input type="checkbox"/>	12. Discuss the policy-making process, including the roles of ethics and evidence	PPH7050
<input type="checkbox"/>	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	PPH7430/or PPH7520
<input type="checkbox"/>	14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	PPH7050
<input type="checkbox"/>	15. Evaluate policies for their impact on public health and health equity	PPH7050
Leadership		
<input type="checkbox"/>	16. Apply leadership and/or management principles to address a relevant issue	PPH7410
<input type="checkbox"/>	17. Apply negotiation and mediation skills to address organizational or community challenges	PPH7410
Communication		
<input type="checkbox"/>	18. Select communication strategies for different audiences and sectors	PPH7030
<input type="checkbox"/>	19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	PPH7020
<input type="checkbox"/>	20. Describe the importance of cultural competence in communicating public health content	PPH7430/or PPH7520
Interprofessional Practice		
<input type="checkbox"/>	21. Integrate perspectives from other sectors and/or professions to promote and advance population health	PPH7020
Systems Thinking		
<input type="checkbox"/>	22. Apply systems thinking tools to visually represent a public health issue in a format other than standard narrative	PPH7030

Appendix A Continued WSU MPH Program Foundational and Concentration Competencies**Concentration Competencies***

Health Promotion and Education		
<input type="checkbox"/>	1. Demonstrate program implementation skills	PPH7420 & PPH7430
<input type="checkbox"/>	2. Create a health communications campaign	PPH7430
<input type="checkbox"/>	3. Monitor the implementation of health promotion programs and policies	PPH7420
<input type="checkbox"/>	4. Conduct process, impact, and outcome evaluations of health promotion programs and policies	PPH7420 & PPH7430
<input type="checkbox"/>	5. Identify and manage resources to lead a health promotion project	PPH7440

Population Health		
<input type="checkbox"/>	1. Analyze quantitative data using multivariable adjusted regression analysis	PPH7150, PPH7160, or PPH7170
<input type="checkbox"/>	2. Apply quantitative research methodology to research a current health issue	PPH7150, PPH7160, or PPH7170
<input type="checkbox"/>	3. Organize and deliver an effective presentation on a population health issue using an emerging and advanced communication strategy	PPH7520
<input type="checkbox"/>	4. Illustrate an unmet need of population health through the synthesis of data, literature, and knowledge of policies and systems	PPH7520
<input type="checkbox"/>	5. Constructively address disagreements about values, roles, goals, and actions that arise among public health issues	PPH7520

***Note:** A concentration competency should only be chosen if the student has completed the required concentration course that covers the competency. The majority, if not all, of the competencies will come from the foundation competencies. **If choosing a concentration competency, please only choose from your declared concentration.**

Complete and sign at completion of Applied Practice Experience:

We agree that the indicated competencies were achieved during the Applied Practice Experience. A minimum of five (5) competencies, of which at least three (3) foundational, were completed.

 MPH Student Signature


 Date

 Site Preceptor Signature

 Date

Appendix B

UID: _____

 WRIGHT STATE UNIVERSITY	Master of Public Health Program Applied Practice Experience Initiation Form
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Please submit completed and signed form to the Applied Practice Experience Coordinator.

Student Last Name:

First Name:

Home Mailing Address:

Work Mailing Address:

Daytime Phone:

Evening Phone:

WSU Email:

Fax:

1) COMPLETE THE FOLLOWING:

a. Applied Practice Experience site:

b. Applied Practice Experience Site Preceptor's name, title, and credentials:

c. Site Preceptor's contact information, including e-mail, telephone, and office address:

d. Applied Practice Experience Faculty Lead (as needed):



**Master of Public Health Program
Applied Practice Experience
Initiation Form**

2) List at least five (5) MPH competencies, three (3) of which must be foundational competencies, you will achieve as a result of the Applied Practice Experience. Attach separate sheet if necessary. (Note: Provide the competency number along with the competency selected from the Appendix A checklist.)

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

3) Describe at least two (2) public health portfolio products you will create as a result of the Applied Practice Experience. Attach separate sheet if necessary.

Student Signature: _____

Date: _____

Site Preceptor Signature: _____

Date: _____

Director Signature: _____

Date: _____

Appendix C

 <p>WRIGHT STATE UNIVERSITY</p>	<p>Student Applied Practice Experience Professionalism Agreement</p>
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I, _____, will act responsibly during the completion of the Wright State University MPH Applied Practice Experience. During my Applied Practice Experience, regardless of employment status by the agency/community site or Wright State University, I agree to meet the following conditions:


- I will conduct my Applied Practice Experience 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 Applied Practice Experience work, 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 Applied Practice Experience or community site.
- I will complete all assignments related to my Applied Practice Experience.
- I will arrange my own transportation to and from the Applied Practice Experience site.
- I will extend to the agency/community site the professional courtesy of reviewing any material related to my Applied Practice Experience 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 _____

Appendix D



**WRIGHT STATE
UNIVERSITY**

**Master of Public Health Applied Practice
Experience Acknowledgment of Risk and
Consent for Medical Treatment**

PPH 8110/7980 Public Health Applied Practice Experience

Student Name _____

UID _____

Email _____

Phone _____

Emergency Contact _____

Phone _____

Please read and sign this form and return it to the Applied Practice Experience Coordinator before beginning work at your Applied Practice Experience site.

I assume responsibility for any injury, loss, or damage resulting directly or indirectly from my participation in the Applied Practice Experience 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 Applied Practice Experience.

In case of a medical emergency, I authorize Wright State University, representatives of the Applied Practice Experience 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 Applied Practice Experience 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 Applied Practice Experience 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** _____